-	m 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	oyee	•	OMB Nos. 1210-0110 1210-0089
Inter De	tment of the Treasury nal Revenue Service partment of Labor	This form is required to be filed unde Income Security Act of 1974 (ERIS	er sections 104 and 4 A), and sections 605	7(b) and 6058(a) of the		al	2014
	enefits Security Administration enefit Guaranty Corporation	-	nue Code (the Code	,	.00 65	Pub	orm is Open to lic Inspection
Part I	Annual Report	Complete all entries in accord Identification Information	ance with the instri	uctions to the Form 55	000-5F	•	
For calenda		scal plan year beginning 01/01/2014		and ending 12/	′ <mark>31/20</mark> 1	4	
A This ret	urn/report is for: ırn/report is	image: organized and the second secon	f participating employ foreign plan e final return/report	an (not multiemployer) ( ver information in accord n/report (less than 12 mo	dance v	-	
C Check b	box if filing under:	special extension (enter description)	utomatic extension			DFVC progra	am
Part II		rmation—enter all requested information	on		I		1
1a Name GET WELL I	of plan MEDICAL PC DEFINE	D BENEFIT PLAN				Three-digit plan number (PN)	001
					-	Effective date of	f plan /2014
2a Plan sp GET WELL N		dress; include room or suite number (emp	oloyer, if for a single-	employer plan)			fication Number
	AND AVE APT B				2c	Sponsor's telep	hone number
JAMAICA, N	Y 11432					6211	
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor.			3b	Administrator's	EIN
		e plan sponsor has changed since the las	t return/report filed fc	or this plan, enter the	3c 4b		telephone number
name, <b>a</b> Sponse		nber from the last return/report.			4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a	a	3
<b>b</b> Total r	number of participants	at the end of the plan year			5k	<b>D</b>	3
comple	ete this item)	account balances as of the end of the pla			50	:	
		rticipants at the beginning of the plan yea			5d(′		3
		rticipants at the end of the plan year			5d(		3
					56	9	0
Caution: A	penalty for the late	or incomplete filing of this return/repo	rt will be assessed u	unless reasonable cau	ise is e	established.	
SB or Sche	alties of perjury and of dule MB completed ar rue, correct, and comp	her penalties set forth in the instructions, nd signed by an enrolled actuary, as well blete.	as the electronic vers	examined this return/report sion of this return/report	, and t	o the best of my	able, a Schedule knowledge and
SIGN	Filed with authorized/	valid electronic signature.	10/13/2015	T. ARUMUGAM			
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual sig	ning as plan adr	ministrator
SIGN HERE				<b></b>			
	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address (include I	Date room or suite numbe	Enter name of individe r) (optional)			er or plan sponsor number (optional)
							(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	Were all of the plan's assets during the plan year invested in eligib		,					X Yes	No
	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			`	,			X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 40	21)?		Yes	XNo	Not deter	mined
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year	
а	Total plan assets	. 7a		0				100	000
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c		0				100	000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from:	80(4)	100	000					
	(1) Employers	. 8a(1) . 8a(2)		0					
-	(2) Participants			0					
	(3) Others (including rollovers) Other income (loss)	. 8a(3) . 8b		0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. ou . 8c			-			100	000
	Benefits paid (including direct rollovers and insurance premiums	. 00			_			100	.00
	to provide benefits)	. 8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						100	000
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructi	ons:	
	1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in t	he instructio	ns:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		mount	
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		,	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR						
<u> </u>	2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X Yes	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	rom Schec	lule SB (Form 5500) line 39			11a			0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	'а	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		י 🗌 י	res X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				1
14a Name of trust		<b>14b</b> ⊺	rust's EIN	

