#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Г	arti	Annual Report	identification information										
For	r calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	015	and ending 12/3	1/2015							
Δ	This rati	urn/report is for:	X a single-employer plan		an (not multiemployer) (F								
^	11113 101	uninoport is for.	a one-participant plan	a foreign plan	proyor unormanor in acce	radiioo wiiii	and rollin mode doublidy						
В	This retu	rn/report is	the first return/report	the final return/report									
			an amended return/report	ort a short plan year return/report (less than 12 months)									
С	Check b	oox if filing under:	X Form 5558	automatic extension		DFV	/C program						
			special extension (enter descri										
P	art II	Basic Plan Info	rmation—enter all requested info	ormation			T-						
1a	Name	of plan			1	<b>lb</b> Three-di	igit						
TOT	TAL CAR	E DEFINED BENEFI	ΓPLAN			plan nun							
						(PN)	001						
					1	C Effective	e date of plan 01/01/2011						
2a		` '	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	. Box)	2	<b>2b</b> Employe (EIN)	er Identification Number 11-3568628						
			e, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	2c Sponsor	r's telephone number	_					
IOIA	AL CARE	E PLUS MEDICAL PC			-	- Openioen	718-844-3167						
5722	7TH AV	'ENLIE			2	2d Business	s code (see instructions)						
		NY 11220					621610						
3a	Plan ac	dministrator's name ar	nd address XSame as Plan Spons	or.	3	<b>3b</b> Administ	trator's EIN						
					3	C Administ	trator's telephone number						
					"	Aurillist	itator s telepriorie number						
4			e plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	lb ein							
_		·	mber from the last return/report.			la 50							
	•	or's name				C PN							
5a	Total n	number of participants	at the beginning of the plan year			5a	2						
b	Total n	number of participants	at the end of the plan year			5b	2	2					
С			account balances as of the end of t	. , ,	•	5c							
d		,	rticipants at the beginning of the pla			5d(1)	2	2					
d	( <b>2</b> ) Tota	al number of active pa	rticipants at the end of the plan yea	ır		5d(2)	2	2					
	Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e							
	ution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cause								
SB	or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.										
SIG	NE		valid electronic signature.	09/25/2016	WEI WANG								
HÉ	RE	Signature of plan a	dministrator	Date	Enter name of individual	l signing as p	olan administrator						
SIG													
HE	RE	Signature of emplo	yer/plan sponsor	Date	Enter name of individual	dividual signing as employer or plan sponsor							
Pre	eparer's i		ame, if applicable) and address (in				ephone number						

