Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part l	Annual Repor	t Identification Information					
For cale	ndar plan year 2015 or	fiscal plan year beginning 01/01/20	15	and ending 12/31	/2015		
A This	return/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (Filen (Filen ployer information in accord	_		
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return	n/report (less than 12 month	ns)		
C Chec	ck box if filing under:	▼ Form 5558 □ special extension (enter descrip	automatic extension otion)	- <u>-</u>	DFVC prog	ram	
Part I	Basic Plan Inf	ormation—enter all requested infor	rmation				
	ne of plan MEDICAL CARE PC PEN			11	Three-digit plan number (PN) ▶	001	
				10	Effective date o	f plan 29/2000	
2a Plan sponsor's name (employer, if for a single-employer plan)2b Employer Identification NumberMailing address (include room, apt., suite no. and street, or P.O. Box)(EIN)11-3462278							
•	or town, state or provin	nce, country, and ZIP or foreign postal	code (if foreign, see instr	uctions)	Sponsor's telep	phone number 32-1492	
7000 BAV	(DADIZIANA) /			20	d Business code ((see instructions)	
SUITE 1B	YPARKWAY YN, NY 11214				6213	330	
3a Plai	n administrator's name a	and address XSame as Plan Sponso	r.	31	Administrator's	EIN	
4 If th	ne name and/or FIN of t	he plan sponsor has changed since th	ne last return/report filed f		Administrator's to	telephone number	
nar	me, EIN, and the plan nu	umber from the last return/report.	o last rotalificações mes.				
	onsor's name				C PN		
_	•	ts at the beginning of the plan year			5a	2	
		ts at the end of the plan yearh account balances as of the end of the		ofit plans do not	5b		
					5c		
d(1)	otal number of active p	participants at the beginning of the plan	າ year	}	d(1)	2	
		participants at the end of the plan year			d(2)	2	
tha	an 100% vested	at terminated employment during the p	·······		5e	0	
		e or incomplete filing of this return/r	•			cable a Cabadula	
SB or S		other penalties set forth in the instruction and signed by an enrolled actuary, as mplete.					
SIGN	Filed with authorized	d/valid electronic signature.	10/17/2016	FELIX DRON			
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator							

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in el Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibing the your answered "No" to either line 6a or line 6b, the plan can be a second to the plan or the pl	t of an independe lity and condition	ent qualified public a	account	ant (IQ	PA) 		-	
C If the plan is a defined benefit plan, is it covered under the PBG						_	No Not dete	rmined
Part III Financial Information	ou.uoo p.o.	g.a (555 <u>1</u> 11.6/15		0=1,1	Ц	. о		
7 Plan Assets and Liabilities		(a) Beginning	a of Vo	or.			b) End of Year	
a Total plan assets	7a	(a) Degiiiiiii	1214				1192	337
b Total plan liabilities				0				0
C Net plan assets (subtract line 7b from line 7a)			1214	445			1192	337
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)	(-)		0			(3)	
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		-22	108				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							-22	108
d Benefits paid (including direct rollovers and insurance premium to provide benefits)				0				
Certain deemed and/or corrective distributions (see instructions)	1			0				
f Administrative service providers (salaries, fees, commissions)				0				
Q Other expenses				0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)								0
i Net income (loss) (subtract line 8h from line 8c)	8i						-22	108
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	re feature codes	from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:	
10 During the plan year:				Yes	No	N/A	Amount	
a Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	.'s Voluntary Fidu	iciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-inte reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	Χ				150000
d Did the plan have a loss, whether or not reimbursed by the plat by fraud or dishonesty?	•		10d		X			
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of the	benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the	plan?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amou	nt as of year end	l.)	10g		X			
h If this is an individual account plan, was there a blackout period 2520.101-3.)	od? (See instructi	ons and 29 CFR	10h					
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required n	otice or one of the	10i					
j Did the plan trust incur unrelated business taxable income? .			10j		X			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below)				<u></u>			V \/-	s No
Enter the unpaid minimum required contribution for all years fr	om Schedule SE	3 (Form 5500) line 4	0			11a		0
12 Is this a defined contribution plan subject to the minimum fund	dina requirement	s of section 412 of t	he Cod	e or se	ction :	302 of FR	ISA? Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications are considered from the plan to another plan(s) and the plan to another plan (s).				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	100(1)	tuno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)
Dant		Turnet lafe una eti a c					
Part	Name c	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name C	n trust		175	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions		ı			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
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)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		.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		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Ri	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con must have any other plans under the permissive aggregation rules?		Ye	s	No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the plants of the favorable letter/ and the letter's serial representations.		t to a fa	vorable I	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	Is the I	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. Virgir		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		," 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

