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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

<u> </u>	art I Annual Repo	rt Identification Information	1		
For	calendar plan year 2015 or	r fiscal plan year beginning 01/01/2	2015 and ending 1:	2/31/2015	
Α	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		
В	This return/report is	X the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	nonths)	
С	Check box if filing under:	Form 5558	automatic extension	DFVC p	rogram
D	art II Basis Blan In	special extension (enter desc			
		formation—enter all requested in	nformation	46	
	Name of plan HEALTH INSTITUTE CAS	H BALANCE PLAN		1b Three-digit plan number (PN) ▶	. 002
				1c Effective dat	e of plan 11/01/2015
2a	Mailing address (include ro	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.0			entification Number 11-0768756
IHOI	N G. SYMEONIDES, MD, LI	ince, country, and ZIP or foreign pos LC	tal code (il foreign, see instructions)	2c Sponsor's to 38	elephone number 6-864-9800
	BOX 354034 1 COAST, FL 32135				de (see instructions)
3a	Plan administrator's name	and address XSame as Plan Spon	sor.	3b Administrato 3c Administrato	r's EIN r's telephone number
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
а	Sponsor's name			4c PN	
5a	Total number of participar	nts at the beginning of the plan year.		5a	0
b	Total number of participar	nts at the end of the plan year		5b	2
С			the plan year (defined benefit plans do not	5c	
d	(1) Total number of active p	participants at the beginning of the p	lan year	5d(1)	2
d	(2) Total number of active	participants at the end of the plan ve	ear	5d(2)	2
е	Number of participants th	nat terminated employment during the	e plan year with accrued benefits that were less	5e	0
			n/report will be assessed unless reasonable ca		
SB		l and signed by an enrolled actuary,	actions, I declare that I have examined this return/re as well as the electronic version of this return/repor	1 / 0/ 1	

SIGN Filed with authorized/valid electronic signature. 10/17/2016 JOHN G. SYMEONIDES, MD **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer'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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.			X Yes	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)? .		Yes	X No	N	ot dete	rmined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) Eı	nd of		
	Total plan assets	. 7a			0					250	000
	Total plan liabilities	7b			0					250	000
	Net plan assets (subtract line 7b from line 7a)	7c	(a) A	4	U			//-	\ T _44	250	000
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				a)) Tota	aı	
	(1) Employers	8a(1)		250	0000						
	2) Participants	8a(2)									
	3) Others (including rollovers)	8a(3)									
	Other income (loss)	. 8b									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								250	000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
	Net income (loss) (subtract line 8h from line 8c)	. 8i								250	000
_ J _	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the inst	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plan	n Chara	acterist	ic Cod	les in th	e instr	uction	s:	
Part	•				1			ı			
10	During the plan year:		n the a time a manife of		Yes	No	N/A		Α	mount	
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 V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
c	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		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		^					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part	VI Pension Funding Compliance			. •,		<u> </u>		<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									X Ye	s No
11a	Enter the unpaid minimum required contribution for all years from						11a		-1	<u></u>	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?	·	Ye	s X No

	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		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)?		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	" 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

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).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