Form 5500-SF 2015		Page <b>2</b>					
<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan car</li> </ul>	of an independ y and condition	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	ogram (see ERISA se	ection 4	021)? .		Yes X	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(	b) End of Year
<b>a</b> Total plan assets			1309	745			1542592
<b>b</b> Total plan liabilities			4000	745	-		4540500
C Net plan assets (subtract line 7b from line 7a)	7с		1309	1745			1542592
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)		200	000			
(2) Participants	8a(2)						
(3) Others (including rollovers)	<del> </del>						
<b>b</b> Other income (loss)			52	622			25222
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c						252622
to provide benefits)	8d						
e Certain deemed and/or corrective distributions (see instructions).	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g		19	775			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						19775
i Net income (loss) (subtract line 8h from line 8c)	8i						232847
Transfers to (from) the plan (see instructions)	··· 8j						
9a If the plan provides pension benefits, enter the applicable pension 1A  B If the plan provides welfare benefits, enter the applicable welfare							
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-intere reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	Х			100000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	other persons ome or all of th	by an insurance ne benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the p			10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Χ		
h If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See instruc	ctions and 29 CFR	10g		X		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	I the required	notice or one of the	10ii		X		
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>	11	
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum fundir						302 of ER	ISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015	and endir	ng 12/31	/2015	
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable cause is establishe	ed.		
A Name of plan	<b>B</b> Three-dig	it		
TOTAL CARE DEFINED BENEFIT PLAN	plan num	ber (PN)	•	001
			<u> </u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer I	dentification	on Number (E	IN)
TOTAL CARE PLUS MEDICAL PC		11-35686	328	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan	n size: X 100 or fewer	101-500	More th	an 500
Part I Basic Information				
1 Enter the valuation date: Month 01 Day 01 Year 2				
2 Assets:	010			
a Market value		2a		1309745
		H		
<b>b</b> Actuarial value	(4) 11 1 (	2b		1309745
3 Funding target/participant count breakdown	(1) Number of participants		ed Funding	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment	partioiparito	Ta	rget	- Targot
<b>b</b> For terminated vested participants				
C For active participants	2		620383	1033971
<b>d</b> Total	2		620383	1033971
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions	<b>—</b>	4a		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for pla				
at-risk status for fewer than five consecutive years and disregarding loading fac		4b		
5 Effective interest rate		5		6.24%
6 Target normal cost		6		114965
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a				
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	count the experience of the plan	and reasonab	ie expectations) a	nd such other assumptions, in
SIGN				
HERE			09/26/20	16
			_	10
Signature of actuary			Date	- <u>-</u>
ARTHUR E. TEILER, ASA	<del></del>		14-0115	
Type or print name of actuary		Most red	cent enrollme	
PENSION TAX STRATEGIES, INC.			212-681	-7970
Firm name 1430 BROADWAY, SUITE 1509	Te	elephone n	umber (includ	ling area code)
NEW YORK, NY 10018				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in instructions	n completing this schedu	ie, check t	ne box and se	ee 📙

Page	2	_

Pa	ırt II	Begir	nning of Year	Carryov	er and Prefunding B	alances							
-							(a) (	Carryover balance		(b) F	refundi	ing balar	ice
7		•	0 , ,		cable adjustments (line 13								165301
8			•	-	unding requirement (line 35								
9										165301			
10					urn of0.21%								347
11					to prefunding balance:								
	<b>a</b> Pres	ent value	of excess contrib	utions (line	38a from prior year)								22887
					a over line 38b from prior ye interest rate of 6.47%								
	<b>b(2)</b> Ir	nterest or	n line 38b from prid	or year Sch	edule SB, using prior year	's actual							1481
C Total available at beginning of current plan year to add to prefunding balance									24368				
	<b>d</b> Porti	ion of (c)	to be added to pre	funding ba	lance								
12	Other r	eductions	s in balances due	to elections	or deemed elections								0
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)							165648
P	art III	Fun	ding Percenta	ages									
14 Funding target attainment percentage									11	0.65 %			
15 Adjusted funding target attainment percentage										15	11	0.65 %	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	10	0.74 %		
17	If the c	urrent val	lue of the assets o	f the plan is	s less than 70 percent of th	ne funding tar	get, enter s	such percentage			17		0.00 %
Pá	art IV	Con	tributions an	d Liquidi	ity Shortfalls								
18	Contrib	utions m	ade to the plan for	the plan ye	ear by employer(s) and em	ployees:							
(M	<b>(a)</b> Dat IM-DD-Y		(b) Amount page employer(		(c) Amount paid by employees	( <b>a)</b> D (MM-DD-		(b) Amount pa employer(s		(0		ınt paid b ovees	у
•	9/15/201		энциоуон	200000	отрасуесь	(	,	3	- /			-,	
				200000									
						Totals ►	18(b)		200000	18(c)			
19	Discou	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation of	date after th	ne beginning of the	year:				
	<b>a</b> Cont	tributions	allocated toward	unpaid mini	mum required contribution	s from prior y	ears		19a				
	<b>b</b> Cont	ributions	made to avoid res	trictions ad	ljusted to valuation date				19b				
					uired contribution for current	year adjusted	to valuation	date	19c				180368
20		•	outions and liquidit	•							F	7	
	_		<u>-</u>		he prior year?						<u>_</u>	Yes	X No
					installments for the currer	-	-	manner?			L	Yes	No
	<b>C</b> If line	e 20a is "	Yes," see instructi	ons and co	mplete the following table								
		(1) 19	st		Liquidity shortfall as of e	ena or quarter		n year 3rd			(4) 4tl	า	
		. ,			· /		(-)				. ,		