				7 1 110 43	an attaon		3. 3000	•••			
			or fiscal plan y	ear beginning 0	1/01/2015	5		and endin	g 12/3	1/2015	
			nearest dollar.								
<u> </u>	Caution:	A penalty of \$1	1,000 will be ass	sessed for late filing of	of this repo	ort unless reasonable	e cause is	s establishe	d.		
	Name of p		O DENOION DI	A N I			В	Three-digi	it		
KI	NGS MEL	ICAL CARE P	C PENSION PL	AN				plan numb	er (PN)	•	001
<u>C</u>	Plan enon	cor'e name ac	shown on line 2	a of Form 5500 or 55	:00-SE		D	Employer I	dentificat	ion Number (I	=INI\
		ICAL CARE P		a 011 01111 3300 01 33	00-31			Lilipioyer i	11-3462		_11 1)
									11-3402	2270	
Ε-	Type of pla	n: X Single	Multiple-A	Multiple-B		F Prior year plan size	e: X 100) or fewer	101-50	00 More th	nan 500
Pi	art I	Basic Inforr	nation				<u> </u>	' <u>L</u>		<u> </u>	
1	Enter th	e valuation dat	e: I	Month [Day <u>01</u>	Year <u>2015</u>					
2	Assets:										
	a Marke	t value							. 2a		1214445
	b Actua	rial value							. 2b		1214445
3			ant count break				(1) Numb		(2) Ves	ted Funding	(3) Total Funding
							participa	ants	T	arget	Target
	a For re	tired participar	nts and beneficia	aries receiving payme	ent			0		0	0
	b For te	erminated veste	ed participants					0		0	0
	C For a	ctive participant	ts					2		1138633	1138633
	d Total							2		1138633	1138633
4	If the pla	an is in at-risk s	status, check the	e box and complete li	ines (a) ar	nd (b)					
	a Fundi	ng target disre	garding prescrib	ed at-risk assumptio	ns				. 4a		
				umptions, but disrega					4b		
				onsecutive years and					. 40		
5	Effective	e interest rate							. 5		6.13%
6	Target r	normal cost							. 6		28418
	-	Enrolled Act	•							. =	
	accordance v	vith applicable law a	and regulations. In my								ped assumption was applied in and such other assumptions, in
		oner my best estim	ate of articipated exp	benefice under the plan.							
	SIGN									00/04/0	040
F	IERE		O:							09/21/2	016
011	4 D. E O M	OTIDELMAN	ŭ	ture of actuary						Date	
СН	ARLES M	. STIPELMAN,		Catalana at a storage					NA 1	14-022	
NO	DTUEAG			int name of actuary					Most re	ecent enrollme	
NO	RTHEAS	PROFESSIO	NAL PLANNING							732-75	
121	MONMO	UTH STREET	ŀ	Firm name				le	lephone	number (inclu	ding area code)
	D BANK, I										
			Add	ress of the firm							
If the	e actuary h	as not fully ref	lected any regu	ation or ruling promu	ılgated un	der the statute in cor	mpleting	this schedul	e, check	the box and s	see \square
	uctions	-	. •	= :							Ш

