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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	<u> </u>								
For calend	ar plan year 2015 or fi	scal plan year beginning 01/01/2	2015	and ending 12/	31/2015						
A This ret	turn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer)(nployer information in acc	_						
B This retu	urn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC	orogram					
		special extension (enter desc	. /								
Part II	Basic Plan Info	rmation —enter all requested in	formation								
1a Name GET WELL	of plan MEDICAL PC DEFINE	ED BENEFIT PLAN			1b Three-digit plan numbe (PN) ▶	er 001					
					1c Effective date of plan 01/01/2014						
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C ee, country, and ZIP or foreign post				dentification Number 20-1090153					
	MEDICAL PC	o, country, and 211 of foreign post	ar code (ir foreign, see man		7	elephone number 18-558-9070					
17227 HIGH	LAND AVE APT B				2d Business co	ode (see instructions)					
JAMAICA, N				621111							
3a Plan a	dministrator's name ar		3b Administrate	or's EIN							
3c Administrator's telephone number											
name		e plan sponsor has changed since mber from the last return/report.	the last return/report filed f		4b EIN 4c PN						
		at the beginning of the plan year			5a	3					
_		at the end of the plan year		<u> </u>	5b	3					
C Numb	er of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c						
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	3					
d(2) Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	2					
than	100% vested	terminated employment during the			5e	1					
		or incomplete filing of this return									
SB or Sche		her penalties set forth in the instruend signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	10/13/2016	T. ARUMUGAM							
HERE	Signature of plan a	ndministrator	Date	Enter name of individua	al signing as plar	administrator					
SIGN											
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individua	al signing as emp	oloyer or plan sponsor					
Preparer's	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number										

	Form 5500-SF 2015 Page 2											
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 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 cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and must	ccounta	ant (IQ I d use	PA) Form	5500.		X Yes X Yes	s No		
		isurance p	riogram (see LittoA se	CHOIT 4	021): .		163	<u> </u>	Not dete			
Par	t III Financial Information					- 1						
	Plan Assets and Liabilities		(a) Beginning			_		(b) End	of Year			
	Total plan assets	. 7a		10	000	_			20	800		
-	Total plan liabilities	7b			0		0					
	Net plan assets (subtract line 7b from line 7a)	7c		10	000		20800					
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) ⁷	Total			
	Contributions received or receivable from: (1) Employers	8a(1)		10	800							
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	. 8a(3)			0							
	Other income (loss)	. 8b			0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							10	800			
	Benefits paid (including direct rollovers and insurance premiums											
	to provide benefits)											
	Certain deemed and/or corrective distributions (see instructions)											
	Administrative service providers (salaries, fees, commissions)											
	Other expenses											
	Total expenses (add lines 8d, 8e, 8f, and 8g)						40	0				
	Net income (loss) (subtract line 8h from line 8c)						10	800				
_	Transfers to (from) the plan (see instructions)											
	Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	reature co	ides from the List of Pia	an Cha	racteris	Stic Co	odes in	tne instru	ctions:			
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plar	n Chara	acterist	ic Coc	des in th	ne instruc	tions:			
Part	V Compliance Questions											
10	During the plan year:		1		Yes	No	N/A		Amount			
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest											
	reported on line 10a.)			10b		X						
С	Was the plan covered by a fidelity bond?			10c		X						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	······································		10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ						
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X						
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	uctions and 29 CFR	10g 10h									
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3											
j	Did the plan trust incur unrelated business taxable income?			10j								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes	s No		
11a	1a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40											
12												

	F	orm 5500-SF 2015 Page 3 - 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		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Yes 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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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	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