Fo	r calendar	plan year 2015	or fiscal plan y	ear beginning (01/01/2015		and endi	ng 12/3	1/2015	
•	Round o	ff amounts to	nearest dollar.							
•	Caution:	A penalty of \$1	1,000 will be ass	essed for late filing	of this report unle	ss reasonable c	ause is establish	ed.		
	Name of p		CASH BALANC	E PLAN			B Three-diq	•	•	002
	•	sor's name as s YMEONIDES, N		a of Form 5500 or 59	500-SF		D Employer	O1-0768	tion Number	r (EIN)
Е	Type of pla	an: X Single	Multiple-A	Multiple-B	F Prior	year plan size:	X 100 or fewer	101-5	00 More	e than 500
Р	art I	Basic Inforr	nation							
1	Enter th	ne valuation dat	e: N	Month <u>01</u>	Day01	Year <u>2015</u>	_			
2	Assets:									
	a Marke	et value						2a		0
	b Actua	arial value						2b		0
3	Funding	g target/particip	ant count break	down		` '	Number of articipants	. ,	ted Funding arget	(3) Total Funding Target
	a For re	etired participar	nts and beneficia	aries receiving paym	ent		0			0 0
	b For te	erminated veste	ed participants				0			0
	C For a	ctive participant	ts				2			0 0
	d Total						2			0
4	If the pl	an is in at-risk s	status, check the	box and complete	lines (a) and (b)		<u> </u>			
				ed at-risk assumption				4a		
	b Fund	ling target reflec	cting at-risk assu	umptions, but disreg	arding transition r	ule for plans that	t have been in	4h		
5								5		6.45%
6	Target	normal cost						6		196718
	To the best of accordance combination,	with applicable law a	e information supplied and regulations. In my							cribed assumption was applied in is) and such other assumptions, in
	SIGN HERE								07/29)/2016
			Signa	ture of actuary					Date	
LO	RRAINE [DORSA							14-0	4253
			Type or pri	int name of actuary				Most re	ecent enroll	ment number
AE	GIS PENS	SION SERVICE	S, INC.						904-6	686-1835
SU	JITE 212	ΓΙVE WAY PRA BEACH, FL		irm name			Т	elephone	number (ind	cluding area code)
			Addı	ress of the firm			_			
	•	has not fully ref	lected any regul	ation or ruling prom	ulgated under the	statute in compl	leting this schedu	ıle, check	the box and	d see
instr	ructions									

Page	2	_

Pa	rt II	Begi	nning of Year	Carryov	er and Prefunding Ba	alances							
_							(a) (Carryover balance		(b) F	Prefundi	ng balance	
7		-			cable adjustments (line 13 f	•			0			0	
8			•	-	unding requirement (line 35				0			0	
9									0			0	
10					urn of0.00%				0			0	
11					I to prefunding balance:								
	a Prese	ent value	e of excess contribu	utions (line	38a from prior year)							0	
	` '			,	Ba over line 38b from prior ye interest rate of 0.00 %								
	b(2) In	nterest o	n line 38b from prid	or year Sch	edule SB, using prior year's	actual						0	
					ante additamente de Panhalan							0	
	C Total available at beginning of current plan year to add to prefunding balance										0		
d Portion of (c) to be added to prefunding balance											0		
12	Other re	eduction	s in balances due	to elections	s or deemed elections				0			0	
13	Balance	e at beg	inning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			0			0	
Pa	art III	Fur	nding Percenta	ages									
14	Funding	g target	attainment percent	age							14	100.00 %	
			ig target attainmen								15	100.00 %	
16					of determining whether car						16	0.00 %	
17	If the cu	urrent va	alue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%	
Pa	art IV	Co	ntributions and	d Liquid	ity Shortfalls								
18					ear by employer(s) and emp			(b) Amount pa		ı			
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [MM-DE)		(0	,	int paid by oyees			
04	1/14/2016	6		250000	0								
											1		
						Totals ►	18(b)		250000	18(c)		0	
19			· · · · ·		ructions for small plan with				· ·				
	_				imum required contributions			<u> </u>	19a			0	
					ljusted to valuation date			+	19b			0	
20					uired contribution for current y	ear adjusted	to valuation	n date	19c			230718	
Quarterly contributions and liquidity shortfalls:a Did the plan have a "funding shortfall" for the prior year?											Г	Yes X No	
			_		rie prior year? \cdot installments for the current						L	Yes No	
					mplete the following table a	-	-	a!!! !			·····L	1 E9 INO	
	C II III IE	20d 15	165, SEE IIISHUCH	oris allu CO	Liquidity shortfall as of e			n year					
		(1) 1	st		(2) 2nd		(3)	3rd			(4) 4tl	า	
									1				