	SCH	EDULE SB	Single-Fr	nnlo	yer Define	d Ren	efit Plan		0	MB No. 1210	-0110
	(F	orm 5500)			arial Inform			•		2014	
		rtment of the Treasury nal Revenue Service	This schedule is re	auired t	o be filed under s	ection 10/	1 of the Emplo				
F		epartment of Labor enefits Security Administration	Retirement Income	Security	/ Act of 1974 (ERI	SA) and s			This Fo	orm is Oper Inspectio	
		enefit Guaranty Corporation			Revenue Code (th	,				•	
For	colondar	plan year 2014 or fisca			achment to Form	5500 or	5500-SF. and en	ding 10/	31/2014		
		ff amounts to nearest		01/01/20	014		anu en		31/2014		
			l be assessed for late filing	of this r	eport unless reas	onable ca	use is establis	hed.			
-	lame of p		0				B Three-o				
GE	TWELL N	MEDICAL PC DEFINED	BENEFIT PLAN					mber (PN)		0	01
		cor'a name ce chown o	n line 2a of Form 5500 or 5	500 SE			D Employe	r Idontifior	tion Numb		
	•	MEDICAL PC		500-SF			<b>D</b> Employe	20-109	ation Numbe		
Εт	ype of pla	an: 🗙 Single 🗌 Muli	tiple-A Multiple-B		F Prior year pla	an size: 🔉	100 or fewer	101-{	500 🗌 Mo	re than 500	
Ра	rt I I	Basic Information									
1	Enter th	e valuation date:	Month 01	Day	01 Year	2014	_				
2	Assets:										
	<b>a</b> Marke	et value						2a			0
	<b>b</b> Actua	arial value						2b			0
3	Funding	g target/participant cour	t breakdown			```	Number of rticipants		sted Fundin Γarget	ng (3) T	otal Funding Target
	<b>a</b> For re	etired participants and b	eneficiaries receiving paym	nent			(	)		0	0
	<b>b</b> For te	erminated vested partic	pants				(			0	0
	<b>c</b> For a	ctive participants					(	3		0	0
	<b>d</b> Total						3	3		0	0
4	If the pla	an is in at-risk status, cl	neck the box and complete	lines (a)	) and (b)						
	<b>a</b> Fundi	ing target disregarding	prescribed at-risk assumption	ons				4a			
			isk assumptions, but disreg In five consecutive years ar					4b			
5	Effective	e interest rate						5			6.40%
6	-							6			8983
ī	ro the best of accordance v	with applicable law and regulati	n supplied in this schedule and accord ons. In my opinion, each other assumi ipated experience under the plan.								
	IGN ERE								10/0	5/2015	
			Signature of actuary						Dat	e	
JOH	IN GARIO	GLIANO	-						14-	03634	
		Ту	pe or print name of actuary					Most	recent enro	Ilment num	ber
FOF	REST HIL	LS PENSION SERVIC	ES						631	-870-6824	
		HOLLOW RD NY 11747	Firm name					Telephone	number (ir	ncluding are	a code)
			Address of the firm				_				
	actuary h	nas not fully reflected a	ny regulation or ruling prom	ulgated	under the statute	in comple	eting this sche	dule, checl	k the box ar	nd see	
		rk Reduction Act Notio	ce and OMB Control Num	bers, se	e the instructior	ns for For	rm 5500 or 55	00-SF.	Sche	edule SB (F	orm 5500) 2014 v. 140124