Page	2	_
ı ayc	_	

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
-				<i>i</i>			(a)	Carryover balance		(b) F	Prefundii	ng balance
7		-	•		cable adjustments (line 13 f	•		18	3918			49635
8			•	-	funding requirement (line 35				0			0
9	· · · · ·							18	3918			49635
10	Interest	on line 9	using prior year's	s actual ret	turn of <u>2.30</u> %				435			1142
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Present value of excess contributions (line 38a from prior year)									29529		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %								1881			
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual											
	return								0			
	C Total available at beginning of current plan year to add to prefunding balance								31410			
	a Portio	n of (c) t	to be added to pre	etunding ba	alance							31410
12	Other re	ductions	in balances due	to election	s or deemed elections			19	9353			82187
13	Balance	at begin	ning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0			0
Pa	art III	Fun	ding Percent	ages								
14	14 Funding target attainment percentage							14	106.65 %			
	15 Adjusted funding target attainment percentage						15 106.6					
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	118.21 %				
17	If the cur	rrent val	ue of the assets of	f the plan	is less than 70 percent of th	e funding ta	rget, enter	such percentage			17	%
Pá	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18					year by employer(s) and em			T		1		
(M	(a) Date IM-DD-YY		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE)		(b) Amount paid employer(s)		(0	Amoul) emplo	nt paid by ovees
		,	- 1 - 2/-	(-)	1 1/2	,	,	1 1 1 (1)	<u> </u>			,
						Totals ▶	18(b)			18(c)		
19	Discount	ted emp	loyer contribution	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of the	year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years											
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20		,	utions and liquidi	,								1
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If line	20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made	in a timely	manner?				Yes No
	C If line	20a is "\	Yes," see instructi	ons and co	omplete the following table a							
	Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th											
		(1) 18			(L) LIIU		(3)	Olu			\-T <i>)</i> 411	
									1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost								
21	Discou	unt rate:											
	a Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, full	yield	curve	used			
	b App	licable month (enter code)			21b				0			
22	Weigh	ted average ret	irement age			. 22				64			
23	Mortal	ity table(s) (see	e instructions)	escribed - combined X 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	Part VII Reconciliation of Unpaid Minimum Required Contributions 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	art VIII Minimum Required Contribution For Current Year												
31	Targe	t normal cost a	nd excess assets (see instruct	ions):									
	a Target normal cost (line 6)								28418				
	b Exce	ess assets, if ap	pplicable, but not greater than	line 31a		. 31b				28418			
32	Amorti	ization installme	ents:		Outstanding Bala	ance	Installment						
	a Net	shortfall amortiz	zation installment			0				0			
	b Wai	ver amortization	n installment			0				0			
33				ter the date of the ruling letter grar) and the waived amount		33							
34	Total f	unding requirer	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34				0			
				Carryover balance	Prefunding bala	ince	Tota	al bala	ance				
35			use to offset funding	0		0				0			
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0			
37	Contrib (line 1	butions allocate 9c)	d toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0			
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				0			
	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 years	s	15 y	/ears			
	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							
				d over to future plan years		43							

Form 5500-SF

Dupariment of the Tressury Internal Revenue Service

Department of Leber Employee Benefits Security Administration

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 section 6057(b) and 6058(e) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0000

2015

This Form is Open to Public Inspection

Pension Hanetil Gueranty Corporation	► Complete all entries in a		ctions to the Form 550	00-9F.	<u> </u>
Partil Annual Report	Identification Information	01/01/2015	and ending	12/31/201	9
or calendar plan year 2015 or fi			ilan (not multiamployer)		
This return/report is for: This return/report is:	a single-employer plan s one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/report	employer information in	accordance with th	e form instructions)
Check box if illing under:	x, Form 5558 special extension (enter desc	automatic extension oription)		☐ DFVC pi	ogram
Partill Basto Plan Info	ormation onter all requestor	i information:			
Name of plan Kings Medical Cars				1b Three-digit plan numbe (PN) ▶	001
				1c Effective de 12/29/2	
a Plan sponsor's name (empl Mailing Address (include ro	loyer, If for a single-employer plan om, apt., sulte no. and street or P nce, country, and ZIP or foreign po) .O. Box)	teuctions	2b Employer I (EIN) 11	dentification Number -3462278
Kings Medical Care	PC	are code (u loraiăul see ille	A AAAA II IAA	2c Sponsor's (718) 2:	elephone number 32-1492
7620 Bay Parkway Suite 1B				2d Business of 621330	ode (see instructions)
a Pian administrator's name a	and address 🔣 Same as Plan S	ponsor Name		3b Administra	lor's EIN
		* H4		3c Administra	tor'e telephone number
If the name and/or EIN of the	ne plan aponeor has changed einc imber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
в Зрольога пате				4c PN	
Total number of participants	s at the beginning of the plan year	18/6/64/59-09/03/11/03/61/61/04/04/04/04/04/04/04/04/04/04/04/04/04/	***************************************	5a	2
Total number of participants	e at the end of the plan year)	(11), (2), (3), (4), (4), (4), (4), (4), (4), (4), (4		100	2
Number of participants with	account balances as of the end o	or the blan year (delined bei	MILLERIA GO HOL	5c	1.4- 111111
	rticipants at the beginning of the p				2
1 /	rticipants at the end of the plan ye				2
Number of participants that	terminated employment during the	e plan year with accrued be	nefits that were	-	0
aution: A penalty for the late	or Incomplete filing of this retu	ırn/report will be useesse	d unless ressonable c	auso la establishe	d
tallar annualties of modules and A	other penalties set forth in the instr and signed by an enrolled actuary	ruollons. I declare that I hav	e examined this return/i	report, including, if	applicacie, a screonie
SION FC	*	10/17/16	Felix Dron		
Signature of plan aut	pinistrator	Date	Enter name of individu	nelq sa gningla let	administrator
	III III III III III III III III III II		Felix Dron		
HERE Signature of employs	er/olan spotsor	Date	Enter name of Individu	iqme ea gningic (au	oyer or plan aponsor
reparer's name (including firm	name, if applicable) and address;		991	Preparer's telepi	ione Number
				And the state of t	

