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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number LITTLE TSINGTAO MEDICAL PC DEFINED BENEFIT PENSION PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LITTLE TSINGTAO MEDICAL PC 20-5468959 (EIN) 2c Sponsor's telephone number 917-301-1705 P.O. BOX 521832 FLUSHING, NY 11352 2d Business code (see instructions) 621111 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LITTLE TSINGTAO MEDICAL PC P.O. BOX 521832 FLUSHING, NY 11352 **3c** Administrator's telephone number 917-301-1705 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 225986 456068 Total plan assets..... 7a n 7b Total plan liabilities..... 225986 456068 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 184000 8a(1) (1) Employers (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 50082 **b** Other income (loss)..... 8b 234082 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 4000 Other expenses..... 8g 4000 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 230082 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

_		\sim \sim	004	
Form	5500	-SE	201	1

Part IV	Plan	Characte	aristics
raii iv	- FIAII	Guaraci	ยเอแรอ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part	V	Compliance Questions						
10		g the plan year:		Yes	No	А	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X			
С	Was	the plan covered by a fidelity bond?	10c		X			
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		X			
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X			
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X			
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X			
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI I	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X Yes	No
	(If "Ye If a wa granti	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver. Morimpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions,	, and e	enter th	e date of the		
-		the minimum required contribution for this plan year			12b			
		the amount contributed by the employer to the plan for this plan year			12c			
d	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)	of a		12d			
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Y	′es X No		
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?			ontrol		Yes	X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1			
1	3c(1) l	Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
SB o	Sche	Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the Completed and signed by an enrolled actuary, as well as the electronic version of this returned to correct, and complete.						
	_							

SIGN	Filed with authorized/valid electronic signature.	09/17/2012	JI WEI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/17/2012	JI WEI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								File as a	an attach	nmen	t to Form	5500 or	5500-	·SF.						
Fo	r calen	ıdar p	lan ye	ar 2011	or fis	cal plan ye	ear	beginning 0°	1/01/2011	1				and end	ing	12/31/2	2011			
						st dollar. will be ass	ess	ed for late filing o	f this rep	ort ur	nless reas	onable ca	ause is	s establish	ied.					
Α	Name	of pla	an	-				ENEFIT PENSION	•				В	Three-di	git	PN)	>		001	
				me as s MEDICA		on line 2a	of	Form 5500 or 550	00-SF					Employer -5468959	Ident	ification	Num	iber (E	ΞIN)	
Е	Type o	f plan	: X S	Single	М	lultiple-A	П	Multiple-B		F Pr	rior year pla	an size:	X 100	or fewer	1	01-500	N	/lore th	nan 500	
P	art I	В	asic I	Inforn	natio	n														
1				ion date			/lon	th <u>01</u>	Day01		_ Year _	2011	_							
2	Ass	ets:																		
	а	Mark	et valu	ıe											2	2a				224156
	b	Actu	arial va	alue											2	2b				224156
3	Fun	ding t	arget/p	participa	ant co	unt breakd	wob	n:		_		(1) N	Numbe	er of partic	ipants	3		(2) F	unding Targ	get
	а	For	retired	particip	ants a	and benefi	cia	ries receiving pay	ment		3a					0				0
	b	For	termina	ated ves	sted p	articipants	S				3b					0				0
	С	For	active	participa	ants:					_										
		(1)	Non-v	ested b	enefi	ts					3c(1)									0
		(2)	Veste	d benef	fits						3c(2)									177727
		(3)	Total	active							3c(3)					1				177727
	d	Tota	ıl								3d					1				177727
4	If the	e plar	n is in a	at-risk s	tatus,	check the	bo	x and complete li	nes (a) aı	nd (b)									
	а	Fund	ding tai	get disr	regard	ding presci	ribe	d at-risk assumpt	ions						4	1 a				
	b							nptions, but disreq ecutive years and								4b				
5	Effe	ctive	interes	t rate												5				5.82 %
6	Targ	get no	rmal c	ost												6				115449
;	To the b	nest of i	my know	able law ar	informa nd regu	lations. In my	opin	nis schedule and accom nion, each other assump nice under the plan.									expecta		and such other a	
- 1	I\L	-				Signat	turo	of actuary					_					ate		
THI	EODOI	RE AI	NDERS	SEN M.	A.A.A	, M.S.P.A		or actuary										1-020	34	
PEI	NSION	ASS	OCIAT	ES	٦	Гуре or pri	nt n	name of actuary							M	ost rece			ent number 6-0306	
SUI	1 WES TE 230 AMFOR)				Fi	irm	name						Т	eleph	one nui	mber ((inclu	ding area co	de)
						Addr	ess	of the firm					_							
If th	e actua	ary ha	s not f	ully refle	ected	any regula	atio	n or ruling promul	lgated un	der t	he statute	in compl	eting t	this sched	ule, cl	heck the	e box	and s	see	
	uction	•		,		,		31		-			3		,					Ш