Pa	rt V Assu	ımptions U	sed to Determine F	Funding Target and Targe	et Normal Cost				
21	Discount rate	): 							
	<b>a</b> Segment	rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used
	<b>b</b> Applicable	month (enter	code)			21b			3
22	Weighted av	erage retireme	nt age			22			62
23		e(s) (see instr			escribed - separate	Substitut	e		
Da	rt VI Misc	ellaneous I	tome						
				uarial assumptions for the current	nlon voor? If "Voo." ooo	inatruationa	rogarding require	۸	
24	ū		•				· · -	Yes	X No
25				in year? If "Yes," see instructions				Yes	X No
26			•	· ·	3 3 .			Yes	X No
	-	-		Participants? If "Yes," see instru		allaciment.		168	X NO
27		•	•	er applicable code and see instru	0 0	27			
Da				m Required Contribution		I.			
28			•	ears		28			
29				unpaid minimum required contrib	· · ·	29			
30	Remaining a	mount of unpai	d minimum required con	tributions (line 28 minus line 29) .		30			
Pa	rt VIII Min	imum Regu	uired Contribution	For Current Year		I.			
31	· ·		cess assets (see instructi						
				•		31a			444005
	_								114965
			ole, but not greater than l	ne 31a		31b			0
32	Amortization				Outstanding Bala	ance	Installn	nent	
	<b>b</b> Waiver am	ortization insta	Ilment						
33	If a waiver ha			er the date of the ruling letter gra ) and the waived amount		33			
34	Total funding	requirement b	efore reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34			114965
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35		cted for use to	offset funding						
36	Additional ca	sh requiremen	t (line 34 minus line 35)			36			114965
37				ntribution for current year adjuste		37			180368
38	Present valu	e of excess cor	ntributions for current yea	ar (see instructions)		L.			
			•	,		38a			65403
				refunding and funding standard of		38b			
39				ar (excess, if any, of line 36 over		39			
40						40			
		•		ension Relief Act of 2010					
			use PRA 2010 funding re		(See instructions	)			
			<del>-</del>				2 plup 7 mars		/ooro
							2 plus 7 years		/ears
				1a was made			3 2009 201	υ 🔛 :	2011
42	Amount of ac	celeration adju	stment			42			
13	Execute inetal	lment accelera	tion amount to be carried	l over to future plan years		43			

### **Total Care Defined Benefit Plan** Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: Total Care Defined Benefit Plan Normal Retirement Benefit Actuarial Cost Method: PPA06 Funding Rules IRC430 Funding Yield Curve Segmented Rates 4.72% First Segment: Second Segment: 6.11% Third Segment: 6.81% IRC404 Funding Yield Curve Segmented Rates First Segment: 1.17% Second Segment: 4.07% Third Segment: 5.17% **PBGC Segmented Rates** First Segment: 1.4% Second Segment: 3.98% Third Segment: 5.04% Pre-Retirement Valuation Assumptions **Retirement Valuation Assumptions** Mortality Table 2015 430(h)(3)(A)-Optional combined Optional Forms Assumption 100% of participants will elect the Plan Normal Form Pre-Retirement Actuarial Equivalence Assumptions Investment Earnings 6% Effective annual rate Retirement Actuarial Equivalence Assumptions Investment Earnings 6% Effective annual rate 1994 GAR PROJ 2002 Mortality Table Assumptions for IRC415 Maximum Benefit Actuarial Adjustments Investment Earnings 5% Effective annual rate Mortality Table 2015 417(e)(3) Applicable Mortality Table Retirement Protection Act of 1994 Interest Rate for non-life annuities Investment Earnings 5% Effective annual rate