	Form 5500-SF 2015		Page 2							
	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of all		ee instructions.)				**********		XYes	□No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno	nd condition t use Form	ns.) n 5500-SF and must ins	tead	use F	orm 5	5500.		XYes	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA sectio	n 402	21)? .	L	Yes	X No	Not o	determined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	of Year	
а	Total plan assets	7a	1,21	4,4	45				1,192	337
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,21	4,4	45			7201011	1,192	,337
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_	-	-	(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0	1-3				
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	(22	,10	8)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(22,	108)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0		4 5			
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			14					0
i	Net income (loss) (subtract line 8h from line 8c)	8i							(22,	108)
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan C	harac	teristi	c Cod	es in th	e instrud	ctions	
	1A 3D							_		
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	from the List of Plan Ch	aracte	eristic	Code	s in the	instruct	ions	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu						100			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x				
ŀ	Program) Were there any nonexempt transactions with any party-in-interest			IVa	=	-				
_	reported on line 10a.)			10b		х				
C				10c	ж					150,000
C	by fraud or dishonesty?			10d		х				
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.)	e or all of th	ne benefits under	10e		x				
f				10f		х)			
ç	# # D. O. (15 II)			10g		х				
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruc	ctions and 29 CFR	10h						
i	1. 201 damagness consequences and property of the second s	ne required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j		х				
Pa	ert VI Pension Funding Compliance									

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40

12

5500) and line 11a below)

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

X Yes No

Yes X No

	Form 5500-SF 2015	Page 3-]				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.	his plan year, see	e instructions, and MonthD	d enter th	ne date of t Yea	the letter	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	ine?		🗆	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?	***************************************		X Y	es 🗌 No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?			ontrol] Yes [X No
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	entify the plan(s) to	0			
	13c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3)	PN(s)
Part	Trust Information						
14a	Name of trust			14b ⊤	rust's EIN		
14c	Name of trustee or custodian				rustee or o		s
Par	TIX 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 en matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nployee deferrals	and employer	ba:	sign- sed safe rbor ethod	☐ ADP/ test	ACP
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	()-2(a)(2)(ii) and 1	1.401(m)-	☐ Ye	s	□ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requi				rcentage st	Avera Bene	age fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) a this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by c		☐ Ye	s	□ No	
	Has the Plan been timely amended for all required law changes?			☐ Ye	S	☐ No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).				able code	``	
	If the plan is an individually-designed plan and recieved a favorable determination le	ne letter's serial	number.				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS, made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i) ds or the U.S. Vir	(2) has been gin Islands)?	☐ Ye	s	□ No	
19	Were in-service distributions made during the plan year?			☐ Ye	s	□ No	
	If Yes, enter amount			19			
20	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	½ (regardless o	f whether or	☐ Ye	s	□ No	□ N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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

