#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to **Public Inspection** 

Part I		Identification Information				
For calenda	ar plan year 2016 or fi	iscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) ( aployer information in ac		
	·	a one-participant plan	a foreign plan			
<b>B</b> This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	
David II	Dania Blancia	special extension (enter descr				
Part II		ormation—enter all requested inf	formation		46 Thoras (1999)	1
1a Name TOTAL CAR	of plan E DEFINED BENEFIT	ΓPLAN			<b>1b</b> Three-digit plan number (PN) ▶	001
					1c Effective date	
	\ .	oyer, if for a single-employer plan)	). Pov)		2b Employer Iden	tification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ructions)	(=::+)	3568628
	E PLUS MEDICAL PO			4-3167		
5722 7TH AV	'ENILIE				2d Business code	,
BROOKLYN,					621	610
3a Plan ad	dministrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Administrator's	EIN
					<b>3c</b> Administrator's	telephone number
					7 Administrator S	telephone number
4 If the n	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	EIN, and the plan nu	mber from the last return/report.		or and plain, either and	4c PN	
<del></del>		s at the beginning of the plan year			5a	2
_		s at the end of the plan year			5b	
		account balances as of the end of			5c	
compl	ete this item)				5d(1)	2
		articipants at the beginning of the pl			5d(1) 5d(2)	2
<b>e</b> Numb	er of participants that	articipants at the end of the plan yea t terminated employment during the	e plan year with accrued be	nefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	use is established.	
Under pena SB or Sche	alties of perjury and of dule MB completed a	ther penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including, if appl	
SIGN	rue, correct, and com Filed with authorized	/valid electronic signature.	09/17/2017	WEI WANG		
HERE	Signature of plan a	Enter name of individ	lual signing as plan ac	Iministrator		
SIGN HERE						
	Signature of emplo		Date		lual signing as employ	
Preparer's	name (including firm r	name, if applicable) and address (ir	nclude room or suite numbe	er)	Preparer's telephon	e number

Form 5500-SF 2016 Page **2** 

	Were all of the plan's assets during the plan year invested in eligib		'					X	Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X	Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann		,						ш		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?	🗌	Yes	X No Not	determined		
Pa	rt III Financial Information										
7	Plan Assets and Liabilities	(a) Beginning	of Year			(	b) End of Year				
a	Total plan assets	7a	1	542592		1628803					
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1	542592				1628803			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		100000							
-	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		5986							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						105	986		
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		19775	-						
<u>g</u>	Other expenses	8g		19775				4.0	775		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							775 211		
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i						00	211		
J	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics			01		<i>.</i> : 0					
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in t	he instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amou	ınt		
а	· · · · · · · · · · · · · · · · · · ·										
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	-	-	10a		X					
b						Х					
	reported on line 10a.)			10b							
	Was the plan covered by a fidelity bond?			10c	X				100000		
d		•		10d		X					
—е	by fraud or dishonesty?			100							
C	carrier, insurance service, or other organization that provides some					Χ					
	the plan? (See instructions.)		10e		X						
f	Has the plan failed to provide any benefit when due under the pla	10f									
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		Χ							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided to	he required	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	<u> </u>						