Page 2	2 -	1
--------	-----	---

Schedule SB (Form 5500) 2011

Pa	art II	Begin	ning of year	carryove	er and prefunding ba	lances							
	•						(a) (Carryover balance		(b)	Prefundi	ng balai	nce
7		_			cable adjustments (line 13 f	-			0				25512
8			•	-	unding requirement (line 35				0				0
9	Amount	remainir	ng (line 7 minus lir	ne 8)					0				25512
10	Interest	on line 9	using prior year's	actual ret	urn of2.50%				0				638
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balance:								
	a Pres	sent valu	e of excess contril	butions (lin	ne 38 from prior year)								8320
					rate of6.65_% excep								553
	C Tota	ıl availabl	e at beginning of cu	urrent plan	year to add to prefunding bala	ance							8873
	d Port	ion of (c)	to be added to pr	efunding b	palance								8873
12	Other re	eductions	s in balances due t	to elections	s or deemed elections				0				0
13	Balance	at begir	nning of current ye	ar (line 9 +	+ line 10 + line 11d – line 12	?)			0				35023
Р	art III	Fun	ding percenta	iges									
14	Funding	g target a	ttainment percent	age							14	10	6.41 %
15	Adjuste	d funding	g target attainment	t percentaç	ge						15	12	6.12 %
	Prior ye	ar's fund	ling percentage for	r purposes	of determining whether car	ryover/prefu	ınding balar	ices may be used to			16	7	6.27 %
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of th	e funding ta	rget, enter s	uch percentage			17		%
P	art IV	Con	tributions and	d liquidi	ty shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and em	ployees:							
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DE		(b) Amount paid employer(s)		(c) Amou empl	nt paid byees	ру
01	/03/2012			4000	0								
03	3/16/2012			60000	0								
01	/06/2012			100000	0								
07	7/05/2012			20000	0								
							_						
						Totals ►	18(b)	1	84000	18(c)			0
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	year:				
	a Conti	ributions	allocated toward ι	unpaid min	imum required contributions	s from prior	years		19a				0
	b Conti	ributions	made to avoid res	strictions a	djusted to valuation date				19b				0
	C Contr	ibutions a	allocated toward mi	nimum req	uired contribution for current	year adjusted	d to valuation	date	19c				171324
20	Quarter	ly contrib	outions and liquidit	y shortfalls	3:								
	a Did th	he plan h	ave a "funding sh	ortfall" for t	the prior year?							Yes	X No
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current yea	ar made in a	timely man	ner?				Yes	No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	oplicable:					_		
			1		Liquidity shortfall as of e	end of quarte		•	,				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1	

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 2.94%		2nd segment: 5.82%		3rd segment: 6.46 %		N/A, full yield curve used
	b At	policable month	(enter code)					21b	0
22								22	65
23		ality table(s) (see		_	escribed - combined		scribed - separate	Substitut	
		1	_						
		Miscellane							
24			·		uarial assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🛚 No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nding rules, enter applicable			27	
	rt VII		•		m required contribut		• •		
					years			28	0
29					l unpaid minimum required o		· · ·	29	0
30	Rema	aining amount of	f unpaid minimum requir	ed con	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ii	nstructi	ions):				
	a Tai	rget normal cost	(line 6)					31a	115449
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	11406
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	0
34	Total	funding requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	104043
					Carryover balance		Prefunding bala	l l	Total balance
35	Dolom	and alooted for	use to effect funding		- Carrye von Banarios				. Otal balance
33			use to offset funding						
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).			I.	36	104043
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	171324
38			ess contributions for curr						
- 30					ai (see iristructions)			38a	67281
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40					, , , , , , , , , , , , , , , , , , , ,		,	40	
				_	nsion Relief Act of 20			70	
	rt IX						•		
41	If a sh	nortfall amortizati	ion base is being amorti	ized pu	irsuant to an alternative amo	rtizati	on schedule:		
	a Sch	nedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	11a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	n adjustment					42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