	one of periodic order and the periodic of the periodic order and the	File as an attachme	ent to Form 5500 or 5	5500-SF.				
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015								
	Round off amounts to nearest do							
<u> </u>	Caution: A penalty of \$1,000 will be	e assessed for late filing of this report	unless reasonable ca					
AN	lame of plan			B Three-digit				
Kin	gs Medical Care PC Pens	ion Plan		plan numbe	er (PN)	>	001	
					_ v			
CP	lan sponsor's name as shown on l	ne 2a of Form 5500 or 5500-SF		D Employer Ide	ntification N	umber (E	IN)	
Kin	gs Medical Care PC			11	-3462278			
Ет	ype of plan: X Single Multiple	e-A Multiple-B	Prior year plan size:[፮	100 or fewer	101-500	More	than 500	
Pa	art I Basic Information							
1	Enter the valuation date:	Month 01 Day 01	Year2015					
2	Assets:				100			
					2a		1,214,445	
	b Actuarial value			************	2b	_	1,214,445	
3	Funding target/participant count b	oreakdown:	(1) Number of participants	(2) Vested Targe	_		(3) Total Funding Target	
	a For retired participants and ben	eficiaries receiving payment	0			0	0	
		nts	0		(5	0	
	· · · ·		2	:	1,138,63	3	1,138,633	
		*****************************	2	:	1,138,63	3	1,138,633	
4		ck the box and complete lines (a) and	(b)		ls T	1-17-		
•	•	scribed at-risk assumptions		T.	4a			
	b Funding target reflecting at-risk	assumptions, but disregarding transit	ion rule for plans that	have been in	4b			
5	Effective interest rate	************************************			5		6.13 %	
6	Target normal cost				6		28,418	
	ement by Enrolled Actuary the best of my knowledge, the information sup- ordance with applicable law and regulations. In thination, offer my best estimate of anticipate	plied in this schedule and accompanying schedule in my opinion, each other assumption is reasonable experience under the plan.	es, statements and attachment (taking into account the exp	ats, if any, is complete ar perience of the plan and	nd accurate. Eac reasonable expe	h presribed ectations) ar	assumption was applied in and such other assumptions, in	
1.7	IGN ERE				9/2	1/16		
		Signature of actuary			, i	Date		
	Charles M. Stip	elman, F.S.P.A:			14-	02286		
	Туре	or print name of actuary			Most recent			
	Northeast Profe	ssional Planning Gp.		·	(732)	758-15	577	
		Firm name		Tele	phone numl	oer (inclu	ding area code)	
	121 Monmouth St	reet						
	US Red Bank	NJ 07701						
		Address of the firm						
instr	uctions	regulation or ruling promulgated unde						
For F	Paperwork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Fo	rm 5500 or 5500-	SF.	schedule	e SB (Form 5500) 2015	

D		۵	2
Гċ	ıu	ᆫ	_

Pai	rt II Beg	inning of Year	Carryov	er and Prefunding Bala	ances						
		,		-		(a)	Carryover balance		(b) i	refundi	ng balance
7				icable adjustments (line 13 fro			18,	918			49,635
8				funding requirement (line 35 f				٥			0
_				***************************************			1.0				49,635
9							18,	918			
10				turn of2.30%	*********			435			1,142
11	•			d to prefunding balance:							29,529
			-	e 38a from prior year)							23,323
	7 .			8a over line 38b from prior ye ive interest rate of6.37					1,881		
		•	•	hedule SB, using prior year's							0
	C Total avail	able at beginning of	current nla	n year to add to prefunding b	alance						31,410
				alance							31,410
12				s or deemed elections			19.	353			82,187
				+ line 10 + line 11d - line 12) •				0			0
		unding Percent									
14						en e		21-22-20-2		14	106.65 %
										15	106.65 %
	15 Adjusted funding target attainment percentage										
	current year's	funding requiremen	it	*******			***************	*****			118.21 %
17	If the current	value of the assets of	of the plan	is less than 70 percent of the	funding to	arget, ente	r such percentage	****		17	%
Pa	rt IV C	ontributions an	d Liquid	lity Shortfalls							
18	Contributions	made to the plan fo	r the plan	year by employer(s) and empl							
(1/1	(a) Date M-DD-YYYY)	(b) Amount page (b) employer(s		(c) Amount paid by employees) Date D-YYYY)	(b) Amount employe	paid by r(s)			ount paid by lovees
(1411	11117	Ompleyer	,	op.oyooo							
_											
			1 - 0		Totals	► 18(b)			18(c		
19	Discounted e	mployer contribution	s see in	structions for small plan with a	a valuation	date after	r the beginning of th	e year:			
a Contributions allocated toward unpaid minimum required contributions from prior years								19a			0
b Contributions made to avoid restrictions adjusted to valuation date								19b			0
C Contributions allocated toward minimum required contribution for current year ad							aluation date	19c			0
20 Quarterly contributions and liquidity shortfalls:											
a Did the plan have a "funding shortfall" for the prior year? Yes X No											
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	c If line 20a	is "Yes," see instruc	tions and c	complete the following table as	s applicab	le:					
	330	900 M		Liquidity shortfall as of end	of quarte			-		ZALV SALV	ds/
	(1)	1st		(2) 2nd		(3)	3rd			(4) 4	