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Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
							(a) 🤇	Carryover balance		<b>(b)</b> F	Prefundi	ng bala	nce
7		0	0 1 7		cable adjustments (line 13 f				0				0
8					unding requirement (line 35				0				0
9	Amount r	emainir	ng (line 7 minus lii	ne 8)					0				0
10	Interest o	n line 9	using prior year's	s actual ret	urn of <u>10.00</u> %								
11	Prior yea	r's exce	ess contributions t	o be added	to prefunding balance:								
	<b>a</b> Presen	t value	of excess contrib	utions (line	38a from prior year)								0
					Ba over line 38b from prior y re interest rate of0.00								
	<b>b(2)</b> Inte	erest on	line 38b from pri	or year Sch	edule SB, using prior year's	s actual							0
	<b>C</b> Total av	/ailable	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce							0
	<b>d</b> Portior	n of (c) t	to be added to pre	efunding ba	lance								0
12	Other red	luctions	in balances due	to elections	s or deemed elections				0				0
13	Balance a	at begin	ning of current ye	ar (line 9 +	line 10 + line 11d – line 12	)			0				0
Pa	art III	Fun	ding Percenta	ages		·							
				-							14	1(	00.00 %
	U	0	target attainmen	0							15		00.00 %
	Prior yea	r's fund	ing percentage fo	r purposes	of determining whether car						16		
											_		0.00 %
17	If the curi	ent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding targe	et, enter s	such percentage			17		%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
18		ions ma			ear by employer(s) and emp					<del></del>			
(M	<b>(a)</b> Date IM-DD-YY	YY)	(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> Da (MM-DD-Y		(b) Amount pa employer(s		(0	Amou (: empl	int paid oyees	by
	2/23/2014	,		1000		,	,		,				
09	/11/2015			9000						1			
						Totals ►	18(b)		10000	18(c)			0
19	Discounte	ed empl	loyer contribution	s – see inst	ructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
	a Contrib	outions	allocated toward	unpaid min	imum required contributions	s from prior ye	ars		19a				0
	<b>b</b> Contrib	outions i	made to avoid res	trictions ad	ljusted to valuation date				19b				0
	<b>c</b> Contrib	utions a	allocated toward mi	nimum requ	uired contribution for current y	/ear adjusted to	o valuatior	n date	19c				9044
20	Quarterly	contrib	utions and liquidit	y shortfalls	:			·					
	<b>a</b> Did the	e plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes	X No
	<b>b</b> If line 2	20a is "`	Yes," were require	ed quarterly	installments for the curren	t year made in	a timely	manner?			Г	Yes	No
	<b>c</b> If line 2	20a is "`	Yes," see instructi	ons and co	mplete the following table a	as applicable:			Ī				
					Liquidity shortfall as of e	nd of quarter of	of this pla	n year	1				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4tł	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	t Normal Cost			
21	Disco	ount rate:							
	<b>a</b> Se	egment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99%		N/A, full yield curve u	sed
	<b>b</b> Ap	plicable month (	enter code)				21b		0
22	Weig	hted average ret	tirement age				22		
23		ality table(s) (see		escribed - combined		scribed - separate	Substitu	ite	
Pa	rt VI	Miscellane	ous Items	-	-				
24			nade in the non-prescribed act	uarial assumptions for the ci	urrent	plan vear? If "Yes." see	instruction	s regarding required	
		•		•					No
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X	No
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachmen	tYes 🗙	No
27			o alternative funding rules, en			0 0	27		
Ра	rt VII		ation of Unpaid Minimu	•					
28			uired contributions for all prior				28		0
29			contributions allocated toward	•			29		0
30	Rema	aining amount of	f unpaid minimum required cor	tributions (line 28 minus line	e 29)		30		0
Ра	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year					
31	Targ	et normal cost a	nd excess assets (see instruct	ions):					
	a Tar	get normal cost	(line 6)				31a		8983
	<b>b</b> Exc	cess assets, if ap	oplicable, but not greater than	line 31a			31b		0
32	Amor	tization installme	ents:			Outstanding Bala	nce	Installment	
	<b>a</b> Net	t shortfall amortiz	zation installment				0		0
	<b>b</b> Wa	aiver amortization	n installment				0		0
33	lf a w (Mon		approved for this plan year, en Day Year				33		
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34		8983
				Carryover balance		Prefunding balar	nce	Total balance	
35			use to offset funding		0		0		0
	-						36		
			rement (line 34 minus line 35).				30		8983
37			ed toward minimum required co	•	-		37		9044
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)					
	<b>a</b> Tot	al (excess, if any	y, of line 37 over line 36)				38a		61
	<b>b</b> Po	rtion included in	line 38a attributable to use of	prefunding and funding stand	dard c	arryover balances	38b		
39	Unpa	id minimum requ	uired contribution for current ye	ear (excess, if any, of line 36	over	line 37)	39		0
40	Unpa	id minimum requ	uired contributions for all years				40		0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of	2010	(See Instructions)			
41	lf an e	election was mad	de to use PRA 2010 funding re	lief for this plan:					
	<b>a</b> Scł	nedule elected						2 plus 7 years 15 yea	ars
	<b>b</b> Eliç	gible plan year(s	) for which the election in line	11a was made			200	08 2009 2010 20	)11
42	Amou	int of acceleratio	n adjustment				42		
43	Exces	s installment ac	celeration amount to be carrie	d over to future plan years			43		