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					×	Yes No
	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				f		Yes X No
	(If "	SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						ш
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insting the waiver.		is, and	d enter t Day		of the lett Year	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			1		
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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lative amount)	eft of a		12d			
<u>e</u>	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?				Yes	s X	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
1	3c(1)	Name of plan(s):	1	13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
<b>.</b>								
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	e of trustee or custodian					s or custone number	
Part	: IX	IRS Compliance Questions		u				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:	IШ		n-based narbor	t [	Test	/ear" ADP
	,			"Curre	ent year test	<u>"</u>	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS etter/ and the serial number	opinior					
17b	If the letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	date	of the m	nost rec	ent determ	nination
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!2}$ during the prior plan year?			Ye	s [	No	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and ending	g 12/3	31/2016	
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unle	ss reasonable ca	use is established			
	Name of plan TOTAL CARE DEFINED BENEFIT PLAN		B Three-dig plan num	git	J) •	001
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TOTAL CARE PLUS MEDICAL PC		<b>D</b> Employer	Identific	ation Number (E	IIN)
Е	Type of plan: X Single Multiple-A Multiple-B	or year plan size:	X 100 or fewer	101-	-500 More th	an 500
F	Part I Basic Information				<u> </u>	
1	Enter the valuation date: Month 01 Day 01	Year <u>2016</u>				
2	Assets:					
	a Market value			2a		1542592
	<b>b</b> Actuarial value			2b		1542592
3	Funding target/participant count breakdown	` '	Number of articipants	(2) Ve	sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment					
	<b>b</b> For terminated vested participants					
	C For active participants		2		1062618	1328273
	<b>d</b> Total		2		1062618	1328273
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition restatus for fewer than five consecutive years and disregarding loading factors.					
5	Effective interest rate			5		6.16%
6	Target normal cost			6		180496
Sta	atement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, st accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (ta combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE				09/15/201	7
	Signature of actuary				Date	
	MICHAEL FRANK, F.S.A.		_		17-02440	
	Type or print name of actuary			Most	recent enrollmer	nt number
	PENSION STRATEGIES				212-681-79	76
	Firm name 1430 BROADWAY, SUITE 1509 NEW YORK, NY 10018		Те	lephone	e number (includ	ng area code)
	Address of the firm		<del></del> ,			
	ne actuary has not fully reflected any regulation or ruling promulgated under the	statute in comple	ting this schedule	e, check	the box and see	•

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances								
	•							(a) C	arryover baland	се	(b) F	Prefundi	ng balance	
7		-			able adjustments (line 13 fr	•							165648	
8			•	•	nding requirement (line 35	•								
9	Amount	remaining	g (line 7 minus line	∋ 8)			-						165648	
10	Interest	on line 9 ເ	using prior year's	actual retu	rn of3.76%								6228	
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:									
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)								65403	
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.24												4081	
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's	actual								
					ar to add to prefunding balan								69484	
	<b>d</b> Portio	n of (c) to	be added to pref	unding bala	ance		-							
12	Other re	ductions i	n balances due to	elections	or deemed elections								0	
13	Balance	at beginn	ing of current yea	ır (line 9 + l	line 10 + line 11d – line 12)		-						171876	
Part III Funding Percentages														
14	14 Funding target attainment percentage											14	103.20%	
15	Adjusted	I funding t	target attainment	percentage	÷							15	103.20%	
16					of determining whether carr							16	110.65%	
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	funding tar	get,	enter suc	ch percentage			17	0.00%	
	art IV			•	lity Shortfalls									
18					ar by employer(s) and emp		D-4		(la) A a	بيط لما م	1		net medial boo	
1)	(a) Date MM-DD-Y		<b>(b)</b> Amount p employer					(b) Amount paid by employer(s)				(c) Amount paid by employees		
(	9/11/2017	7		100000										
						Totals I	<b>&gt;</b>	18(b)		10000	0 18(c)			
19		•			ructions for small plan with				0 0					
					mum required contributions					19a				
					usted to valuation date					19b				
					ired contribution for current y	ear adjusted	to v	aluation d	ate	19c			90359	
20	-		tions and liquidity										, <del>, , , , , , , , , , , , , , , , , , </del>	
	_		-		e prior year?									
				-	installments for the current	-		timely ma	anner?	l	Yes No			
	<b>C</b> If line	20a is "Y	es," see instructio	ns and con	nplete the following table a	- ' '		hio nlaa	/OOF					
		(1) 1s <sup>-</sup>	t		Liquidity shortfall as of er (2) 2nd	id or quarte	ı OT 1		year 3rd			(4) 4th	<u> </u>	
		(1) 13	-		\-/ <del>-</del>			(~)	- <del>-</del>			, 141		
				L						1				