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

	T CHOIGHT DC	none Suaranty Sorpor	ladon	▶ File a	as an attac	chment to Form	5500 or	5500-SF.			
For	calendar	plan year 2015	or fiscal plan y	ear beginning	01/01/20	15		and endi	ng 12/3	1/2015	
▶ I	Round of	ff amounts to n	earest dollar.								
•	Caution:	A penalty of \$1,	000 will be as	sessed for late filin	ng of this re	port unless reason	onable ca	use is establishe	ed.		
	lame of p		EEINIED DENI	TELT DI ANI				B Three-dig	it		
GE	I WELL	MEDICAL PC DI	EFINED BENI	EFII PLAN				plan num	ber (PN)	•	001
CP	lan chan	sor's name as sh	nown on line 2	a of Form 5500 or	. 5500 SE			D Employer	dontificat	ion Number (E	:INI\
		MEDICAL PC	iowii on iiile z	a of Form 5500 of	3300-31			Lilipioyei	20-1090		-IIV)
-									20-1090	7133	
Ет	ype of pla	n: X Single	Multiple-A	Multiple-B		F Prior year pla	an size: >	100 or fewer	101-50	00 More th	an 500
Pa	rt I	Basic Inform	ation			•	<u> </u>	<u>-</u>		<u>II</u>	
1		e valuation date		Month 01	Day	O1 Year	2015				
2	Assets:	c valuation date	•	IVIORITI	Day	i car _		_			
_		et value							2a		9626
									2b		9626
3				rdouro.			(1) [Number of	··L	ted Funding	(3) Total Funding
3	Funding	target/participa	nt count break	adown			` '	rticipants	. ,	arget	Target
	a For re	tired participants	s and benefici	aries receiving pay	ment			0		0	(
	b For terminated vested participants										
								3		9371	9775
	_							3		9371	
4				e box and complet						937 1	9775
4									4.5		
		0 0 0	٥.	oed at-risk assump					4a		
			-	umptions, but disre	-				4b		
5									5		5.40%
6	_								6		9776
		/ Enrolled Actua									
											ed assumption was applied in and such other assumptions, in
				perience under the plan.		asonable (taking into a	ccount the c	experience of the plan	and reasona	bie expectations) e	ina sacri otner assumptions, in
S	IGN										
	ERE									09/14/20	016
			Signa	ature of actuary						Date	
JOH	N GARIO	SLIANO	-	•						14-036	34
			Type or p	rint name of actuar	ry				Most re	ecent enrollme	ent number
FOR	EST HIL	LS PENSION SI	ERVICES							631-870)-6824
			ı	Firm name					elephone	number (includ	ding area code)
	BROADH VILLE, N	HOLLOW RD							-	•	,
IVILL	.ville, IV										
			Δα	Iress of the firm				_			
If the	actuary h	nas not fully refle	cted any regu	lation or ruling pro	mulgated u	ınder the statute	in comple	eting this schedu	le, check	the box and s	ee 🗌

Page 2	-	
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Schedule SB (Form 5500) 2015

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances						
			_				(a)	Carryover balance		(b) i	Prefund	ing balance
7		Ū	0 , ,		cable adjustments (line 13 f				0			0
8				,	unding requirement (line 35				0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interes	t on line 9	9 using prior year's	actual ret	urn of0.00%				0			0
11					d to prefunding balance:							
	•				38a from prior year)				_			61
	b(1) Ir	nterest or	n the excess, if any	y, of line 38	Ba over line 38b from prior ye interest rate of 6.32%	/ear						
	b(2) Ir	nterest or	n line 38b from prid	or year Sch	nedule SB, using prior year	s actual						4
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balai	nce						65
	d Porti	ion of (c)	to be added to pre	funding ba	alance							0
12	Other r	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)			0			0
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	98.47 %
15	, and a second of the second o											
16	-				of determining whether car	•	-	•		e 	16	100.00 %
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of th	e funding targ	et, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	ade to the plan for	the plan y	ear by employer(s) and em	ployees:						
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer((0		ınt paid by loyees
09	9/14/201	6		10800								
							1.00			424.	ı	
- 10						Totals ▶	18(b)		10800	18(c)		0
19			-		tructions for small plan with							
	_				imum required contributions			İ	19a			0
					djusted to valuation date			ľ	19b			0
					uired contribution for current	year adjusted t	o valuatior	n date	19c			9875
20		•	outions and liquidit	•					L		Г	
			_		the prior year?y installments for the curren						<u> </u>	」Yes X No 】Yes □ No
					emplete the following table a	-			[
	·				Liquidity shortfall as of e		of this pla	n year				
		(1) 19	st		(2) 2nd	·	(3)	3rd			(4) 4t	h

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		unt rate:								
	a Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, ful	l yield	curve	e used
	b App	licable month (enter code)			21b				0
22	Weigh	ted average ret	irement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24		•		tuarial assumptions for the current				. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	a Targ	et normal cost	(line 6)			. 31a				9776
	b Exce	ess assets, if ap	oplicable, but not greater than		31b				0	
32	Amorti	ization installme	ents:		Outstanding Bala	ance	In	stallm	ent	
	a Net	shortfall amortiz	zation installment			149				25
	b Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gran) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34				9801
				Carryover balance	Prefunding bala	nce	Tot	tal bala	ance	
35			use to offset funding	0		0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				9801
37				ontribution for current year adjuste		37				9875
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	l (excess, if any	, of line 37 over line 36)			. 38a				74
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b				
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid	d minimum requ	uired contributions for all years	S		40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected					2 plus 7 year	s	15	years
	b Eligi	ble plan year(s)) for which the election in line	41a was made		200	8 2009	2010	П	2011
42	Amoun	nt of acceleratio	n adjustment		42	<u> </u>				
			celeration amount to be carrie		43					

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).

2015

OMB No. 1210-0110

2010

Internal Revenue Code (the Code).