Pa	rt V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	ı	N/A, full yield curve used
	b Applicable month	(enter code)	. MEDICALIS OF A SECTION OF A SEC		21b	0
22	Weighted average re	tirement age		к какакака а а к к к	22	64
23	Mortality table(s) (see	e instructions)	escribed - combined X Pres	scribed - separate	Substitu	te
Pa	rt VI Miscellane	eous items				
	attachment	· · · · · · · · · · · · · · · · · · ·	uarial assumptions for the current			Yes X No
			an year? If "Yes," see instructions			
26			Participants? If "Yes," see instruc		attachmer	nt Yes X No
27			ter applicable code and see instruc		27	
Pa	rt VII Reconcili	ation of Unpaid Minimu	m Required Contributions	s For Prior Years		
28			years		28	0
29	A COLUMN TO A STREET OF THE STREET		d unpaid minimum required contrib		29	0
30	Remaining amount o	of unpaid minimum required con	ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	ind excess assets (see instruct	ions):			
	a Target normal cost	t (line 6)			31a	28,418
	b Excess assets, if a	pplicable, but not greater than	line 31a		31b	28,418
32	Amortization installm	nents:		Outstanding Bala	ance	Installment
	a Net shortfall amort	ization installment	***********		0	0
	b Waiver amortizatio	n installment	CENTRAL EXTRACTOR SER		0	0
33			ter the date of the ruling letter grai		33	
34	Total funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	lb + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding Bala	ince	Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36			6. 40 6 (900)		36	0
37	Contributions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37	0
38		ess contributions for current ye				
			i an agustosomo a la lar lar lar agustosomo da or o	• * • • (•:(•:(•:(•:•)• • • * • •	38a	0
			prefunding and funding standard o		38b	
			ear (excess, if any, of line 36 over		39	0
			3- 214)21474 9 9 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		40	0
			Pension Relief Act of 2010)	
41		de to use PRA 2010 funding re				
	a Schedule elected.				[2 plus 7 years 15 years
	b Eligible plan year(s	s) for which the election in line	41a was made		. 🔲 200	08 2009 2010 2011
			* * * * * * * * * * * * * * * * * * * *		42	
43	Excess installment ac	celeration amount to be carried	d over to future plan years	e e e e e exemple de e e e	43	

Schedule SB, Part V **Summary of Plan Provisions**

Kings Medical Care PC Pension Plan 11-3462278 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer:

Kings Medical Care PC

Type of Entity - S-Corporation

EIN: 11-3462278

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 12/29/2000

Year end - 12/31/2015

Valuation - 01/01/2015

Top Heavy Years - 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - N/A Months of service - 24

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 64 and completion of 5 years of participation Early - Not provided

Average Compensation:

Highest 3 consecutive years of the last10 years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 10/30/2015

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years

Annuity Guaranteed for 0 Years

Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit

Vesting Schedule:

100% Vested immediately

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Rate % Segment # Years 0 - 5 1.48 Segment 1 3.77 6 - 20Segment 2 4.79 Segment 3 > 20

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

KMED2014A

Schedule SB, Part V Summary of Plan Provisions

Kings Medical Care PC Pension Plan 11-3462278 / 001

For the plan year 01/01/2015 through 12/31/2015

Actuarial Equivalence:

Pre-Retirement - Interest - 7.5%

Mortality Table - U84 - 1984 Unisex

Post-Retirement - Interest - 7.5%

Mortality Table - U84 - 1984 Unisex

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Kings Medical Care PC Pension Plan 11-3462278 / 001

For the plan year 01/01/2015 through 12/31/2015

Valuation Date:

01/01/2015

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of the last10 years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.22
Segment 2	6 - 20	4.11
Segment 3	> 20	5.20

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -HATFA Segment # Year Rate % 0 - 5 4.72 Segment 1 Segment 2 6 - 206.11

> 20

6.81

Pre-Retirement - Mortality Table -

None

Turnover/Disability -

None

Salary Scale -Expense Load - None

Ancillary Ben Load -

None None

Post-Retirement - Mortality Table -

15A - 2015 Funding Target - Annuitant - IRC 430(h)(3)(A)

Segment 3

Cost of Living -

None

Lump Sum -

U84 - 1984 Unisex at 7.5%

15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

G71M - 1971 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

KMED2014A

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Kings Medical Care PC Pension Plan 11-3462278 / 001 For the plan year 01/01/2015 through 12/31/2015

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

KMED2014A

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Kings Medical Care PC Pension Plan 11-3462278 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 26 - Schedule of Active Participant Data

Kings Medical Care PC Pension Plan

11-3462278/001

For the plan year 01/01/2015 through 12/31/2015

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64					2					
65 to 69										
70 & up							<u> </u>		<u> </u>	