SCHEDULE SB		ployer Define		fit Plan		OME	No. 1210-0110
(Form 5500)	Α	ctuarial Inforr	nation				
Department of the Treasury Internal Revenue Service							2014
Department of Labor	This schedule is req	uired to be filed under s Security Act of 1974 (ER	section 104 o	of the Employe	e		
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	In	ternal Revenue Code (t	he Code).		tne		n is Open to Public Inspection
or calendar plan year 2014 or fiscal pl	File as a	an attachment to Form					
Round off amounts to nearest do		01/01/2014	1	and endi	ng	12/	31/2014
Caution: A penalty of \$1,000 will be		of this report unless reas	sonable caus	e is establish	ed		
Name of plan			B				
				plan num	·		
				prart field			001
et Well Medical PC Defi Plan sponsor's name as shown on lir	ned Benefit Pl	an					
r lan sponsor s hame as shown on in	ie 2a of Form 5500 or 55	00-SF		Employer	identifica	ation Number (	EIN)
et Well Medical PC				20-1090	1 60		
Type of plan: X Single Multiple	-A Multiple-B	F Prior year p			_		
	indicipie-D	P	ian size: X	100 or fewer	101-	500 More	than 500
Part I Basic Information							
Enter the valuation date: Assets:	Month D	)ayYear_	2014				
a Market value					<b>_ 2a</b> _		
b Actuarial value					2b		
Funding target/participant count bro	eakdown		(1) Nur partici			sted Funding	(3) Total Fundin
a For retired participants and bene	ficiaries receiving payme	nt		<u> </u>		Target	Target
<b>b</b> For terminated vested participant				0		0	<u> </u>
C For active participants			<u> </u>	0		0	
d Total				3		0	
	· · · · · · · · · · · · · · · · · · ·			3		0	
If the plan is in at-risk status, check							
a Funding target disregarding press	cribed at-risk assumption:	S			. 4a		
b Funding target reflecting at-risk a at-risk status for fewer than fiv	e consecutive vears and	ding transition rule for p disregarding loading fa	plans that have ctor	/e been in	4b		
Effective interest rate					5		
Target normal cost					6		6.4
tement by Enrolled Actuary							8,
To the best of my knowledge, the information sup accordance with applicable law and regulations. It combination, offer my best estimate of anticipated SIGN	plied in this schedule and accomp in my opinion, each other assumpt experience under the plan.	anying schedules, statements a ion is reasonable (taking into a	and attachments, ccount the experi	, if any, is complet ience of the plan a	e and accu and reason: 	rate. Each prescrib able expectations) a	ed assumption was appli and such other assumptio
IERE John X	nature of actuary	<u>a</u>				10/05/20	015
//						Date	
n Garigliano Type or	print name of actuary		······································	<u> </u>		14-0363	
<u>rest Hills Pension Serv</u>	•					ecent enrolime	
est nitrs rension Serv	Firm name					<u>631) 870-</u>	
Broadhollow Rd				Tel	ephone	number (inclue	ding area code)
ville	ddroes of the firm	NY 11747					
· · · · · · · · · · · · · · · · · · ·	ddress of the firm						
e actuary has not fully reflected any reg							

VIIII	000	vj	ZU	1
	V.	14	01	24

Schedule SB (Form 5500) 2014

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Pa	art II	Begi	nning of Year	Carryov	ver and Prefunding E	lalances	_					
7	Polono	o of heat	main of selection				(a) (	Carryover balance		(b)	Prefunc	ling balance
	year)	e at begi	nning of prior yea	r aπer appi	cable adjustments (line 13	from prior			0			C
8	Portion	elected	for use to offset p	rior year's i	funding requirement (line 3	5 from						
	prior ye	ear)				·····			0			0
9	· · · · · · · · · · · · · · · · · · ·								0			0
					turn of <u>10.00</u> %							
11					d to prefunding balance:				-			
					38a from prior year) Ba over line 38b from prior		•					0
	S	chedule	SB, using prior ye	ar's effectiv	ve interest rate of <u>0.00</u> %.	year						
					nedule SB, using prior year							0
					anda add to purfee due to the							
					ear to add to prefunding bala							0
	<b>a</b> Porti	on of (c)	to be added to pr	efunding ba								0
					s or deemed elections				0			0
[		e at begi	nning of current y	ear (line 9 -	line 10 + line 11d – line 1	2)			0			0
P	art III	Fun	ding Percent	ages								
											14	100.00%
			g target attainmer								15	100.00%
16	Prior ye current	ar's func vear's fu	ling percentage fo Inding requirement	or purposes at	of determining whether ca	rryover/prefi	unding balar	nces may be used to	o reduc	æ	16	<del>/</del>
17	If the cu	irrent val	lue of the assets of	of the plan i	s less than 70 percent of th	e funding ta	raet. enter s	uch percentage			17	0.00%
[	art IV		tributions an				<u> </u>					~~
					ear by employer(s) and em	ployees:						
	(a) Dat	e	(b) Amount p	aid by	(c) Amount paid by	(a)	Date	(b) Amount pai		(0	) Amol	unt paid by
-	IM-DD-Y		employer		employees	(MM-DE	)-YYYY)	employer(s)	)		emp	loyees
	2/23/2			1,000		·			_			
	0/11/2	015		9,000								
							_					
										-		
					·	Totais ►	18(b)	 1 (	3 00	0 <b>18(c)</b>		
19	Discour	ted emp	loyer contribution	s – see inst	ructions for small plan with	a valuation	date after th					0
					mum required contribution				19a	<u> </u>		0
					justed to valuation date				19b			0
_	c Contr	ibutions a	allocated toward m	inimum requ	ired contribution for current	year adjusted	to valuation	date	19c			9,044
20			outions and liquidi									-,
	a Did th	ne plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes 🗙 No
	b If line	20a is "	Yes," were requir	ed quarterly	installments for the currer	it year made	e in a timely	manner?			Г	
	c If line	20a is "	Yes," see instruct	ions and co	mplete the following table a							
		(1) 1s			Liquidity shortfall as of e	nd of quarte			`			· · · · · · · · · · · · · · · · · · ·
		(1) 18			(2) 2nd	+	(3)	3rd			(4) <u>4</u> t	<u>n</u>