Part V Assumptions Used to Determine Funding Target and Target Normal Cost 21 Discount rate: a Segment rates: 1st segment: 4.72 % b Applicable month (enter code)	d curv	e used						
4.72 % 6.81 % N/A, full yie	d curv	e used						
b Applicable month (enter code)								
	21b							
22 Weighted average retirement age	22							
23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute								
Part VI Miscellaneous Items								
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding require attachment.	d Yes	X No						
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	Yes	X No						
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	Yes	X No						
27 If the plan is subject to alternative funding rules enter applicable and and are instructions regarding		<u> </u>						
attachment								
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years								
28 Unpaid minimum required contributions for all prior years		0						
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		0						
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		0						
Part VIII Minimum Required Contribution For Current Year								
31 Target normal cost and excess assets (see instructions):								
a Target normal cost (line 6)		196718						
b Excess assets, if applicable, but not greater than line 31a		0						
32 Amortization installments: Outstanding Balance Install	ment							
Net shortfall amortization installment		0						
b Waiver amortization installment		0						
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount		0						
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34		196718						
Carryover balance Prefunding balance Total b.	alance							
35 Balances elected for use to offset funding requirement		0						
36 Additional cash requirement (line 34 minus line 35)		196718						
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		230718						
38 Present value of excess contributions for current year (see instructions)								
a Total (excess, if any, of line 37 over line 36)		34000						
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b		0						
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		0						
40 Unpaid minimum required contributions for all years		0						
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
41 If an election was made to use PRA 2010 funding relief for this plan:								
a Schedule elected	15	years						
b Eligible plan year(s) for which the election in line 41a was made		2011						
42 Amount of acceleration adjustment	<u>- Ш</u>							
43 Excess installment acceleration amount to be carried over to future plan years								

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

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

Female Nonannuitant: 2015 Nonannuitant Female Use discount rate transition: No

Male Annuitant: 2015 Annuitant Male Lump sums use proposed regulations: Yes

Female Annuitant: 2015 Annuitant Female Actuarial Equivalent Floor

Applicable months from valuation month: Stability period: plan year

Lookback months: 1 Probability of lump sum: 99.00%

Nonannuitant: N/A Use pre-retirement mortality: No

> 2015 Applicable **Annuitant:**

1st 2nd 3rd 1st 2nd <u>3rd</u> 1.48 3.77 4.79 **Current: Segment rates:** 1.22 4.11 5.20 Override: 0.00 0.00 0.00 **High Quality Bond rates:** N/A N/A N/A

Final rates: 4.72 6.11 6.81 0.00 0.00 Override: 0.00

Salary Scale **Late Retirement Rates**

Male: 0.00%Male: N/A Female: 0.00% Female: N/A

Withdrawal Marriage Probability Setback

Male: Male: 0 N/A 0.00%Female: N/A Female: 0.00%

Disability Rates

Expense loading: 0.00%Withdrawal-Select Male: N/A

Female: N/A Male: N/A

Early Retirement Rates Female: N/A

Male: N/A Setback **Mortality** Female: N/A 0 Male: N/A

Subsidized Early Retirement Rates 0 N/A Female: Male: N/A

Name of Plan: The Health Institute Cash Balance Plan

N/A

Female:

Plan Sponsor's EIN: 01-0768756 Plan Number: 002

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).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in a	ccordance with the instr	uctions to the Form 5	500-SF.	. FUDI	ic inspection
	Identification Information					
For calendar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12,	/31/201	5
A This return/report is for:	X a single-employer plan		lan (not multiemployer) ployer information in ac			
	a one-participant plan	a foreign plan				
B This return/report is	X the first return/report	the final return/report	a (van aut /lana than 10 m	- mth-a\		
C Check box if filing under:	☐ an amended return/report 区 Form 5558	a short plan year return	meport (less than 12 m		DE\	
Officer box it ming under.	X Form 5558 special extension (enter descri	automatic extension ption)		□ ,	DFVC progr	am
Part II Basic Plan Info	ormation—enter all requested info	ormation				
1a Name of plan The Health Institute	,			1b Thre plan (PN)	number	002
				1c Effec	ctive date of	
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	. Box)	,		loyer Identif) 01-076	ication Number
City or town, state or province John G. Symeonides	ce, country, and ZIP or foreign posta , MD, LLC	Il code (if foreign, see instr	uctions)	2c Spor		none number
P.O. Box 354034				2d Busin		see instructions)
Palm Coast	FL 32135					
3a Plan administrator's name a	nd address XSame as Plan Spons	or.		3b Adm	inistrator's E	EIN
	e plan sponsor has changed since t Imber from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN		
a Sponsor's name				4c PN	A. W.	
5a Total number of participants	s at the beginning of the plan year		•••••	5a		0
b Total number of participants	s at the end of the plan year			5b		2
	account balances as of the end of the		•	5c		
d(1) Total number of active pa	articipants at the beginning of the pla	n year		5d(1)		2
	articipants at the end of the plan yea			5d(2)	<u> </u>	2
than 100% vested	t terminated employment during the			5e	bliob - J	0
Under penalties of perjury and o	or incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.	tions, I declare that I have	examined this return/re	port, includi	ng, if applic	
SIGN JAM. El	, FOR DRJOHNSYMEON	1DES 1017/16	John G. Symeo	nides,	MD	
HERE Signature of plan a	administrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator
HERE Signature of emplo	over/nlan enoneer	Date	Enter name of individ	ual eigning	as amploya	or plan spansor
	name, if applicable) and address (inc		Enter name of individer)		as employer s telephone	
i e e e e e e e e e e e e e e e e e e e						