P	art V	Assumpti	ons Used to	Determine	Funding Target a	nd Targ	et Normal Cost					
21	Discount	rate:										
	<b>a</b> Segm	ent rates:	1st seg	ment: 4.43%	2nd segment: 5.91 %		3rd segment: 6.65 %			N/A, full yiel	ld cur	ve used
	<b>b</b> Applic	able month (er	nter code)					21b			3	
22	Weighted	d average retire	ement age					22		6	52	
23	Mortality	table(s) (see i	instructions)	X Pres	cribed - combined	Prescr	ibed - separate	Substit	ute			
Pá	art VI	Miscellane	ous Items									
				escribed actus	arial assumptions for the	current nla	in year? If "Ves " see i	inetruction	ne re	narding require	ad .	
		-					-				_	es X No
25	Has a me	ethod change b	been made for th	ne current plar	n year? If "Yes," see inst	tructions re	garding required attacl	hment			Υe	es X No
26	Is the pla	in required to p	orovide a Schedu	ule of Active P	articipants? If "Yes," see	e instructio	ns regarding required a	attachmer	nt		Υe	es X No
27					r applicable code and se			27				
P	art VII				um Required Conti			1	1			
					ears			28				
29	Discount	ed employer c	ontributions allo	cated toward u	unpaid minimum required	d contribution	ons from prior years	29				
30					ributions (line 28 minus li			30				
	art VIII				For Current Year				1			
			d excess assets									
	<b>a</b> Target	normal cost (lii	ne 6)					31a			1	180496
	<b>b</b> Excess	assets, if app	licable, but not g	reater than lir	ne 31a			31b				42443
32	Amortiza	tion installmen	its:				Outstanding Bala	ance		Installı	ment	
	a Net sh	ortfall amortiza	tion installment									
-	<b>b</b> Waive	r amortization i	installment					_				
33					er the date of the ruling le	-		33				
34	Total fun	ding requireme	ent before reflect	ing carryover	prefunding balances (lin	es 31a - 31	b + 32a + 32b - 33)	. 34			1	138053
					Carryover balan	се	Prefunding balar	nce		Total ba	alanc	е
35			se to offset fundi	-				47694				47694
36	Additiona	al cash require	ment (line 34 mi	nus line 35)				36				90359
37					ntribution for current year			37				90359
38					r (see instructions)			1	1			
								38a				0
	<b>b</b> Portion	included in lin	ne 38a attributab	le to use of pr	efunding and funding sta	andard carr	yover balances	38b				
39	Unpaid n	ninimum requir	ed contribution f	or current yea	ar (excess, if any, of line	36 over line	9 37)	39				
40	Unpaid n	ninimum requir	ed contributions	for all years				40				
Pa	rt IX	Pension I	Funding Rel	ief Under F	Pension Relief Act	of 2010	(See Instructions	s)				
41	If an elec	tion was made	to use PRA 201	0 funding reli	ef for this plan:							
	<b>a</b> Schedu	ule elected		·····		·····		[	2	olus 7 years	1:	5 years
	<b>b</b> Eligible	plan year(s) f	or which the ele	ction in line 41	a was made			20	800	2009 20	10	2011
42	Amount o	of acceleration	adjustment					42				
43	Excess in	stallment acce	eleration amount	to be carried	over to future plan years			43				

## **Total Care Defined Benefit Plan** Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: Total Care Defined Benefit Plan Normal Retirement Benefit Actuarial Cost Method: PPA06 Funding Rules IRC430 Funding Yield Curve Segmented Rates First Segment: 4.43% Second Segment: 5.91% Third Segment: 6.65% IRC404 Funding Yield Curve Segmented Rates First Segment: 1.35% Second Segment: 4.01% Third Segment: 5.04% **PBGC Segmented Rates** First Segment: 1.69% Second Segment: 4.11% Third Segment: 5.07% **Pre-Retirement Valuation Assumptions Retirement Valuation Assumptions** Mortality Table 2016 430(h)(3)(A)-Optional combined Optional Forms Assumption 100% of participants will elect the Plan Normal Form Pre-Retirement Actuarial Equivalence Assumptions **Investment Earnings** 6% Effective annual rate Retirement Actuarial Equivalence Assumptions **Investment Earnings** 6% Effective annual rate Mortality Table 1994 GAR PROJ 2002 Assumptions for IRC415 Maximum Benefit Actuarial Adjustments **Investment Earnings** 5% Effective annual rate Mortality Table 2016 417(e)(3) Applicable Mortality Table Retirement Protection Act of 1994 Interest Rate for non-life annuities **Investment Earnings** 5% Effective annual rate Pension Strategies Corp. Rpt530 Pg2