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Ta	rget Normal Cost		
21	Discount rate:				· · · · · · · · · · · · · · · · · · ·	
	a Segment rates:	<b>1st segment</b> : 4 . 99 %	2nd segment: 6.32 %	3rd segment 6.99 %		N/A, full yield curve used
	<b>b</b> Applicable month (	enter code)			21b	0
22	Weighted average ret	tirement age			22	
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitu	te
Pa	rt VI Miscellane	ous Items				
24	Has a change been m attachment	nade in the non-prescribed ac	tuarial assumptions for the cur	rent plan year? If "Yes," see	instruction	s regarding required
25	Has a method change	e been made for the current p	an year? If "Yes," see instruc	tions regarding required atta	- ichment	
(			Participants? If "Yes," see in			
27			ter applicable code and see in		27	
Pa	rt VII Reconcilia	ation of Unpaid Minim	Im Required Contribut	ions For Prior Years		
28	Unpaid minimum requ	uired contributions for all prior	years		28	0
29			unpaid minimum required co		29	0
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 2	9)	30	0
Pa	rt VIII Minimum	<b>Required Contribution</b>	For Current Year			
31	Target normal cost ar	nd excess assets (see instruct	ions):			
	a Target normal cost (	(line 6)			31a	8,983
	b Excess assets, if ap	oplicable, but not greater than	line 31a		31b	0
32	Amortization installme	ents:		Outstanding Bal	ance	Installment
	a Net shortfall amortiz	zation installment			0	0
	<b>b</b> Waiver amortization	n installment			0	0
33			ter the date of the ruling letter )_and the waived amou		33	
34	Total funding requiren	nent before reflecting carryove	er/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	. 34	8,983
	·		Carryover balance	Prefunding bala	ince	Total balance
35	Balances elected for u requirement	use to offset funding		0	0	0
36	Additional cash requir	rement (line 34 minus line 35)			36	8,983
37	Contributions allocate	d toward minimum required o	ontribution for current year adj	usted to valuation date	37	9,044
38		ss contributions for current ye			· · · · · · · · · · · · · · · · · · ·	
					38a	61
			prefunding and funding standa		38b	
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 o	ver line 37)	39	0
			J		40	0
Par	rt IX Pension F	Funding Relief Under F	ension Relief Act of 2	)10 (See Instructions	)	
41	If an election was mad	te to use PRA 2010 funding re	lief for this plan:			
	a Schedule elected				Γ	2 plus 7 years 15 years
	b Eligible plan year(s)	) for which the election in line	41a was made			
42					42	
			d over to future plan years		43	

# Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contr	ibution Year End	<b>J Date:</b> 12/31/2014	Effective: 6.40%	Late Quarterly: 11.40%
Effective Date 12/23/2014 09/11/2015	<u>Amount</u> \$1,000 \$9,000 \$10,000	<u>Effective Interest</u> -59 -897	<u>Quarterly Interest</u> 0 0	Discounted \$941 \$8,103 \$9,044