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

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

	art I Annual Report Ident	ification Information					
For	the calendar plan year 2011 or fiscal pl	an year beginning	01/01	./2011 and ending	1	.2/31/2011	
Α.	This return/report is for:	single-employer plan	a multiple-	employer plan (not multiemploy	yer)	a one-participant plan	
В -	This return/report is:	e first return/report	the final ret	turn/report		_	
	an .	amended return/report	a short plar	n year return/report (less than	12 months)		
C: (片	rm 5558	automatic		,	DFVC program	
•	·	ecial extension (enter description	J				
D		` `	<u> </u>				
	art II Basic Plan Informati	ion enter all requested info	rmation.		1h	Three-digit	_
ıu	·				'`	plan number	
	Little Tsingtao Medical F	C Defined Benefit Per	nsion Pla	n	4.0	(PN) ▶ 001	
					10	Effective date of plan 01/01/2006	
2a	Plan sponsor's name and address; inc	clude room or suite number (em	ployer, if for s	single-employer plan)	2b	Employer Identification Number	_
	Little Tsingtao Medical F			0 1 7 1 7		(EIN) 20-5468959	
					20	Plan sponsor's telephone number	
	P.O. Box 521832					(917) 301-1705	
					20	Business code (see instructions)	
-		NY 11352			21-	621111	
3a	Plan administrator's name and address	ss (If same as plan sponsor, ent	er "Same")		30	Administrator's EIN	
					2-		
					30	Administrator's telephone number	
4	If the name and/or EIN of the plan sponame, EIN, and the plan number from		t return/repor	rt filed for this plan, enter the	4b	EIN	
а	Sponsor's Name	Title last return/report.			40	PN	
5a	Total number of participants at the be	ginning of the plan year			5a	1	
b	Total number of participants at the en	• •			<u>5b</u>	1	_
С	Number of participants with account be complete this item)				50	:	
6a	Were all of the plan's assets during th					X Yes No	_
b					QPA)		
	Are you claiming a waiver of the annu	•	•		,		
	under 29 CFR 2520.104-46? (See ins	structions on waiver eligibility an	d conditions.)				
Do	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a o	structions on waiver eligibility and or 6b, the plan cannot use Fori	d conditions.)			XYes No	
Pa	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a o art III Financial Informatio	structions on waiver eligibility and or 6b, the plan cannot use Fori	d conditions.)	nd must instead use Form 5	500.		
7	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities	structions on waiver eligibility and or 6b, the plan cannot use Fori	d conditions.)	nd must instead use Form 5	500.	(b) End of Year	
7 a	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Informatio Plan Assets and Liabilities Total plan assets	structions on waiver eligibility and or 6b, the plan cannot use Fori	n 5500-SF at	nd must instead use Form 5	500. ar	(b) End of Year 456,068	
7 a b	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Informatio Plan Assets and Liabilities Total plan assets	estructions on waiver eligibility and or 6b, the plan cannot use Fore	n 5500-SF an - 7a - 7b	nd must instead use Form 55 (a) Beginning of Yea	500. ar ,986	(b) End of Year 456,068	
7 a	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from	estructions on waiver eligibility and or 6b, the plan cannot use Form	n 5500-SF at	(a) Beginning of Yes	500. ar	(b) End of Year 456,068 0 456,068	
7 a b c	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Informatio Plan Assets and Liabilities Total plan assets	estructions on waiver eligibility and or 6b, the plan cannot use Form In the plan cannot use Form In this Plan Year	n 5500-SF an - 7a - 7b	(a) Beginning of Yea	500. ar ,986 0 ,986	(b) End of Year 456,068	
7 a b c	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for	estructions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from:	n 5500-SF an - 7a - 7b	(a) Beginning of Yea	500. ar ,986 0 ,986	(b) End of Year 456,068 0 456,068	
7 a b c	under 29 CFR 2520.104-46? (See ins If you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for the subtract line 7b from Income, Expenses, and Income Inco	estructions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from:	7a . 7b . 7c	(a) Beginning of Yea	500. ar , 986 0 , 986 , 000 0	(b) End of Year 456,068 0 456,068	
7 a b c 8 a	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	structions on waiver eligibility and or 6b, the plan cannot use Form on in in in in in in in in in	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Yea 225 (a) Amount	500. ar ,986 0 ,986 ,000 0	(b) End of Year 456,068 0 456,068	
7 a b c 8 a	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from lncome, Expenses, and Transfers for Contributions received or receivable for (1) Employers	structions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from:	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b	(a) Beginning of Yea 225 (a) Amount	500. ar , 986 0 , 986 , 000 0	(b) End of Year 456,068 0 456,068	
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	atructions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from:	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Yea 225 (a) Amount	500. ar ,986 0 ,986 ,000 0	(b) End of Year 456,068 0 456,068	
7 a b c 8 a	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	atructions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from:	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b	(a) Beginning of Yea 225 (a) Amount	500. ar ,986 0 ,986 ,000 0	(b) End of Year 456,068 0 456,068 (b) Total	
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	atructions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from: 8a(3), and 8b) rs and insurance premiums	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c	(a) Beginning of Yea 225 (a) Amount	500. ar ,986 0 ,986 ,000 0 0 0 ,082	(b) End of Year 456,068 0 456,068 (b) Total	
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	structions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from: 8a(3), and 8b) rs and insurance premiums tributions (see instructions)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d	(a) Beginning of Yea 225 (a) Amount	500. ar ,986 0 ,986 ,000 0 0 ,082	(b) End of Year 456,068 0 456,068 (b) Total	
7 a b c 8 a b c d e	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	structions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from: 8a(3), and 8b) rs and insurance premiums tributions (see instructions) uries, fees, commissions)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8b . 8c . 8d . 8e	(a) Beginning of Yea 225 (a) Amount 184	500. ar , 986 0 , 986 , 000 0 0 , 082	(b) End of Year 456,068 0 456,068 (b) Total	
7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	structions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from: 8a(3), and 8b) rs and insurance premiums tributions (see instructions) uries, fees, commissions)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f	(a) Beginning of Yea 225 (a) Amount 184	500. ar ,986 0 ,986 ,000 0 0 0 ,082	(b) End of Year 456,068 0 456,068 (b) Total	
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instit you answered "No" to either 6a of art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from Income, Expenses, and Transfers for Contributions received or receivable for (1) Employers	structions on waiver eligibility and or 6b, the plan cannot use Form In this Plan Year from: 8a(3), and 8b) rs and insurance premiums tributions (see instructions) aries, fees, commissions) and 8g)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g	(a) Beginning of Yea 225 (a) Amount 184	500. ar ,986 0 ,986 ,000 0 0 0 ,082	(b) End of Year 456,068 0 456,068 (b) Total	