Pension Strategies Corp. Rpt530 Pg2

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Annual Report Identification Information	The state of the s	ructions to the Form 5500	-SF.	Public Inspection
For calendar plan year 2015 or fiscal plan year beginning				
A This return/report is for:	a multiple-employ	er plan (not multiemployer) (	Filers chec	king this how must attach -
a one-participant plan		employer information in acc	cordance w	rith the form instructions)
B This action to the Company of the	_ a loreign plan			
	the final return/re	port		
an amended return/report	a short plan year	return/report (less than 12 m	ionth	
C Check box if filing under: X Form 5558	automatic extensi			DFVC program
special extension (enter descript	ien)		-	DrvC program
Basic Plan Information—enter all requested information	mation			
1a Name of plan	mation		1 Three	
Total Care Defined Benefit Plan				e-digit number
Total Care Defined Benefit Plan			(PN)	▶ 001
			1c Effect	ive date of plan
2a Plan sponsor's name (employer, if for a single-employer plan)				1/1/2011
Mailing address (include room, apt., suite no. and street, or P.O. B	lov)			oyer Identification Number
City or town, state or province, country, and ZIP or foreign postal of	code (if foreign, soci	notrus (no.)	(EIN)	11-3568628
Total Care Plus Medical PC	ode (ii loreign, see ii		2C Spons	sor's telephone number
	•		18-844-3 2d Busin	
5722 7th Avenue	~ \		<b>2u</b> Busin	ess code (see instructions)
Brooklyn, NY 11220			321610	
3a Plan administrator's name and address X Same as Plan Spor	nsor			
carried as than oppor			<b>3b</b> Admir	nistrator's EIN
Same	X	<u> </u>		
			3C Admir	nistrator's telephone number
,	<b>C ,</b>			
	<b>O</b>			
4 If the name and/or EIN of the plan sponsor has changed size the	t return/report file	d for this plan auto-	4b =	
the name, Elin, and the plan number from the last return/phort.	return eport me	d for this plan, enter	4b EIN	
a Sponsor's name	•		4c PN	
5 a Total number of participants at the beginning of the pan yea			5a	
b Total number of participants at the end of the plan yea.	***************************************		5b	2
C Number of participants with account balances as the end of the	plan year (defined b	enefit plans do not	30	2
somplete the Relli)			5c	
d(1) Total number of active participants at the beginning of the plan	year			
		1-2	id(1)	2
e Number of participants that terminated and owners during the plan	n vear with accrued I	onofito that	5d(2)	2
less than 100% vested			5e	
Caution: A penalty for the ate or incomplete filing of this return Under penalties of perjury and other renalties set forth in the instruction	/report will be asse	essed unloss researchles		
SB or Schedule MB completed as signs by an enrolled actuary, as well belief, it is true, correct, and complete	ll as the electronic ve	rsion of this return/report, ar	nd to the be	est of my knowledge and
Solici, it is true, correct, and complet		<u></u>		, memorgo and
We Way	9/25/2016	Wei Wang		
Signature of plan administrator	Date			
We Way		Enter name of individual	signing as	plan administrator
	9/25/2016	Wei Wang		
Signature of employer/plan sponsor	Date	Enter name of individual	signing as	employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include	e room or suite numb			telephone number
		L		