Name of Plan:Get Well Medical PC Defined BetPlan Sponsor's EIN:20-1090153Plan Number:001Plan Sponsor's Name:Get Well Medical PC

## Schedule SB, Part V - Statement of Actuarial Assumptions

#### Target Assumptions:

Male Nonannuitant:	Aale				
Female Nonannuitant:	2014 Nonannuitant F	Female			
Male Annuitant:	2014 Annuitant Male				
Female Annuitant:	2014 Annuitant Female				
Applicable months from	valuation month:	0			
Probability of lump sum:	100.00%				
Use pre-retirement mort	No				

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.25	4.06	5.08
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.99	6.32	6.99
Override:	4.99	6.32	6.99

#### Options:

Use optional combined mortality table for small plans:							
Use discount rate transition:							
Lump sums use proposed regulations:							
<u>Actuarial Equivalent Floor</u>							
Stability peri	iod:	pla	n year				
Lookback months:							
Nonannuitan	it:	N/2	A				
Annuitant:		203	14 Applicable				
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>				
Current:	1.25	4.57	5.60				
Override:	0.00	0.00	0.00				

Salary Scale		Late Retirement	Rates	
Male:	0.00%	Male:	N/A	
Female:	0.00%	Female:	N/A	
<u>Withdrawal</u>		<u>Marriage Probab</u>	bility	<u>Setback</u>
Male:	N/A	Male:	0.00%	0
Female:	N/A	Female:	0.00%	
Withdrawal-Se	<u>lect</u>	Expense loading:	0.00%	
Male:	N/A	<u>Disability Rates</u>		
Female:	N/A	Male:	N/A	
Early Retireme	ent Rates	Female:	N/A	
Male:	N/A		<u>Mortality</u>	<u>Setback</u>
Female:	N/A	Male:	N/A	0
Subsidized Ear	ly Retirement Rates	Female:	N/A	0
Male:	N/A			

Female: N/A

Name of Plan:	Get Well Medical PC Defined Ber
Plan Sponsor's EIN:	20-1090153
Plan Number:	001

### Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements	<u>§</u>	Service/Participat	tion Requirements		
Age (months) : Wait (months) :	21 0 12 No	Definition of year Continuing hours Excluded classes:			
<u>Earnings</u>					
Total compensation excl	-	403(b) Cafeteria Other Prior to participatio 415 prior to particip			
<u>Retirement</u> <u>No</u>	ormal <u>Early</u>	Ľ	Subsidized Early	<u>Disability</u>	<u>Death</u>
Denneu.	of month lowing				
Benefit Reduction / Mor	tality table & setba	ack			
Male: Female:		rrial Equivalence arial Equivalence	Actuarial Equivalence Actuarial Equivalence	N/A N/A	0 0
Rates - Male: Rates - Female:	N/A N/A		N/A N/A	N/A N/A	
Use Social Security Retin Vesting Schedule: 2/2 Vesting Definition: Ho	_	Pre-retiremen Percentage of	fits Percentage: 50.00 t death benefit accrued benefit: 100.0 Payment method: Face	)0%	
Normal:	Annuity Life only Joint and contingent Plan Provisions Sinc	<u>Percent</u> 0.00% 50.00% <u>e Last Valuation</u>	<u>Years</u> 0 0		

Name of Plan:Get Well Medical PC Defined Benefit PlanPlan Sponsor's EIN:20-1090153Plan Number:001

<u>Benefits</u>							
Pension Formula:	Benefit formula	L					
Type of Formula:	Flat benefit						
Effective Date:	01/01/2014						
Flat benefit non-integ	rated type:	Percen	ıt				
Total percent of sala	ry:	17.50%	6				
Dollar amount:	-	None					
Reduction based on:		Accrua	al				
Benefit reduction for	years less than:	25					
	-						
Averaging							
<b>Projection method:</b>	Current Compensation		Apply e	exclusion t	o accrued benefit:	No	
Based on:	Final Average				ompensation years:		
Highest:	3		Annuali	ize short p	lan years:	No	
In the last:	10				tions based	110	
Excluding:	0		on years			Accrual	
Accrual							
Frozen:	No						
<b>Definition of years:</b>	Hours wo	orked			Fractions based on	·N/Δ	
-						4 1 1 1 1	
Accrual credit:	<u>Continuing</u>	Died	<b>Disabled</b>	<b>Retired</b>	<b>Terminated</b>	Precision:	N/A
	1000	0	0	0	1000	Limit curren	t credit
						to:	N/A
Years based on:	Particip	ation	Can	)/floor yea	rs.	0	
Maximum past accrus	-		-	or floor:			
Method:	Fraction	nal	-			Floor	
	1 Idetto			rual % pe		0.00%	
			Арр	ny 415 bet	fore accrual:	No	