	Form 5500-SF 2011	Page 2-	wienia III	_				
Part	IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·				-		
	the plan provides pension benefits, enter the applicable pension feature codes from the	e List of Plan Character	stic Co	des in	the in	structions:		
	11							
ija ir	the plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Plan Characteris	tic Cod	oc in i	he inst	ructions:		
Part	V Compliance Questions		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~~~	****************		
10	During the plan year:			Yes	No	Д	mount	
a	Was there a fallure to transmit to the plan ony participant contributions within the time		اما		ж			
b	29 CFR 2510,3-1027 (Soo instructions and DOL's Voluntary Fiduciary Correction Pro Were there any nonexempt transactions with any party-in-interest? (Do not include in		10a			,		
	on line 10a.)		106		×			
c	Was the plan covered by a fidelity bond?		10c		х		-1/10/1/77	
ď	Did the plan have a loss, whether or not relimbursed by the plan's fidelity band, that w		·		 -	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
u	or dishonesty?	-	100		×			
e	•							
· ·	Were any fees or commissions paid to any brokers, agents, or other persons by an ins insurance porvices or other organization that provides some or all of the benefits unde				"			
	instructions.)		10e		×			
f	Has the plan failed to provide any benefit when due under the plan?	, ,	10f	4	×			
g	Did the plan have any participent loans? (If "Yes." onter amount as of year end.)		10g		×			
h	If this is an individual account plan, was there a blackout period? (See instructions an	d 29 CFR			×			
	2520.101-3.)		10h					
•	If 10h was answered "Yex," check the box if you either provided the required notice o exceptions to providing the notice applied under 29 CFR 2520.101-3		101				射图 数点点。	
Part	VI Pension Funding Compliance				A	NOTE CONTROL OF THE PARTY OF TH	, (1), , , , , , , , , , , , , , , , , , , 	3
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see 5500))	instructions and comple	te Sche	dule (B (Fo	rm	X Yos	
12	ls this a defined contribution plan subject to the minimum funding requirements of sec	tion 412 of the Code or	enction	303 4	FEDIS			X No
- 4	(If "Yos," complete 12s or 12b, 12c, 12d, and 12e below, as applicable.)	HOI THE OF THE GOOD OF	aroughor)	OUP. Q	1 100 1 1100		, man ,	(3.3.J ·
а	If a walver of the minimum funding standard for a prior year is boing amortized in this	olan vear, see instructio	ns. and	enter	the da	to of the lette	er rulina	
	granting the waiver	Mc					_	
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500),	and skip to line 13.		L+-		· · · · · · · · · · · · · · · · · · ·		
b	Enter the minimum required contribution for this plan year	x		-	125			,
C				٠ -	12¢			-
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	•	*		126			
61	Will the minimum funding amount reported on line 12d be met by the funding deadline					Yes	No [□N/A
Part	All the same and t			,		· · · · · · · · · · · · · · · · · · ·	- JOLIANA	***************************************
wddranie i i	Has a resolution to terminate the plan been adopted in any plan year?			***********		F 91 - 4	Yes	X No
11/4	If "Yes," enter the amount of any plan assets that revened to the employer this year		• •	<u>, </u>	13a	, <u>* * * *</u>	termi	
	Were all the plan assets distributed to participants or baneticiarios, transferred to ano	mor plan, or brought und	ler the d	ontro		777		DESCRIPTION OF THE PROPERTY OF
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to anot		 Janisi t	٠.		, , .	Yes	X No
	which assets or liabilitios were transferred. (See Instructions.)	the business' they will a see					,	······································
1	3c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·		13	c(Z) E	IN(5)	13c(3) F	N(5)
					,			
Cautic	n: A penalty for the late or incomplete filing of this return/report will be assesse	d uniesa reasonable es	use la	egtsih	harlgit		I	
	penalties of perjury and other ponalties set forth in the instructions, I declare that I have				14th Hander		Schedule	
SB or S	perhates of perjury and complete. Schedule MB completed and signed by an enrolled actuary, as well as the electronic vitt free							
["	1 10/11/1	L Tt West	, ,				·····	
SION				(párast)		Non admiri-	tratar	
T LINNIA	E Signature of plan administrator Date	Enter name of in	イス・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・	(int)][][ury 24.74 [SIGNI WAILUITIA	RIATEGUI	