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Part I	Annual Repo	ort Id	entification I	<u>nformatio</u>	n									
Fo	r calenda	ar plan year 2016 or	fiscal p	olan year beginni	ng				and ending						
A	This ret	urn/report is for:	X	a single-emplo	,		list of participating		olan (not multiemployer nployer information in a		_				
				a one-participa		Ш	a foreign plan								
В	This ret	urn/report is:		the first return/i	•	Ш	the final return/rep	•							
_				an amended re	turn/report	Ш	a short plan year	retu	ırn/report (less than 12	mont					
С	Check b	oox if filing under:	Х	Form 5558			automatic extensi	ion			DFVC	program			
				special extensi	on (enter des	criptio	n)								
_	Part II		<u>nforn</u>	<b>nation</b> —enter a	Il requested	nform	ation								
1	<b>a</b> Nam	e of plan								1b	Three-digit plan number				
То	tal Care	Defined Benefit Pl	an								(PN) ▶	001			
										1c	Effective date	•			
_										01-		2011			
2		sponsor's name (en		_			w\			2b		ntification Number -3568628			
		ng address (include or town, state or pro		•			•	inetr	ructions)	20	Sponsor's tele				
To		Plus Medical PC	virioc, v	soundy, and Zii	or foreign po	stai co	ide (ii foreign, see i	11134	detions		-844-3167	priorie riumbei			
								١,		2d	Business code	e (see instructions)			
57	22 7th A	venue													
Bro	ooklyn, N	NY 11220								621	610				
3	<b>a</b> Plan	administrator's nam	e and a	address X S	ame as Plan	Spons	sor.			3b	Administrator'	s EIN			
Sa	me									3с	Administrator'	s telephone number			
					•		1								
_										415					
4		e name and/or EIN of					ast return/report file	ed to	or this plan, enter	4b	EIN				
		name, EIN, and the p nsor's name	iaii iiu	inber nom the las	st return/repo	IL.				4c	PN				
5		l number of participa	nts at	the beginning of	the plan year					58		2			
	<b>b</b> Total	l number of participa	nts at	the end of the pla	ın year					5k	)	2			
		ber of participants wolete this item)							·	50	:				
		otal number of activ			_					5d(	1)	2			
	d(2) ⊺	otal number of activ	e partio	cipants at the end	d of the plan y	ear				5d(	2)	2			
		ber of participants th			-		-			56	<u>.</u>				
		than 100% vested										0			
Ur									ed unless reasonable camined this return/repo						
SE	or Sche	edule MB completed	and sig	gned by an enroll					on of this return/report,						
be	lief, it is t	true, correct, and cor	nplete.												
S	IGN	Wei Wang	2	<i>y</i>			9/17/2017	٧	Vei Wang						
Н	ERE	Signature of plan	dmini	istrator			Date		Enter name of individua	al sigi	ning as plan adı	ministrator			
S	iGN	Wei Wan	2				9/17/2017	٧	Vei Wang						
Н	ERE	Signature of emplo	/ oyer/pl	lan sponsor			Date		Enter name of individu	al sigi	ning as employe	er or plan sponsor			
Pr		name (including firm			d address (in	clude	room or suite numb				parer's telephor				

	Form 5500-SF 2016		Pag	je <b>2</b>						
b c	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan can lift the plan is a defined benefit plan, is it covered under the PBGC insurary.		X Ye							
	t III Financial Information									
7	Plan Assets and Liabilities		(a) Begii	nning o				(b) End of Year		
	Total plan assets	7a 7b			1,54	2,592			1,628,803	
b	Total plan liabilities				0			0		
	Net plan assets (subtract line 7b from line 7a)				2,592	7		1,628,803		
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amoun	t			(b) Total		
a	Contributions received or receivable from:				-			<u> </u>		
	(1) Employers	8a(1)			10	0,000	_			
	(2) Participants	8a(2)				0				
	(3) Others (including rollovers)	8a(3)		$\overline{}$		0				
b	Other income (loss)	8b				5,986				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							105,986	
d	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			1	9,775				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19,775	
i	Net income (loss) (subtract line 8h from line 8c)	8i							86,211	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a		feature cod	des from the List o	of Plan C	Charact	eristic (	Codes in	the instructions:		
b	1A  If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of	Dlan Ch	aracte	rietic C	ndes in t	he instructions:		
D	if the plan provides wellare beliefits, effici the applicable wellare to	salure coul	es nom the List of	Flail Gi	iaiacie	istic C	Jues III I	ne mstructions.		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amour	nt	
	Was there a failure to transmit to the plan any participant contributi	ons within	the time period	Ī		-110	14// 1	7411041	••	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Correction Program)			10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest?									
	transactions reported on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	Χ				100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi									
	caused by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other									
	insurance carrier, insurance service, or other organization that provide the plans? (See instructions.)		100		~					
f	benefits under the plan? (See instructions.)		10e		X					
			10f							
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х				
"	If this is an individual account plan, was there a blackout period? (\$29 CFR 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the			1011						