	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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)				Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_	No [Not de	etermined
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End	of Year	•
а	Total plan assets	. 7a				0				250,000
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c				0				250,000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	Γotal	
a	Contributions received or receivable from: (1) Employers	8a(1)		25	0,00	0				
	(2) Participants	8a(2)					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(3) Others (including rollovers)	8a(3)								<u> </u>
b	Other income (loss)	. 8b				<u> </u>	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8c 8d	<u> </u>	·						250,000
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f				1				
g	Other expenses	. 8g		•						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			- 10					250,000
j	Transfers to (from) the plan (see instructions)	8i								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteris	tic Co	des in t	he instru	ctions:	
	1A 1C 3D									
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	ecterist	ic Coc	les in th	e instruci	tions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nf
a		oluntary F	iduciary Correction	10a		х		,,,,		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
C	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			v		-		
	by fraud or dishonesty?			10d		X				·
e	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		Х	in a			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						
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)	ents? (If "	Yes," see instructions a	and con	nplete :	Sched	ule SB	(Form	X Y	res No
11a	Enter the unpaid minimum required contribution for all years from						11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Code	e or se	ction 3	302 of E	RISA?	\\	∕es X No

Page 2

Form 5500-SF 2015

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	onth	enter the Day_	e date of t	he letter ru Year_	ling
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.		T		·
<u>b</u>	Enter the minimum required contribution for this plan year		12b			
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		12d			
Cardonicalistance	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 🛛 No	
	If "Yes," 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 of the PBGC?				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	Trust Information					
14a	Name of trust		14b 1	rust's Ell	N	
14c	Name of trustee or custodian				s or custod e number	an's
Par	t IX IRS Compliance Questions					
15a	is the plan a 401(k) plan?		Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	***	D			
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	esign- ased safe arbor ethod	AD tes	P/ACP t
15c		rrent year	ba ba	sed safe arbor ethod		
	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year 01(m)-	ba ha m	ased safe arbor ethod s atio ercentage	les No	
16a	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year of (m)- on 410(b):	ba ha mi	ased safe arbor ethod s atio ercentage st	les No	t
16a 16b	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section. Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combe this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes?	rrent year ht(m)- n 410(b):	ba ha ha me	ased safe arbor ethod s atio ercentage st	No Av	t
16a 16b 17a 17b	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year 11(m)- n 410(b): ining . Enter the	bahammi Ye	ased safe urbor ethod s atio percentage st s s ole code _	Les tes No No No No (See	erage nefit test N/A
16a 16b 17a 17b	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cut testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section. Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter	rrent year 11(m)- n 410(b): ining Enter the and that is subject mber	baham Ye Rapte	ased safe arbor ethod s atio arcentage st s s s ole code _	Les tes No No No No (See RS opinion	erage nefit test N/A
16a 16b 17a 17b 17c	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year 11(m)- 11 (h)- 11 (h)- 11 (h)- 12 (h)	baham Ye Rapte	ased safe arbor ethod s atio arcentage st s s s ole code _	Les tes No No No No (See RS opinion	erage nefit test N/A
16a 16b 17a 17b	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year 11(m)- 11 (h)- 11 (h)- 11 (h)- 12 (h)	baham Ye Rapte	ased safe arbor ethod s atio arrcentage st s s ole code overable li on's last fa	Les tes No No No No (See RS opinion	erage nefit test N/A
16a 16b 17a 17b 17c	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year 11(m)- 11 410(b): In 410(b): Enter the and that is subject middle and the date of that has been slands)?	bahamm Yee Rapper tee Yee Yee Yee to applicable to a fatthe plane	ased safe arbor ethod s atio arcentage st s s ole code overable li on's last fa	Les No Av bei No No (See RS opinion vorable	erage nefit test N/A
16a 17a 17b 17c 17d 18	matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	rrent year 11(m)- n 410(b): ining Enter the and that is subject the date of that been slands)?	bahamm Yee Rappeter Yee Yee Yee Yee Yes	ased safe arbor ethod s atio arcentage st s s ole code overable li on's last fa	Les No No No (See RS opinion vorable	erage nefit test 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).