	Form 5500-SF 2015		Pag	je <b>2</b>		<del></del> .	-				
6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan can	an inde <b>p</b> endand	dent qualified pul ons.)	olic acc	ountant	(IQPA	) 		X Ye		No No
С	If the plan is a defined benefit plan, is it covered under the PBGC insuran						es X		Not de	termine	ed
	Financial Information										
<u>7</u>	Plan Assets and Liabilities		(a) Begii	nning o	f Year			(b) E	nd of Ye	ar	
	Total plan assets	7a			1,30	09,745				1,542	2,592
<u> </u>	Total plan liabilities	7b				0	•				(
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			1,30	09,745				1,542	2,592
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amoun	it	1.	1		b) Total		
<u>a</u>	Contributions received or receivable from:				,						
	(1) Employers	8a(1)			2	0,000					
	(2) Participants	8a(2)		-1	$\Rightarrow$	0					
	(3) Others (including rollovers)	8a(3)				0					
<u>b</u>	Other income (loss)	8b				2,622					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								252	2,622
d	Benefits paid (including direct rollovers and insurance premiums	ا ا		1							
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions) .	8d			<del></del>						
		8e									
<del>.</del>	Administrative service providers (salaries, fees, commissions)	8f	11								
	Other expenses (add line of 0 of	8g				19,775					
<del></del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								19	9,775
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)									232	2,847
	Plan Characteristics	97					<u> </u>				
9a											
_	If the plan provides pension benefits, enter the applicable pension 1A	eature cod	es from the List o	it Plan (	Jharact	eristic	Codes ir	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare	ature code	s from the List of	Plan Cl	haracte	ristic C	odes in	the instr	uctions:	<u> </u>	
	Compliance Questions	<u> </u>									
10	During the plan year:		<del></del>		V	No.	I NUA I				
	Was there a failure to transmit to the plan any participant contributions with	thin the time	period	Τ	Yes	No	N/A		Amou	nt	
	described in 29 CFR 2510.3-102? (See instructions and DOLL Joluntary	Fiduciary Co	orrection			l <sub>x</sub>					
b	Program)			10a	ļ	^_					
D	Were there any nonexempt transactions with any part in interest? (Do no reported on line 10a.)	ot include tra	ansactions	10b		l <sub>x</sub>					
С	Was the plan covered by a fidelity bond?			10c	×	<del>  ^</del>				400	
d	Did the plan have a loss, whether or no rein pursed by the plan's fidelity	bond that w	as caused by	100	<del>  ^</del>	<del>                                     </del>				100	0,000
	fraud or dishonesty?	•••••	•	10d		Х					
е	Were any fees or commissions paid to my brokers, agents, or other pers carrier, insurance service, other organisation that provides some or all	ens by an in	surance								
	the plan? (See instructions	of the benef	its under	10e		l x					
f	Has the plan failed to provide an barefit when due under the plan?			10f		X					
g	Did the plan have any participant loans? (if "Yes," enter amount as of year			10g		X					
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)	structions an	d 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the requirexceptions to providing the notice applied under 29 CFR 2520.101-3	red notice or	one of the	10ii		X					
i_	Did the plan trust incur unrelated business taxable income?			10i		<del>  ^</del>					
	Pension Funding Compliance			10]	<u> </u>	<u> </u>	ĻI				
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	s," see instruction	ns and o	comple	te Sche	dule SB	, T	X Ye		
11a		chedule SF	3 (Form 5500) lin	e 40	***********		11a		X Ye	<u> </u>	No_
12	Is this a defined contribution plan subject to the minimum funding requirer	ments of sec	tion 412 of the Co	de or se	ction 30	2 of FD				s X	0
-			L or use co	UI 30	-uuii 30	LUIER	<u>ιν</u> η:		Ye	SIAI	No