one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 ......

Form	EEOO	CL	201	,
⊢orm	5500	-SE	201	ŧ

Page <b>3 -</b>
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	Fo	orm 5500-SF 2016 Page <b>3</b>	-							
Pai	rt VI F	Pension Funding Compliance								
11		defined benefit plan subject to minimum funding requirements? (If "Yes," s				•		Г	Yes	No
		SB (Form 5500) and line 11a below)					······		165	INO
<u>11a</u>	Enter the	unpaid minimum required contributions for all years from Schedule SB (F	orm 550	il (00	ne 40		11a			0
12		defined contribution plan subject to the minimum funding requirements of							Yes 2	X No
		complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waive	er of the minimum funding standard for a prior year is being amortized in the	nis plan	year,	see inst	ructions, an	d enter th	e date o	f the letter	ruling
	granting t	the waiver				Month	Da	у	Year	
lf v	you comp	eleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and	d ski	p to line	13.				
b	Enter the	minimum required contribution for this plan year					l2b			
		amount contributed by the employer to the plan for this plan year					12c			
		the amount in line 12c from the amount in line 12b. Enter the result (enter								
		amount)					12d			0
е	Will the n	ninimum funding amount reported on line 12d be met by the funding dead	line?					Yes	No	N/A
Par	rt VII F	Plan Terminations and Transfers of Assets								
13a	Has a res	solution to terminate the plan been adopted in any plan year?					Ye	s X	No	
		enter the amount of any plan assets that reverted to the employer this yea		-			13a			
b		the plan assets distributed to participants or beneficiaries, transferred to a								
-		f the PBGC?					L	Yes	X No	
С	If, during	this plan year, any assets or liabilities were transferred from this plan to a					) to			
		sets or liabilities were transferred. (See instructions.)			- 1			_		
1;	<b>3c(1)</b> Nam	e of plan(s):		_		13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)
Par	t VIII T	Trust Information								
14a	Name of	trust					14b	Trust's E	IN	
14c	Name of	trustee or custodian							s or custod e number	lian's
Part	t IX	RS Compliance Questions								
15a	Is the pla	n a 401(k) plan? If "No," skip b					Yes		No	
15b	How did t	the plan satisfy the nondiscrimination requirements for employee deferrals	unders	sectio	nn .		Design-ba		"Prio	r year" test
		for the plan year? Check all that apply:				'ㅡ'	"Current y			1001
							ADP test	eai	N/A	
16a	\M/hat tes	ting method was used to satisfy the coverage requirements under section	/10(h) t	for th	a nlan					
100		eck all that apply:	` '		•	🗆	Ratio percentag test		verage enefit test	N/A
16b	Did the n	lan satisfy the coverage and nondiscrimination requirements of sections 4	10/h) ar	nd 40	11(2)(4)					
		an year by combining this plan with any other plan under the permissive a				📗	Yes		No	
17a	If the plan	n is a master and prototype plan (M&P) or volume submitter plan that receive letter / / and the serial number	eived a f	avora	able IRS	opinion lette	er or advis	ory lette	er, enter th	е
17b	•	n is an individually-designed plan that received a favorable determination ation letter / /	etter fro	m th	e IRS, ei	nter the date	of the m	ost recer	nt	
18	Defined E	Benefit Plan or Money Purchase Pension Plan Only:								
	Were any	y distributions made during the plan year to an employee who attained ago rice?					Y	es	No	
19	Was any	plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the	e prior p	olan y	/ear?		Y	es	No	