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 endin	g 1	2/31/20	15
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is established	i.		
A Name of plan The Health Institute Cash Balance Plan	B Three-digi		•	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D. Faralassa		Norskar (El	NI)
Plan sponsor's name as snown on line 2a of Form 5500 or 5500-5F	D Employer Id	ientification	Number (El	N)
The Health Institute	01-076875	5		
E Type of plan: X Single Multiple-A Multiple-B F Prior year pla	an size: X 100 or fewer	101-500	More that	ın 500
Part I Basic Information				
1 Enter the valuation date: Month 01 Day 01 Year	2015			
2 Assets:				
a Market value		. 2a		0
b Actuarial value		2b		0
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Targe	750	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0		0	0
b For terminated vested participants	0		O	0
C For active participants	2		0	0
d Total	2		0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	П			
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for p at-risk status for fewer than five consecutive years and disregarding loading fac	lans that have been in	4b		
5 Effective interest rate		. 5		6.45%
6 Target normal cost		. 6		196,718
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	and attachments, if any, is complet account the experience of the plan a	e and accurate, nd reasonable e	Each prescribe expectations) ar	d assumption was applied in d such other assumptions, in
SIGN HERE		7/	29/2010	8
Signature of actuary			Date	
Lorraine Dorsa			1404253	
Type or print name of actuary			nt enrollmer	
Aegis Pension Services, Inc.		904	1-686-1	835
Firm name 100 Executive Way Suite 212 Ponte Vedra BeachFL 32082	Tel	ephone nun	nber (includi	ng area code)
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute	in completing this schodule	chack the	hov and co	

	Schedule	SB (Form 5500) 20	015		Page	2 -						
Pa	art II Begi	nning of Year	Carryov	er and Prefunding Ba	alances							
7		. ,		cable adjustments (line 13 fr	•	(a) (Carryover balance	0	(b) P	refundi	ng balan	се 0
8				unding requirement (line 35				0				
								0				0
9		• .		0 000				0				0
10 11				urn of <u>0.00</u> %d to prefunding balance:								0
• • •	•			38a from prior year)				H				0
	b(1) Interest of	n the excess, if any	y, of line 38	Ba over line 38b from prior year,	ear							0
	b(2) Interest of	n line 38b from prio	or year Sch	nedule SB, using prior year's	actual							0
				ear to add to prefunding balan								0
	d Portion of (c)	to be added to pre	funding ba	alance								0
12	2 Other reductions in balances due to elections or deemed elections											0
	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							0				0
		ding Percenta		,	<u> </u>							
										14	100.	00%
		g target attainmen								15	100.	.00%
16				of determining whether carr)	16	0	.00%
17	If the current va	lue of the assets o	f the plan i	s less than 70 percent of the	funding targ	et, enter s	such percentage			17		%
P	art IV Cor	ntributions and	d Liquid	ity Shortfalls								
18	Contributions m	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:							
(N)	(a) Date (M-DD-YYYY)	(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pai employer(s	•	(с		nt paid b	y
	4/14/2016		50,000	employees 0	(IVIIVI-DD-	1111)	employer(s)		еттрі	oyees	
-												
-												
		L			Totals ▶	18(b)	25	0,000	18(c)			0
19	Discounted emp	oloyer contributions	s – see inst	tructions for small plan with	a valuation da	ate after th			l l			
	a Contributions	allocated toward u	unpaid min	imum required contributions	from prior ye	ears		19a				0
	b Contributions	made to avoid res	trictions ac	ljusted to valuation date				19b				0
	c Contributions	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted t	o valuatior	n date	19c			23	0,718
20	Quarterly contril	outions and liquidit	y shortfalls	: :								
	a Did the plan I	nave a "funding sh	ortfall" for t	he prior year?							Yes 2	No
	b If line 20a is '	Yes," were require	ed quarterly	installments for the current	year made ir	n a timely	manner?			[Yes	No
	C If line 20a is "	Yes," see instructi	ons and co	emplete the following table as	s applicable:							
	/4\ 4			Liquidity shortfall as of er	nd of quarter		•			4) 4"		
	(1) 1	SI		(2) 2nd		(3)	3rd		(4) 4ti	1	
								1				