This Form is Open to Public Inspection

▶ File as an attachment to For	m 5500 or 5500-SF.									
For calendar plan year 2015 or fiscal plan year beginning 01/01/201	5 and end	ing	12/3	1/2015						
Round off amounts to nearest dollar.										
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	asonable cause is establish	ed.								
A Name of plan	B Three-di	git								
Get Well Medical PC Defined Benefit Plan	plan num	ber (PN)	•	001						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Idontificat	tion Number (E	-10.0						
Get Well Medical PC	20-1096	0153	GON Number (E	in)						
E Type of plan: X Single Multiple-A Multiple-B F Prior year	plan size: X 100 or fewer	101-5	00 More th	an 500						
Part I Basic Information	F1 100 01 101101		oo [] was th	an 500						
	2015									
2 Assets:										
a Market value		2a		0.606						
b Actuarial value		2b		9,626						
3 Funding target/participant count breakdown	(1) Number of			9,626						
- and ing targos participant count breakdown	participants	-	ted Funding arget	(3) Total Funding Target						
a For retired participants and beneficiaries receiving payment			0	0						
b For terminated vested participants			0	0						
C For active participants										
d Total				9,775						
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			9,371	9,775						
a Funding target disregarding prescribed at-risk assumptions										
b Funding target reflecting at-risk assumptions, but disregarding transition rule for		<u>4a</u>								
at-risk status for fewer than five consecutive years and disregarding loading	factor	4b								
5 Effective interest rate			<u> </u>	5.40%						
6 Target normal cost				9,776						
Statement by Enrolled Actuary										
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statemen accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into combination, offer my best estimate of activities of each other the size of the statement of the size of the	ts and attachments, if any, is completed account the experience of the plan	te and accur	ate. Each prescribe	ed assumption was applied in						
combination, offer my best estimate of anticipated experience under the plan.		eria rezzoria	iste expectational at	no such other assumptions, in						
SIGN D		-								
HERE Jonalreno			09/14/20	16						
Signature of actuary			Date							
John Garigliano			14-0363	4						
Type or print name of actuary		Most re	cent enrollme							
Forest Hills Pension Services		(6	531) 870-	6824						
Firm name	Te	lephone r	number (includ	ing area code)						
200 Broadhollow Rd				•						
Melville NY 11747										
Address of the firm										
f the actuary has not fully reflected any regulation or ruling promulgated under the statute	o in completion this set of									
nstructions	- in completing this schedu	e, cneck	ine box and se	е Ц						
the Development of the August 1 August 1		_								

Pa	art II Beginning of Y	ear Carryo	ver and Prefunding I	Balances							
7	Balance at beginning of prior	year after app	licable adjustments (line 13	3 from prior	(a) (Carryover balance		(b)	Prefund	ling bala	тсе
	year)						0				C
8	Portion elected for use to offs prior year)	set prior year's	funding requirement (line 3	35 from			0				0
9	Amount remaining (line 7 mir						0	-			
10	Interest on line 9 using prior	year's actual re	eturn of 0.00%				0				
11	Prior year's excess contributi	ons to be adde	ed to prefunding balance:								
	a Present value of excess co	ntributions (lin	e 38a from prior year)							_	61
	b(1) Interest on the excess, Schedule SB, using prid	if any, of line 3 or year's effect	88a over line 38b from prior ive interest rate of $\frac{6 \cdot 32\%}{6 \cdot 32\%}$	year	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
	b(2) Interest on line 38b from	n prior year So	hedule SB, using prior year	r's actual							4
	C Total available at beginning		•	ı							65
	d Portion of (c) to be added to	o prefunding b	alance								0
12	Other reductions in balances	due to election	s or deemed elections				0				0
13	-						0			<u> </u>	0
P	art III Funding Perc										
14	Funding target attainment per								14	0.0	47.00
15	Adjusted funding target attain	ment percenta	ge						15		47 % 47 %
	Prior year's funding percentage	e for purpose	s of determining whether ca	arrvover/prefu	nding balan	ces may be used to	o reduce	0	16	90.	4 / %
current year's funding requirement											00 %
				he funding tar	get, enter s	uch percentage			17		%
	art IV Contributions										
18	Contributions made to the pla			nployees:							
	IM-DD-YYYY) emplo	nt paid by yer(s)	(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pai employer(s)		(0	(c) Amount paid by employees		
09	9/14/2016	10,800								-	
		_									
				Totals ▶	18(b)			18(c)			0
	Discounted employer contribu						/ear:				
	a Contributions allocated toward						19a				0
	b Contributions made to avoid						19b				0
	C Contributions allocated towar			year adjusted t	to valuation	date	19c			9	8,875
	Quarterly contributions and liq										
	a Did the plan have a "funding									Yes 2	No
	b If line 20a is "Yes," were red					nanner?				Yes	No
	C If line 20a is "Yes," see instr										4
	(4) 4-1		Liquidity shortfall as of e	end of quarter	of this plan	year					
	(1) 1st		(2) 2nd	-	(3) 3	Brd			(4) 4th		
											