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

Fo	r calen	dar plan year 2016 or fisca	ıl plan year beginn	ing					and en	ding		
<b>)</b>		d off amounts to neares on: A penalty of \$1,000 wi		late filing of	this report ur	nless rea	asonable c	cause i	is establisl	ned.		
Α		e of plan		······· · · · · · · · · · · · · ·					Three-digi			
		Defined Benefit Plan							plan numb		00	<b>11</b>
101	ai Ouic	Bonnoa Bononer Ian							piarriarria	OI (111)	0.	) i
С	Plan	sponsor's name as shown	on line 2a of Form	5500 or 550	00-SF			D	Employer	Identificati	on Number (E	EIN)
Tota	al Care	Plus Medical PC						11-3	568628	7		
Е	Туре	of plan: X Single	Multiple-A Mu	ultiple-B	<b>F</b> Pr	ior year	plan size:	X 1	100 or few	er 🔲	101-500	More than 500
P	art I	Basic Information	 I	•	-							
1	Enter	the valuation date:	Month 01	Day	01	Year	2016					
2	Asse	ts:							$\Lambda$			
	а Ма	arket value								2a		1,542,592
	<b>b</b> Ac	tuarial value				•				2b		1,542,592
3		ing target/participant coun					(1) N	lumbe	er of		ed Funding	(3) Total Funding
Ū	i dila	ing target participant court	. Di Gallago Wil					ticipar		` '	rget	Target
	a Fo	or retired participants and b	eneficiaries receiv	ing navment			1		0		0	0
	-	or terminated vested partici		0. ,							0	
		•	•						0		-	0
	_	or active participants							2		1,062,618	1,328,273
	<b>d</b> To	tal							2		1,062,618	1,328,273
4	If the	plan is in at-risk status, ch	eck the box and co	omplete lines	s (a) and (b)	)						
	a Fu	inding target disregarding	prescribed at-risk a	assumptions						4a		
	<b>b</b> Fu	inding target reflecting at-r	isk assumptions, b	ut disregard	ing transition	rule for	plans that	t have	been	41		
	in	at-risk status for fewer tha	n five consecutive	years and d	isregarding lo	oading fa	actor			4b		
5	Effec	tive interest rate								5		6.16%
6	Targe	et normal cost								6		180,496
Sta	temen	t by Enrolled Actuary	. 4									
		pest of my knowledge, the information										
		nce with applicable law and regulat tions, in combination, offer my best				(taking into	account the	experier	nce of the plar	and reasona	ble expectations) a	and such other
(	SIGN											
				Micho	of Lu	unk					0/45/004	_
- 1	IERE								-		9/15/201	<u>/</u>
			Signature of ac	tuary							Date	
Mic	hael Fi	rank, F.S.A.							170244	-0		
		Ť	ype or print name	of actuary						Most	recent enrollm	ent number
Pen	sion S	trategies							212-68	1-7976		
			Firm name	)					-	Telephone	number (inclu	uding area code)
4 4 6	٥.٥	. 0 % 4500										
		idway, Suite 1509										
Nev	v York		A data 600	<b>C</b>	NY	10	018					
			Address of the	ıırm								
	e actua	ry has not fully reflected a	າy regulation or ruli	ing promulga	ated under th	ne statut	e in compl	leting t	this sched	ule, check	the box and s	ee