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		File as an atta	achment to Form 5500	er 5500-SF			
Fo	r calendar plan year 2015 or fiscal pla			and er	nding		
	Round off amounts to nearest dol						
<u>,                                    </u>	Caution: A penalty of \$1,000 will be	assessed for late filing of this r	report unless reasonabl	e cause is establis	hed.		
A	Name of plan			<b>B</b> Three-dig	it	•	· · · · · · · · · · · · · · · · · · ·
1016	l Care Defined Benefit Plan			plan numi	oer (PN)		001
С	Plan sponsor's name as shown ●n li	ne 22 of Form 5500 or 5500 C		D =			
	. Idir oponiosi o name as snown with	ne 2a di Form 5500 di 5500-5	Г	<b>D</b> Employer	lgenting	ion Number (	EIN)
Tota	l Care Plus Medical PC			11-35( 3628			
E		iple-A Multiple-B	F Prior year plan si				<del></del>
		pio A Iwattiple-B	r Frior year plan si.	ze: X 10 or few	er 📙	101-500	More than 500
1	Basic Information						
	<del></del>	Month <u>01</u> Day <u>0</u>	1 Year 20	15			
2	Assets:				<del></del>		
	a Market value		•		2a		1,309,745
	<b>b</b> Actuarial value	<del></del>			2b		1,309,745
3	Funding target/participant count brea	akdown		Number of	(2) Veste	d Funding	(3) Total Funding
	- Fanatinal and the second			barticipants	Ta	rget	Target
	a For retired participants and benefit			0		0	0
	<b>b</b> For terminated vested participants			0		0	0
	c For active participants		<b>1</b>	2		620,383	1,033,971
	d Total			2		620,383	1,033,971
4	If the plan is in at-risk status, check t						,
	a Funding target disregarding preso				4a		
	<b>b</b> Funding target reflecting at-risk as	ssumptions, but disrega ding	ansition rule for plans t	hat have been	4		
	in at-risk status for fewer than fiv	e consecutive years an disre	garding loading factor.		4b		
5	Effective interest rate				5		6.24%
6	Target normal cost				6		114,965
Stat	tement by Enrolled Actuary						
	To the best of my knowledge, the information suppaccordance with applicable law and regulations. In combination, offer my best estimate of anticipated	THIS OUT IN MACHINE ASSUMBLING IS RE	schedules, statements and atta	chments, if any, is complete experience of the plan	ete and accur	ate. Each prescrit	ped assumption was applied in
	combination, offer my best estimate of anticipated	experie ce under the plan.	taking into account	me experience of the plan	i and reasona	Die expectations)	and such other assumptions, in
							1.
	abother +	At ila				0/26/20	16
	6	ight of actuary				9/26/20 <sup>2</sup> Date	10
Arth	ur E. Teiler, ASA			140115	7	Date	
•	ype	print name of actuary		140115		ocent enrelle	
Pen	sion Tax Strategies, Inc.	<b>,</b> ,		242.00		ecent enrolln	nent number
	Service Control of the Control of th	Firm name		212-68			
					rerepnone	number (incl	uding area code)
1430	) Broadway, Suite 1509						
New	York	· 	NY 10018				
	A	Address of the firm					
f the	actuary has not fully reflected any reg	gulation or ruling promulgated	under the statute in con	noleting this schedu	ile check	the hoy and	See
nstrı	uctions	<u> </u>		,	, UIIOUN	DOX and	~~~

	Beginning of Ye	ar Carryover	and Prefunding Bal	ances				
					(a) Carryover balan	се	(b) Prefund	ding balance
7	Balance at beginning of prior year)					0		165,301
8	Portion elected for use to offs							
	prior year)		-	i		0		0
9	Amount remaining (line 7 mir	us line 8)				0		165,301
10 Interest on line 9 using prior year's actual return of0								347
11	Prior year's excess contributi	ons to be added	to prefunding balance:					
••	a Present value of excess		,					22,887
	<b>b(1)</b> Interest on the excess, Schedule SB, using pri	-		ear 7%		7		1,481
	b(2) Interest on line 38b from	· •		actual				
	c Total available at beginni	ng of current plai	n year to add to prefunding	balance				24,368
	d Portion of (c) to be added	I to prefunding b	alance					
12	Other reductions in balances du	e to elections or	deemed elections		<u> </u>	0		0
	Balance at beginning of current					0		165,648
	Funding Percen					···		100,010
14	Funding target attainment perce	ntage					14	110.65%
	Adjusted funding target attainment			. —			15	110.65%
16	Prior year's funding percentage current year's funding requirement	for purposes of	determining whether carryo				16	100.74%
	If the current value of the assets			lang target, ente	r such percentage		17	
	Contributions a			and granger, ente	such percentage	••••••		<u>%</u>
18	Contributions made to the plan			pes.	7			
··-	(a) Date (b) Amour		(c) Amount paid by	(a) Date	(b) Amount pai	id by	(c) Amou	unt paid by
(M	M-DD-YYYY) employ	/er(s)	employees	(MM-DD-YYYY)	employer(s	. • 1		loyees
C	9-15-2016	200,000					- 1. 2.	
			1	**				
		7					***	
				Totals ▶ 18		00,000 18(0	:)	0
	Discounted employer contribution							
i	a Contributions allocated toward					19a		0
	b Contributions made to avoid	·				19b		0
	c Contributions allocated w		red contribution for current	year adjusted to v	aluation date	19с		180,368
20	Quarterly contributions and liqui	shortfalls:			·			
i	a Did the plan have a "funding	shortfall" for the	orior year?	•••••			🗍 ,	Yes X No
	<b>b</b> If line 20a is "Yes," were requ						Ξ.	Yes No
	c If line 20a is "Yes," see instru						·····	
			Liquidity shortfall as of end	<del></del>	plan year			
	(1) 1st		(2) 2nd		) 3rd		(4) 4ti	h