		ns Used to Determine	Funding Target and	Target Normal C	ost	
21						
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	6.	segment:	N/A, full yield curve used
		enter code)				0
		irement age		······································	22	65
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescribed - separ	rate Substitu	
Pa	rt VI Miscellane	ous Items			<u></u>	
24	Has a change been m	nade in the non-prescribed actu	uarial assumptions for the c	urrent plan year? If "	Yes," see instructions	
25		been made for the current pla				
26	is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	nstructions regarding	required attachment	
27		alternative funding rules, ente	er applicable code and see	instructions regarding	27	
Pa		ation of Unpaid Minimu				
28		ired contributions for all prior y				0
29	Discounted employer	contributions allocated toward	unpaid minimum required of	ontributions from pric	or years	
30	Remaining amount of	unpaid minimum required conf	ributions (line 28 minus line	29)	30	0
		Required Contribution				
31		d excess assets (see instruction				
		line 6)	`		31a	0.776
		plicable, but not greater than li				9,776
32	Amortization installme		10010	· · · · · · · · · · · · · · · · · · ·		0
	a Net shortfall amortiz	iding Balance	Installment			
		installment			149	25
33		pproved for this plan year, ente			0	0
	(Month	DayYear) and the waived amo	unt	33	
34	Total funding requirem	ent before reflecting carryover	prefunding balances (lines	31a - 31b + 32a + 32	2b - 33) 34	9,801
	<u></u>		Carryover balance	Prefund	ding balance	Total balance
35	Balances elected for userequirement	se to offset funding		0	0	0
36	Additional cash require	ement (line 34 minus line 35)		<u> </u>	36	9,801
	Contributions allocated	toward minimum required cor	ntribution for current year ac	ljusted to valuation d	ate 27	9,875
38		s contributions for current year				9,675
		of line 37 over line 36)			38a	74
		ne 38a attributable to use of pr				
39		red contribution for current yea				0
40		red contributions for all years				0
Pai		unding Relief Under Pe				
41		to use PRA 2010 funding reli				
	a Schedule elected			***************************************	П	2 plus 7 years 15 years
-	b Eligible plan year(s) t	for which the election in line 41	a was made	***************************************		
42		adjustment				
		eleration amount to be carried				
			Pian Joulo III		70	

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant: 2015 Nonannuitant Male Use optional combined mortality table for small plans:

Female Nonannuitant:

2015 Nonannuitant Female

Use discount rate transition: Lump sums use proposed regulations:

No Yes

Yes

Male Annuitant: Female Annuitant: 2015 Annuitant Male 2015 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum:

100.00%

3rd

5.20

N/A

6.81

0.00

Lookback months: 1

Use pre-retirement mortality:

No Nonannuitant:

2015 Applicable

Segment rates:

<u>1st</u> 1.22

Current:

Annuitant:

<u>2nd</u>

3rd

Override:

1.48

1st

3.77

N/A

4.79

High Quality Bond rates: Final rates:

N/A

4.72

0.00

N/A 6.11

<u>2nd</u>

4.11

0.00

0.00

0.00

0.00

Salary Scale

Override:

Male: 0.00%

Female: 0.00% **Late Retirement Rates**

Male:

N/A

Withdrawal

Male: N/A Female:

N/A

Withdrawal-Select

Male: N/A Female: N/A

Early Retirement Rates

Male:

N/A

Female: N/A

Subsidized Early Retirement Rates Male:

Female:

N/A N/A

Female:

N/A

Marriage Probability

Male:

0.00%

Female:

0.00%

Expense loading:

0.00%

Disability Rates

Male:

N/A

Female:

N/A

Mortality

Setback

Setback

0

Male: Female: N/A

N/A

0 0

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 Service/Participation Requirements

Age (yrs): 21 Definition of years: Hours worked

Continuing hours: Age (months): 0 1,000

Wait (months): 12 Excluded classes: Union Members Two year eligibility: Nο

Non-resident alien

Earnings

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement **Normal Early** Subsidized Early **Disability** Death

65 Age: 0 Service: 5 Participation:

1st of month Defined:

following

Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence N/A 0 Female: Actuarial Equivalence Actuarial Equivalence N/A 0

Pre-retirement death benefit

Rates - Male: N/A N/A N/A Rates - Female: N/A N/A N/A

Use Social Security Retirement Age: No **REACT Benefits Percentage:** 50.00%

Vesting Schedule: 2/20

Hours Worked **Vesting Definition:** Percentage of accrued benefit: 100.00%

Death Benefit Payment method: Face + PVAB - Curr. CV

Annuity Percent Years Normal: Life only 0.00% 0 QJSA: Joint and contingent 50.00% 0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Get Well Medical PC Defined Benefit Plan