Page **2-**

Pai	rt II	Beginning of Year	Carryover	and Prefunding Ba	lances						
						(a	) Carryover baland	е	(b)	Prefu	nding balance
7		nce at beginning of prior ye	• • •	,	•						105.010
								0			165,648
8		on elected for use to offset		• .				•			0
		year)						0	<del>                                     </del>		
9_		unt remaining (line 7 minus				_		0			165,648
10	intere	est on line 9 using prior yea	ars actual retu	m or 3.76%				0			6,228
11	Prior	year's excess contributions	s to be added	to prefunding balance:							
	a P	resent value of excess cor	ntributions (line	e 38a from prior year)					7		65,403
	b(1)	Interest on the excess, if a Schedule SB, using prior y	•		ear 4%				•		4.081
	b(2)	Interest on line 38b from p			_						1,001
		return					+(-)				0
	C T	otal available at beginning	of current plar	n year to add to prefunding	g balance						69,484
	d P	ortion of (c) to be added to	prefunding ba	alance							
<b>12</b> C	Other re	ductions in balances due t	o elections or	deemed elections				0			0
13 E	Balance	at beginning of current year	ar (line 9 + line	e 10 + line 11d – line 12) .				0			171,876
Par	t III	Funding Percentag	ges								
14 F	unding	target attainment percenta	age							14	103.20%
15 A	djuste	d funding target attainment	percentage							15	103.20%
		ar's funding percentage for								16	
С	urrent	year's funding requirement								10	110.65%
17 If	the cu	rrent value of the assets of	the plan is les	ss than 70 percent of the f	unding target	, enter su	ch percentage			17	%
Par	t IV	Contributions and	Liquidity S	Shortfalls							
18	Contribu	itions made to the plan for	the plan year	by employer(s) and emplo	yees:						
	(a) Da			(c) Amount paid by	(a) Dat		(b) Amount paid		(		ount paid by
	<u>/I-DD-Y</u>			employees	(MM-DD-Y	YYY)	employer(s)			em	ployees
- 09	9-11-2	017	100,000						<del>                                     </del>		
						1					
40.5					Totals >	18(b)		00,000	18(c)		0
_		ted employer contributions		·				T	<del></del>		
		ributions allocated toward t		•				19a			0
		ributions made to avoid res						+			0
		ributions allocated toward r		ired contribution for currer	it year adjuste	ed to valua	ation date	19c			90,359
		y contributions and liquidity								_	
а	Did th	ne plan have a "funding sho	ortfall" for the p	prior year?							Yes X No
b	) If line	20a is "Yes," were require	ed quarterly ins	stallments for the current y	ear made in a	a timely m	anner?				Yes No
c	; If line	20a is "Yes," see instruction	ons and comp	lete the following table as	applicable:						
				Liquidity shortfall as of en	d of quarter o						
		(1) 1st		(2) 2nd		(3) 3	Brd			(4) 4	4th
					Ĭ.						

Pa		ns Used to Determine Fu	ınding Target and Ta	rget Normal Cost							
21	Discount rate: <b>a</b> Segment rates:	1st segment:	2nd segment	3rd segment	· ·						
	a cogment rates.	4.43%	5.91%	_	55%		N/A, full y	ield curve	used		
	<b>b</b> Applicable month	(enter code)			21	b		3			
22	Weighted average reti	rement age			22	2			62		
23	Mortality table(s) (see	e instructions) X Pres	cribed - combined	Prescribed - separate	Sı	ubstitute	е				
Par	t VI Miscellaneo					•					
24	Has a change been m attachment	ade in the non-prescribed actua	•	ent plan year? If "Yes," see i	4	1	, , , <sub>[</sub>	red Yes	X No		
25	Has a method change	been made for the current plan	year? If "Yes," see instruction	ns regarding required attach	ment .			Yes	X No		
26	Is the plan required to	provide a Schedule of Active Pa	rticipants? If "Yes," see inst	uctions regarding required	ittachm	ent		Yes	X No		
27		alternative funding rules, enter			2	7	_				
Par	t VII Reconciliat	ion of Unpaid Minimum	Required Contributio	ns For Prior Years							
28	Unpaid minimum requ	ired contributions for all prior yea	ars		28	3			0		
29		contributions allocated toward u			29	Э			0		
30	Remaining amount of	unpaid minimum required contril	outions (line 28 minus line 29	9)	. 30	0			0		
Par	t VIII Minimum R	equired Contribution Fo	r Current Year								
31	Target normal cost and	d excess assets (see instruction	s):								
	a Target normal cost	t (line 6)			31	а			180,496		
	<b>b</b> Excess assets, if a	pplicable, but not greater than li	ne 31a		31	b			42,443		
32	Amortization installme	nts:		Outstanding Bal	ance		Ins	tallment			
	a Net shortfall amort	ization installment									
		n installment									
33	If a waiver has been a (Month	pproved for this plan year, enter Day Year	the date of the ruling letter ( _) and the waived amount	granting the approval	33	3					
34	Total funding requirem	nent before reflecting carryover/p	orefunding balances (lines 3	a - 31b + 32a + 32b - 33)	34	4			138,053		
			Carryover balance	Prefunding bala	nce		Tota	l balanc	е		
35	Balances elected for u	9									
			<i>J</i>			,694			47,694		
		ement (line 34 minus line 35)			31	0			90,359		
37	(line 19c)	d toward minimum required cont			37	7			90,359		
38		ss contributions for current year	,		38	_					
-		ny, of line 37 over line 36)line 38a attributable to use of pi			38				0		
39		ired contribution for current year			39				0		
40		ired contributions for all years			4(	-			0 0		
		nding Relief Under Pens				<u>,                                    </u>			0		
41		le to use PRA 2010 funding relie		(Coo mon donono)							
			-				2 plus 7 ye	ars $\square$	15 years		
-		s) for which the election in line 4			_	2008	2009	2010			
42	<u> </u>	n adjustment			42						
-74			over to future plan years		4;						