	Assumption	s Used to Determine Fu	unding Target and Target	Normal Cost				
21	Discount rate:							
	a Segment rates:	1st segment: 4.72%	2nd segment 6.11%	3rd segment: 6.8		N/A, full yield curve used		
	<b>b</b> Applicable month (	enter code)			21b	3		
22	Weighted average retire	ement age			22	62		
23	Mortality table(s) (see	instructions) X Pres	scribed - combined Pr	escribed - separate	Substit	ute		
	Miscellaneo	us Items				<del>- 11</del>		
24			arial assumptions for the current p	olan year? If "Yes," see in	struction	egarding required		
	attachment					Yes X No		
25	Has a method change	been made for the current plan	year? If "Yes," see instructions r	egarding required attach	men	Yes X No		
26	Is the plan required to	provide a Schedule of Active Pa	articipants? If "Yes," see instruction	ons regarding required	tacı, rent	Yes X No		
27	•		applicable code and see instruc		27			
	Reconciliati	on of Unpaid Minimum	<b>Required Contributions</b>	For Prior lears				
28	Unpaid minimum requi	red contributions for all prior ye	ears		28	0		
29	Discounted employer of (line 19a)	29	0					
30	(line 19a)					0		
1.00	Minimum Required Contribution For Current Year							
31	Target normal cost and	excess assets (see instruction	ns):					
	a Target normal cost	(line 6)			31a	114,965		
	<b>b</b> Excess assets, if ap	pplicable, but not greater than I	ine 31a	·····	31b	0		
32	Amortization installmen	nts:		Outstanding Bala	ance	Installment		
	a Net shortfall amortiz	zation installment		•				
	<b>b</b> Waiver amortization	n installment						
33	If a waiver has been ag (Month [	oproved for this plan year, ente Day Year	r the date of the ruling letter gran ) and the valved amount	ting the approval	33			
34	Total funding requirement	ent before reflecting carryover/	prefur ding s. lances (lines 31a -	31b + 32a + 32b - 33)	34	114,965		
			c rryover balance	Prefunding bala	nce	Total balance		
35	Balances elected for us	, , , , , , , , , , , , , , , , , , ,						
36	<del></del>	ement (line 34 minus line 35)			26	0		
37			ribution for current year adjusted		36	114,965		
	(line 19c)				37	180,368		
38		s contributions for coment, ear	<del></del>					
					38a	65,403		
			prefunding and funding standard		38b	0		
39			r (excess, if any, of line 36 over li		39	0		
40					40	0		
	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
41	If an election was made	e to use PRA 2010 funding reli	ef for this plan:					
	a Schedule elected					2 plus 7 years 15 years		
	<b>b</b> Eligible plan year(s	) for which the election in line 4	1a was made		200	08 2009 2010 2011		
42	Amount of acceleration	adjustment			42			
43	Excess installment acc	eleration amount to be carried	over to future plan years		43			