Plan Sponsor's EIN: 20-1090153

Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:Benefit formulaType of Formula:Flat benefitEffective Date:01/01/2014

Flat benefit non-integrated type: Percent
Total percent of salary: 17.50%
Dollar amount: None
Reduction based on: Accrual
Benefit reduction for years less than: 25

Averaging

Projection method: Current Compensation
Based on: Final Average Annualize short compensation years: No
Highest: 3 Annualize short plan years: No

In the last: 10 Include compensations based

Excluding: 0 on years of: Accrual

Accrual

Frozen: No

Definition of years: Hours worked Fractions based on: N/A

Accrual credit: Continuing Died Disabled Retired Terminated Precision: N/A

00 0 0 1000 Limit current credit to: N/A

Years based on:ServiceCap/floor years:0Maximum past accrual years:0.0000Cap or floor:FloorMethod:FractionalAccrual % per year:0.00%

Apply 415 before accrual: No

Name of Plan: Get Well Medical PC Defined Benefit Plan

Plan Sponsor's EIN: 20-1090153

Plan Number: 001

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2015 Effective: 5.40% Late Quarterly: 10.40%

 Effective Date
 Amount
 Effective Interest
 Quarterly Interest
 Discounted

 09/14/2016
 \$10,800
 -925
 0
 \$9,875

 \$10,800
 \$9,875
 \$9,875

Name of Plan: Get Well Medical PC Defined Ber

Plan Sponsor's EIN: 20-1090153

Plan Number: 001

Plan Sponsor's Name: Get Well Medical PC

Fe	orm 5500-SF	Short Form Appu	ni Batum/Bass	4.70					
De	sparingers of the Treasury	Short Form Annu	Benefit Plan	ırı oı əmalı ⊫mi	ployee	OMB Nos. 1210-0110 1210-0069			
	December of Labor	This form is required to be file income Security Act of 1974	ri under seellese 404	- 	Rollinament	2015			
	e Benefit Security Administration Penefit Guaranty Couputalism	- 1	Revenue Code (the Co	1057(b) and 6058(a) of E Ide).	he internal	This Form is Open to			
		Complete all entries in	accordance with the in	structions to the Form	6800.RE	Public inspection			
Part I		Identification information acai plan year beginning			040g-3F,				
1 C) Major	HOST PHAIL THAT 2010 OF IT		01/01/2015	and ending	12	/31/2015			
A This i	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemploye	A /Clam shor	delan de la de			
		a one-participant plan	a foreign plan	employer information in	ecordance w	ith the form instructions)			
B This re	eturn/report is	the first return/report	the final retuni/repor	•					
		an amended return/report		um/report (less than 12	months)				
C Check	k box if filing under:	₩ Form 5558	_						
		special extension (enter descri	automatic extension	ı		FVC program			
Part II	Basic Plan Info	rmation—enter all requested infi	ipuen)						
1a Nem	e of plan	THE STATE OF THE S	omation						
		Defined Benefit Plan			1b Three	edigit Tumber			
					(PN)				
						ove date of plan			
2a Pien	sponsor's name (employ	er, if for a single-employer plan)	_		01/	01/2014			
(Arfahili)	19 46191968 NG DOM 1507	1 BDT stuffe for and almost on C.O.	Box)		25 Empk	yer Identification Number			
Get We	ll Medical PC	country, and ZIP or foreign posts	i code (if foreign, see ins	tructions)		20-1090153			
			ZC Sponsor's telephone number						
12002	UT 600		2d Busin	ess code (see instructions)					
17227	HIGHLAND AVE A		5211	111					
JAMAIC:		Y 11432							
3a Plan	edministrator's name and	i address XSame as Plan Sponso	ır.		3b Admin	istrator's EIN			
					3C Administrator's telephone number				
					1				
					İ				
4 If the	name and/or EIN of the	plan sponsor has changed since th	e last return/report filed	for this plan enter the	4b EIN				
	i, Elin, and the plan numi Kirs name	ber from the last return/report.		or true beauty dilight file	4D EIN				
		Ma harabaratar da da da da da da da da da da da da da			4c PN				
b Total	number of perticipants at	t the beginning of the plan your		***************************************	Sa	3			
C Numb	number of participants with ac	t the end of the plan year			5b	3			
44777					5c				
aft) to	el unuiper of soline battle	dpants at the beginning of the plan	year		Sd(1)				
u(2) 100	as ununces of active bartic	cipents at the end of the plan year.			5d(2)	3			
e Numb	per of perticipants that to	rminated employment during the p	an year with accrued be	nefits that were less		2			
Caution: A	penalty for the interes	Property Aller - 5 to 1			50	1			
Under pens	illes of parjury and one	perveitipe set forth in the instruction	one, I declare that I have	exempled this return/re	use in establi	shed.			
belief. It is t	rue, correct, and purple	perhitips set forth in the instruction appropriate actuary, as a strong by an emplied actuary, as a	well as the electronic ver	raion of this return/repor	t, and to the b	- = eµpicable, a Schedule set of my knowledge and			
SIGN	1/1/1/	1/H1/L	Vo/13/16	m >	*				
MERCE Signature Wilder Street									
SIGN	1/		DAGE '	Enter name of Individe	ual signing es	plan edministrator			
HERE	Signature of employe	riplan engager	Date						
Preparer's	name (Including firm nam	Enter name of individu	ual aigning as	employer or plan aponsor					
		''	reparers to	lephone number					
		91		ļ.					
For Paperwo	rk Reduction Act Motice o	nd OMB Control Numbers, see the in	structions for Form 5509-	9F.					