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Name of Plan:Get Well Medical PC Defined Benefit PlanPlan Sponsor's EIN:20-1090153Plan Number:001

Form 5500-SF	Snort		al Return/Repor Benefit Plan	coronai cirip	loyee		MB Nos. 1210 1210	0089
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee R					Retirement 2014			
Employee Benefity Security Administration Penalor Benefit Subterly Concepton						This Form is Open (		
Part   Annual Report	t Identification	nte all entries in Information	accordance with the ins	tructions to the Form 6	500-SF.			<u>.</u>
For calendar plan year 2014 or t	fiscel plan year be;	sinning	01/01/2014	and ending	12/	/31/2014		
A This return/report is for:	🛛 a single-emp	loyer plan	e multiple-employer	plan (not multiemployer) oyer information in acco	(Filers cheo)	king this box	must attach	
	a one-particl	pant pian	🗌 e foreign plan		and the second of the second of the second se		20030027	
B This return/report is	the first retur	h/report	the final return/repor	t				
	📙 an amended	retum/report	📋 a short plan year reti	um/report (less than 12)	no <b>nths)</b>			
C Check box If filing under:	X Form 5558		automatic extension		Пр	FVC program	•	
	special exten	ision (enter desc	ription)		<u>ц</u>		•	
Part II Basic Plan Info	ormation_enter	r all compared to	formation.	All a grant and a gr				8
a Name of plan		i di requestes in			1b Three	tinit.		<u> </u>
Get Well Medical PC	Defined Be	mofit Dla	D		plan	number		•
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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accounta	nt (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes	6 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan canno f the plan is a defined benefit plan, is it covered under the PBGC in							lot doto	minod
				/21):	·····U	163		Not deter	
Par					_				
_	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
	Total plan assets	7a	· · · ·		0				10,000
	Total plan liabilities	7b			_				
	Net plan assets (subtract line 7b from line 7a)	7c	(-) A		0	_	(1) =		10,000
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To		
	(1) Employers	8a(1)	10	,00	0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b			0				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10,000
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d			0				
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f			0	_	_		
	Other expenses	<u>8g</u>			0				_
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i							10,000
	Transfers to (from) the plan (see instructions)	8j			0				
Par				_					
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	terist	ic Cod	es in t	he instructio	ns:	
						00111		10.	
Parl	V Compliance Questions								
10	During the plan year:				Yes	No	L A	mount	
a		itions withi	n the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth	her person	s by an insurance carrier,						
	insurance service, or other organization that provides some or all	of the ber	efits under the plan? (See	100		v			
	instructions.)			10e		Х			<u> </u>
T	Has the plan failed to provide any benefit when due under the pla			10f	<u> </u>	X			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		101					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (if '	Yes," see instructions and com	piete	Sched	ule SB	(Form		
	5500 and line 11a below)							X Yes	
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	rom Scheo	ule SB (Form 5500) line 39			11a	0		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	orse	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						

a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s	see instructions,	and enter the dat	e of the letter ruling
	granting the waiver.	Month	Day	Year

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if ye	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	n 5500), and skip to line	13.		_		<u> </u>	
b	Enter the minimum required contribution for this plan year			12b			A	
							-	
<b>C</b>	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result in the result in the result in the amount)			12d				
<u>e</u> 1	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	Π	No	N/A
Part \	/II Plan Terminations and Transfers of Assets							
13a ⊦	as a resolution to terminate the plan been adopted in any plan year?				/es X	No		
	f "Yes," enter the amount of any plan assets that reverted to the employer th	s year		13a				
b \	Nere all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	d to another plan, or brou	ght under the c	ontrol			Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), ident	ify the plan(s) t	0				
13	c(1) Name of plan(s):		13	ic(2) E	N(s)		13c(3)	PN(s)
Part \	/III Trust Information (optional)					L		
<b>14a</b> N	ame of trust		· · · · · · · · · · · · · · · · · · ·	14b ⊤	rust's Ell	4		