### **Total Care Defined Benefit Plan**

### Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: Total Care Defined Benefit Plan

+				Effective		£
}			Plan	Rate of	Discounted	_ <del> </del>
F	Date	Amount	Year	Interest	Amount	4
F	09/15/2016	200000.00	2015	6.24%	180368.00	4
F	Total for Minimum Required Contribution	200000.00			180368.00	4
_				•		4

# **Total Care Defined Benefit Plan** Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Total Care Defined Benefit Plan valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of rotirement is assumed. The weighted average retirement age of 62 is the average of the assumed retirement ages for all active participants as of the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

4	╼╀╼╀╼╀╼╀╼╀╼╀╼	<sup>┩</sup> ┎╃╏┲┦┰╃╏┲┦┰╃╏┲┦┰╃╏┲┦┸╃╏┺┦┸ <del>┩</del> ╏╇╏┺┼┸┩┺╃┸╇╏┺┼┸╃┸	理
世		Total Care Defined Benefit Plan	世
玾	Sche	dule SB, Part V - Summary of Plan Provisions	F
田	P	lan Name: Total Care Defined Benefit Plan	占
Ħ	Plan Effective Date	January 1, 2011	╁
픆		January 1, 2011	臣
共	Plan Anniversary Date	January 1, 2015	片
井	Participation Eligibility	Minimum age: 21 and	片
畢		Minimum months of service: 12	円
井	Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements	出
井	Normal Retirement Date	First day of the month coincident with or following age 55 and the completion of	臣
共		5 years of participation	片
井		Not to exceed the later of age 65 and 5 years of participation	出
坦	Normal Form of Benefit	Single Life Annuity	田
土		(Qualified Joint and Survivor annuity is the required standard option)	世
坩	Normal Retirement Benefit	Benefit Formula:	#
开		10% per year of service times compensation	F
进		Maximum total years of service: 25	占
╁		Maximum years of past service: 5	<b> </b>
井		Minimum benefit: \$833.00 per month	片
벞		IRC415 maximum annual benefit: \$210,000	出
垾		Actuarially adjusted under IRC415(b) for benefit	円
屯		commencement age and benefit form	臣
坩		Benefit limited to 100% of compensation	H
尹		Minimum benefit: 2% of compensation per year of topheavy plan service up to	7
进		10 (actuarially adjusted for benefit form)	占
╁	Compensation Definition	Highest consecutive 3 year average salary over all service	
푺		Annual salary up to \$265,000 considered	臣
井	Pre-Retirement Death Benefit	Lump sum payable on death of participant	片
벞	Benefit Amount	0 times the normal retirement benefit	出
畢	Bellent Amount	Maximum death benefit: \$0	円
典		·	田
	Vested Retirement Benefit	Vesting Schedule:	世
#		20% a year after 2 years (100% after 6 years)	4
尹		Exclude service before effective date  Computation Period: Elapsed Time Method	戸
古		Based on periods of service rounded to nearest year	占
H			F
井	Accrued Retirement Benefit	Pro-rated on service	片
뽀		Maximum number of years of past credited benefit accrual service is 0	片
墠			円
井			田
#			世
杆			H
开			口
尹			占
F			F
井	D 1 0 1 1 0 D 1555 - 5		片
+/	Pension Strategies Corp. Rpt530 Pg3		╬
47	<del>ᡧ</del> ᠘ᡰᡮ᠘ᡰᡟ᠘ᡰᢣ᠘ᡰᠫ᠘ᡰᠫ᠘ᡰ᠘᠘ᡰ᠘᠘᠘᠘	<del>╵┟┼</del> ┙┟┼┙┟┼┙┟┼┙┟┼┙┟┼┙┟┼┙╏┼┙╏┼┵╏┼┼╸╏┼╸╏┼┼╸╏┼╸╏┼┼╸╏┼╸╏┼┼╸╏┼╸╏┼╸	$\mathbb{H}^{2}$