D	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannual from the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and cond o <mark>t use</mark> Fo	endent qualified public itions.) orm 5500-SF and mus	accoun st inste	tant (IC	QPA) Forn	n 5500.	•••••	_	res [
Pa	rt III Financial Information						_				
7	Plan Assets and Liabilities		(a) Beginnin	n of Ve		T		/b) Enc	l of Voc		
a	Total plan assets	7a	(a) Dog.iiiiii		0,00	10		(D) End	of Year		800
	Total plan liabilities	7b				0					0
	Net plan assets (subtract line 7b from line 7a)	7c		10,000						20	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo		0,00	- -		(1-)	T-4-1	20,	800
a	Contributions received or receivable from:	_	(a) Aillo	uni		+-		(0)	Total		
	(1) Employers	8a(1)		1	0,80	0					
	(2) Participants	8a(2)		_		0	"				
	(3) Others (including rollovers)	8a(3)				0					
b	Other income (loss)	8b				0					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								10.	800
d	Benefits paid (including direct rollovers and insurance premiums					\top					
	to provide benefits)	8d				\bot					
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)										
	Other expenses										
	Total expenses (add lines 8d, 8e, 8f, and 8g)									0	
	Net income (loss) (subtract line 8h from line 8c)	8i								10,	800
<u> </u>	Transfers to (from) the plan (see instructions)	8 j									
Par	t IV Plan Characteristics										
9a 	1A 3D										
Dow			——————————————————————————————————————	III Char	acteris		es in tr	ne instruc	tions: 		
Part											
10	During the plan year:				Yes	No	N/A		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not	include transactions	10b		Х					
С	Was the plan covered by a fidelity bond?	_		10c		Х			<u> </u>		
ď		fidelity bo	nd, that was caused								
e	by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	er person	s hy an insurance	10d		Х					
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of	the henefits under	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х					
9	Did the plan have any participant loans? (if "Yes," enter amount as			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 2520.101	notice or one of the	101								
j	j Did the plan trust incur unrelated business taxable income?										
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "	es," see instructions a	and con	nplete	Sched	lule SB	(Form	X Y	 еs П	No
11a	Enter the unpaid minimum required contribution for all years from S	Schedule	SB (Form 5500) line 4	0			11a	***********			0
12	Is this a defined contribution plan subject to the minimum funding n							RISA?	Пу	es X	

	F	orm 5500-SF 2015 Page 3 -						
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	granti	alver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver.	Month	ente: Da		of the letter i	uling	
		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		1				
b	Enter t	he minimum required contribution for this plan year		12	b			
		ne amount contributed by the employer to the plan for this plan year		12	lc .			
	negati	nct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12	d			
		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						
13a		resolution to terminate the plan been adopted in any plan year?				Yes 🛛 No		
		s," enter the amount of any plan assets that reverted to the employer this year		13				
b	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou			ıl 	Yes X	No	
	which	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	,			_	
1	13c(1) N	lame of plan(s):	13c(2)	EIN(s)	13c(3)	PN(s)	
Part		Trust Information				·		
14a	Name o	f trust		14	b Trust's	EIN		
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
Parl	t IX	IRS Compliance Questions						
15a	Is the	olan a 401(k) plan?			Yes	No		
	matchi	" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- based sa harbor method	P/ACP st		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cimethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (iii))?	urrent year 01(m)-	Yes		No	No	
		the box to indicate the method used by the plan to satisfy the coverage requirements under secti		Ratio percentage test			erage nefit test	
160	Does t	ne plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com n with any other plans under the permissive aggregation rules?	bining		Yes	No		
17a	Has th	e plan been timely amended for all required tax law changes?	••••••		Yes	∏ No	☐ N/A	
	for tax	law changes and codes).	Enter the ap	-			structions	
	adviso	an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla y letter, enter the date of that favorable letter and the letter's serial nu	mber				ı or	
	determ	lan is an individually-designed plan and received a favorable determination letter from the IRS, en ination letter		the p	olan's last	favorable		
18	Is the I made)	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	has been Islands)?	□,	Yes	□ No		
19	Were in	n-service distributions made during the plan year?			Yes	No		
		" enter amount		19)			
20	Were retired)	equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wi , as required under section 401(a)(9)?	nether or not		Yes	No	N/A	