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21												
	a Segment rates:		1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	3rd segment: 6.81%		N/A, full yield curve used				
	b Appl	licable month (enter code)			. 21b				0		
22	Weighted average retirement age					. 22	62					
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute											
Pa	Part VI Miscellaneous Items											
24												
25	Has a	method change	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment		Ye	es X	No		
26										No		
27		If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment										
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0		
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)					29				0		
30	Remai	ning amount of	unpaid minimum required cor	tributions (line 28 minus line 29).		. 30				0		
Pa	Part VIII Minimum Required Contribution For Current Year											
31	31 Target normal cost and excess assets (see instructions):											
	a Targe	et normal cost	. 31a		196,718							
	b Excess assets, if applicable, but not greater than line 31a						0					
32	Amorti	Amortization installments: Outstanding Ba					Installment					
	a Net s	Net shortfall amortization installment				0	0					
	b Waiv	Waiver amortization installment				0	0					
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount					33	0					
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34	196,718					
		Carryover balance Prefunding b				nce	Total balance					
35			use to offset funding									
36	Additional cash requirement (line 34 minus line 35)					. 36	196,718					
37						37	230,718					
38	38 Present value of excess contributions for current year (see instructions)											
	a Total	l (excess, if any	. 38a	34,000								
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						0					
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						0					
40	Unpaid minimum required contributions for all years						0					
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)						
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:								
	a Sche	edule elected				Г	2 plus 7 years	1	5 yea	ars		
	b Eligil	ble plan year(s) for which the election in line	41a was made				2010	20	11		
42	Amoun	t of acceleratio	. 42	<u> </u>								
		installment ac	. 43									

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2015 Effective: 6.45% Late Quarterly: 11.45%

 Effective Date
 Amount
 Discounted

 04/14/2016
 \$250,000
 \$230,718

 \$250,000
 \$230,718

Name of Plan: The Health Institute Cash Balance Pla

Plan Sponsor's EIN: 01-0768756 Plan Number: 002

Plan Sponsor's Name: The Health Institute

Plan Name: The Health Institute Cash Balance Plan

EIN: 01-0768756

PIN: 002

Plan Year End: 12/31/2015

NRA	Active Group Weight =(TNC+FT)xNRA	Weighted Average Retirement Age			
62	12,196,516				
Total:	12,196,516	62			

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

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

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

Wait (months): 12 Excluded classes: Union Members
Two year eligibility: No Non-resident alien

Other

Earnings

Total compensation excluding: Other

RetirementNormalEarlySubsidized EarlyDisabilityDeath

Age: 62 Service: 0 Participation: 5

Defined:

1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceN/A0Female:Actuarial EquivalenceActuarial EquivalenceN/A0

 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: 3 Cliff Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:100.00%Death Benefit Payment method:PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: The Health Institute Cash Balance Plan

Plan Sponsor's EIN: 01-0768756

Plan Number: 002