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

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

Plan Name: Total Care Defined Benefit Plan

+				Effective		Н
F			Plan	Rate of	Discounted	_ H
F	Date	Amount	Year	Interest	Amount	_ H
F	09/11/2017	100000.00	2016	6.16%	90359.00	ļ
F	Total for Minimum Required Contribution	100000.00			90359.00	ļ
						_

# **Total Care Defined Benefit Plan** Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: Total Care Defined Benefit Plan The weighted average retirement age of 62 is the average of the assumed retirement ages for all active participants as of the 🖚 valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age. Pension Strategies Corp. Rpt530 Pg5

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冉		Total Care Defined Benefit Plan	眸
趙	S	Schedule SB, Part V - Summary of Plan Provisions	贮
廾		Plan Name: Total Care Defined Benefit Plan	肿
耳	Plan Effective Date	January 1, 2011	囯
#	Plan Anniversary Date	January 1, 2016	毕
붜	Participation Eligibility	Minimum age: 21 and	片
井		Minimum months of service: 12	片
爿	Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements	货
草	Normal Retirement Date	First day of the month coincident with or following age 62 and the completion of 5 years of participation	庳
묖		Not to exceed the later of age 65 and 5 years of participation	摇
묖	Normal Form of Benefit	Single Life Annuity	毕
붜		(Qualified Joint and Survivor annuity is the required standard option)	岸
붜	Normal Retirement Benefit	Benefit Formula:	片
빞		10% per year of service times compensation	片
井		Maximum total years of service: 25  Maximum years of past service: 5	井
畢		Minimum benefit: \$833.00 per month	坪
屯		IRC415 maximum annual benefit: \$210,000	ഥ
₽		Actuarially adjusted under IRC415(b) for benefit	中
开		commencement age and benefit form	
Ħ		Benefit limited to 100% of compensation	<b> </b>
		Minimum benefit: 2% of compensation per year of topheavy plan service up to 10 (actuarially adjusted for benefit form)	Ē
早	Compensation Definition	Highest consecutive 3 year average salary over all service	異
中	Compensation Bollinton	Annual salary up to \$265,000 considered	毕
早	Pre-Retirement Death Benefit	Lump sum payable on death of participant	臣
븪	Benefit Amount	0 times the normal retirement benefit	片
井		Maximum death benefit: \$0	片
井	Vested Retirement Benefit	Vesting Schedule:	片
井		20% a year after 2 years (100% after 6 years)	片
붜		Exclude service before effective date	井
屯		Computation Period: Elapsed Time Method	井
甴		Based on periods of service rounded to nearest year	止
尹	Accrued Retirement Benefit	Pro-rated on service	F
尹	Addition Tellionett Benefit	Maximum number of years of past credited benefit accrual service is 0	占
Ħ		maximum namber of years of past orealisat before accordance for the	<b> </b>
두			压
井			井
坦			म
世			世
毌			F
开			占
Ħ			厅
픾	Danaian Otatanian Octobrila D		臣
븼	Pension Strategies Corp. Rpt530 Pg3		井
抲	<del>┍╏╏┩╏┩╏┩┩┍┩┍┩┍┩┍┩┍┩┍</del>	┚┡ <del>┩</del> ┚┡┪┍┪┸┸┸┸┸┸┸┸┸┸┸┸┸ <del>┩</del> ┸┸╄┪┍┪╫┪┍┪┍┪╫┪┍┪╇┪╫┪┟┪┟┪┼┪┪╇	丌