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

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 and ending • Round off amounts to nearest dollar.																		
•	Round of	f amo	ounts to r	nearest de	ollar.													
	Caution:	A per	nalty of \$1	,000 will b	e ass	ess ed 1	for late filing o	of this rep	oort unless reaso	nable ca	use i	s establis	hed.					
A١	lame of p	lan									В	Three-d	ligit					
												plan nu	Ū	PN)		>		
												·	•					
CF	Plan spons	sor's r	name as s	shown on I	line 2a	a of For	m 5500 or 55	00-SF			D	Employe	r Identi	ficati	on Nu	ımber (EIN)	
Ет	ype of pla	n:	Single	Multip	le-A	Mu	ltiple-B		F Prior year pla	n size:	100	or fewer	10	01-50	00	More t	han 500	
Ps	art I	Raei	c Inform	nation		,				<u> </u>								
						/onth	г	201	Voor									
		e vaiu	lation date	e:	IV	viontn _		Jay										
2																		
	a Marke	t valu	e											+				
	b Actua	rial va	alue										2	2b				
3	Funding	targe	et/participa	ant count l	breakc	down				` '			(2)			ınding		
										pai	rticipa	ants		Ta	arget		1	arget
	a For retired participants and beneficiaries receiving payment																	
	b For terminated vested participants																	
	d Total																	
											П						1	
4	•						·	. ,	, ,		ш		_					
	_	•					•						4	ıa				
		_	•	•		•		_					4	b				
5	Effective	e inter	est rate											5				%
6	Target r	orma	l cost											6				
Stat																		
-	To the best o	f my kn	owledge, the	information s														
								ption is reas	sonable (taking into ad	count the e	experie	nce of the pla	an and re	asonal	ble exp	ectations)	and such other	er assumptions, in
6	ich.																	
					<u> </u>						_	-						
				;	Signat	ture of	actuary									Date		
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part 1 Basic Information 1 Enter the valuation date: Month Day Year 2 Assets: 2a Market value 2a 2b 3 Funding target/participant count breakdown (1) Number of participants and beneficiaries receiving payment. (2) Vested Funding Target Target Target Target Total b For terminated vested participants. (2) Vested participants and beneficiaries receiving payment. (3) Total Funding Target Target Total 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) 4a Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Seffective interest rate. 5 Seffective interest rate.																		
				Туре	or pri	nt nam	e of actuary						Mo	ost re	ecent	enrollm	ent numbe	r
											_							
					F	ïrm nar	me					-	Teleph	one r	numbe	er (inclu	ıding area	code)
					Δddr	ess of	the firm				_							
		nas no	t fully refl	ected any	regula	ation o	r ruling promu	lgated ur	nder the statute i	n comple	eting	this sched	dule, ch	neck	the bo	ox and s	see	
ınstru	ıctions																	-

age	2 -	

Schedule SB (Form 5500) 2015

Balance at beginning of prior year after applicable adjustments (line 13 from prior year) **Reference of the second of the prior year after applicable adjustments (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion elected for use to offset prior year's funding requirement (line 35 from prior year) **Portion devices on the sump prior year's actual return of	Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
Portion (et al. prior year)								(a) (Carryover balance		(b) F	Prefund	ing balan	се
9 Amount remaining (line 7 minus line 8)	7		•	0 ,		,	•							
10 Interest on line 9 using prior year's actual return of %	8													
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year)	9	Amoun	t remainii	ng (line 7 minus lir	ne 8)									
a Present value of excess, if any, of line 38a from prior year). b(1) Interest on the excess, if any, of line 38a from prior year Schedule SB, using prior year's effective interest rate of	10	Interes	t on line 9	using prior year's	actual ret	turn of%								
b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule SB, using prior year's effective interest rate of%. b(2) Interest on line 38b from prior year's effective interest rate of%. c Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12). Part III Funding Percentages 4 Funding target attainment percentage 5 Adjusted funding target attainment percentage 6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by em	11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
Schedule SR, using prior year's effective interest rate of%		a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								
return														
C Total available at beginning of current plan year to add to prefunding balance		b(2) II	nterest or	line 38b from prid	or year Sch	nedule SB, using prior year's	s actual							
d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)														
12 Other reductions in balances due to elections or deemed elections				0 0		, ,								
Part III Funding Percentages		d Porti	ion of (c)	to be added to pre	efunding ba	alance								
Part III Funding Percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 15 % 15 % 15 Adjusted funding target attainment percentage 15 % % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. 16 % % % % % % % % %	12	Other r	eductions	s in balances due	to election	s or deemed elections								
14 Sudjusted trainment percentage 14 % % % % % % % % %	13	Balanc	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)							
15 Adjusted funding target attainment percentage	P	art III	Fun	ding Percenta	ages									
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	14	Fundin	g target a	ttainment percent	age							14		%
current year's funding requirement	15	Adjuste	ed funding	g target attainmen	t percenta	ge						15		%
Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	16			• .		•	•	-	•		l l	16		%
18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY)	17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	et, enter s	such percentage			17		%
(a) Date (MM-DD-YYYY)	Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees Totals ► 18(b) 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:							
Totals ► 18(b) 18(c) 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	(1)										(0	•		у
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years	(10	IIVI-DD-I	111)	employer	(3)	employees	(IVIIVI-DD-1	111)	employer(3)		emp	loyees	
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years														
a Contributions allocated toward unpaid minimum required contributions from prior years							Totals ▶	18(b)			18(c)			
b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ite after th	ne beginning of the	year:				
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Cont	ributions	allocated toward u	unpaid min	nimum required contributions	from prior ye	ars		19a				
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?		b Cont	ributions	made to avoid res	trictions ad	djusted to valuation date				19b				
a Did the plan have a "funding shortfall" for the prior year?		C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted to	o valuation	n date	19c				
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	rly contrib	outions and liquidit	y shortfalls	S:								
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year		a Did t	the plan h	ave a "funding sh	ortfall" for	the prior year?							Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made in	a timely	manner?			<u> </u>	Yes	No
		C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable:							
(1) 1st (2) 2nd (3) 3rd (4) 4th				-			nd of quarter							
			(1) 15	st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V Ass	sumption	ns Used to Determine	Funding Target and Targe	et Normal Cost				
21	Discount ra	te:							
	a Segment	t rates:	1st segment: %	2nd segment: %	3rd segment: %		N/A, full yie	ld curve	used
	b Applicab	le month (e	enter code)			21b			
22	Weighted a	verage reti	rement age			22			
					scribed - separate	Substitut	te		
Pa	rt VI Mis	collano	ous Items		·				
				uarial assumptions for the current	plan year? If "Ves " see	inetructions	rogarding require	nd	
27		-	·	uanai assumptions for the current			· · · ·	Yes	No
25	Has a meth	od change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment		Yes	No
			<u>'</u> _	Participants? If "Yes," see instruc	<u> </u>			Yes	No
27				ter applicable code and see instruc				163	INO
21		•	alternative runding rules, em	er applicable code and see instruc		27			
Pa	rt VII Re	econcilia	ntion of Unpaid Minimu	um Required Contribution	s For Prior Years	l l			
28			•	years		28			
29				I unpaid minimum required contrib					
						29			
30	Remaining	amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			
Pa	rt VIII Mi	nimum l	Required Contribution	For Current Year					
31			nd excess assets (see instruct						
						31a			
		-	•	line 31a		31b			
32	Amortizatio				Outstanding Bala	I	Instal	ment	
02					-	inco	mstan	mont	
					1				
33			• • • •	ter the date of the ruling letter gran) and the waived amount	•	33			
3/				er/prefunding balances (lines 31a -		34			
	Total fulfuli	ig requiren	lent before renecting carryove	Carryover balance		l	Tatal b	alanaa	
				Carryover barance	Prefunding balar	nce	Total b	alance	
35			se to offset funding						
26						36			
						30			
37	(line 19c)			ontribution for current year adjuste		37			
38			ss contributions for current ye			 			
						38a			
	b Portion in	cluded in l	ine 38a attributable to use of p	prefunding and funding standard o	arryover balances	38b			
39	Unpaid min	imum requ	ired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39			
40	Unpaid min	imum requ	ired contributions for all years)		40			
Pai	rt IX P	ension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions))			
41	If an election	n was mad	e to use PRA 2010 funding re	elief for this plan:					
	a Schedule	elected					2 plus 7 years	15 ye	ears
	b Eligible p	lan year(s)	for which the election in line	41a was made		200	8 2009 20	10 2	2011
42	Amount of a	acceleration	adjustment			42			
43	Excess insta	allment acc	celeration amount to be carrie	d over to future plan years		43			

Attachment to 2015 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameGetWellMedicalPCDefinedBenefitPlanPlan Sponsor's NameGetWellMedicalPCPN:001

	Present Value of			
			V	A
	Any Remaining		Years	Amortization
Type of Base Shortfall	Installments	Valuation Date	Remaining	Installment
Shortfall	149	01/01/2015	7	25
			 	
			+ +	
			+	
	 		1	
	T			
	+		+ +	
			+ +	