Ji Wei

Enter name of individual signing as employer or plan sponsor

HERE Signature of employer/plan aponsor

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

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001 For the plan year 1/1/2011 through 12/31/2011

The age reported 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.

Schedule SB, line 19 - Discounted Employer Contributions

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 1/1/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	1/3/2012	\$4,000					
Applied to Quarterly Contribution	4/15/2011	4,000	3,655	0	4,000	5.82	10.82
Deposited Contribution	1/6/2012	\$100,000	•		•		
Applied to MRC	1/1/2011	20,296	19,165	0	0	5.82	0
Applied to Quarterly Contribution	4/15/2011	16,926	15,454	0	16,926	5.82	10.82
Applied to Quarterly Contribution	7/15/2011	20,926	19,327	0	20,926	5.82	10.82
Applied to Quarterly Contribution	10/15/2011	20,926	19,553	0	20,926	5.82	10.82
Applied to Quarterly Contribution	1/15/2012	20,926	19,760	0	20,926	5.82	0
Deposited Contribution	3/16/2012	\$60,000					
Applied to Additional Contribution	1/1/2011	52,368	48,917	0	0	5.82	0
Applied to MRC	1/1/2011	7,632	7,129	0	0	5.82	0
Deposited Contribution	7/5/2012	\$20,000					
Applied to Additional Contribution	1/1/2011	20,000	18,364	0	0	5.82	0
Totals for Deposited Contribution		\$184,000	\$171,324	\$0	\$83,704		

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2011 through 12/31/2011

Valuation Date: 1/1/2011

Funding Method: As prescribed in IRC Section 430

> Age - Eligibility age at last birthday and other ages at last birthday New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive 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)

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	2.94
Segment 2	6 - 20	5.82
Segment 3	> 20	6.46

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A) at 5%

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

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

Asset Valuation Method:

Pre-Retirement - Interest -8%

Post-Retirement - Interest -

Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

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

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

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Summary of Plan Provisions

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2011 through 12/31/2011

Employer: Little Tsingtao Medical PC

Type of Entity - S-Corporation

EIN: 20-5468959 TIN: Plan #: 001

Dates: Effective - 5/1/2007 Year end - 12/31/2011 Valuation - 1/1/2011

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

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

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

Retirement: Normal - Attainment of age 65 and completion of 10 years of service

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

3% of average monthly compensation per year of service beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

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 - 100 times the Monthly Retirement Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Little Tsingtao Medical PC Defined Benefit Plan 20-5468959 / 001

For the plan year 1/1/2011 through 12/31/2011

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

Interest Rates -

Years	Rate %
0 - 5	2.47
6 - 20	5.07
> 20	6.10
	0 - 5 6 - 20

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	▶ File as an attachmer	nt to Form	5500 or 5500	-SF.	1		•	
For calendar	plan year 2011 or fiscal p			, 0000 0, 0000	and ending	12/	/31/2011	*****	
▶ Round of	ff amounts to nearest do	ollar.							
Caution:	A penalty of \$1,000 will b	e assessed for late filing of this report u	ınless reas	sonable cause	is established.				
A Name of p	lan			В	Three-digit				
Little Ts		plan number (PN) > 001							
C Plan spons	sor's name as shown on I	ine 2a of Form 5500 or 5500-SF		D	Employer Iden	tificat	ion Number (EIN)	
Little Ts	ingtao Medical PC				20-	5468	3959	,	
E Type of pla	an: X Single Multiple	e-A Multiple-B	rior year p	olan size: 🛣 10	0 or fewer	101-5	00	than 500	
Part I I	Basic Information	L. Committee of the com							
1 Enter th	e valuation date:	Month 01 Day 01	Year_	2011					
2 Assets:									
a Mar	ket value	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		2a			224,156
b Acti	uarial value			• • • • • • • • • • • • • • • • • • • •		2b			224,156
3 Funding	target/participant count b	reakdown		(1) Numb	er of participan	ts	(2)	Funding Tar	get
a Fo	r retired participants and I	peneficiaries receiving payment	3a			0			0
b Fo	r terminated vested partic	ipants	3b			0			0
c Fo	r active participants:								
(1)	Non-vested benefits .		3c(1)						0
(2)	Vested benefits		3c(2)						177,727
(3)	Total active		3c(3)			1			177,727
d To	tal		3d			1			177,727
4 If the pla	an is in at-risk status, che	ck the box and complete lines (a) and (b)	П					
•		prescribed at-risk assumptions				4a			
b Fur	nding target reflecting at-r	isk assumptions, but disregarding trans	sition rule fo	or plans that h	ave been	46			
		ive consecutive years and disregarding				4b			
5 Effective	interest rate		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		5		5.82	
6 Target n	ormal cost					6			115,449
To the best of accordance w	Figure 2 Enrolled Actuary f my knowledge, the information so with applicable law and regulations offer my best estimate of anticipat	upplied in this schedule and accompanying schedul i. In my opion, each other assumption is reasonable ed experience under the plan.	es, statements (taking into ac	s and attachments, ccount the experier	if any, is complete a nce of the plan and r	nd accu easonal	ırate. Each presri ble expectations)	bed assumption and such other	n was applied in assumptions, in
SIGN HERE		$\sim 10^{\circ}$					08/16/201	12	
	S	Signature of actuary			11.000		Date		
	Theodore Anders	en M.A.A.A., M.S.P.A					11-02034		
	Туре	or print name of actuary			N	lost re	ecent enrollm	ent number	
	Pension Associa	tes				(20	3) 356-0	306	
		Firm name			Telep	hone	number (incl	uding area o	code)
	2001 West Main	Street			,		•	-	
	Suite 230								
បន	Stamford	CT 06902		······································					
		Address of the firm						****	
f the actuary h	nas not fully reflected any	regulation or ruling promulgated under	the statute	e in completing	this schedule,	checl	к the box and	see	

Schedule SB (Form 5500) 2011	Page 2
N. N.	

Pai	rt II Beg	ginning of year c	arryove	er and prefunding balar	nces						
						(a) (Carryover balance		(b) Pi	efundi	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								25,512		
8	8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)								0		
9											25,512
10				turn of <u>2.50</u> %							638
11											
	Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38 from prior year)					, friencisco (199 ₄ en 43)	200 (100 (100 (100 (100 (100 (100 (100 (8,320			
				rate of6.65 % except			And the second s		***************************************		EFO
		,		an year to add to prefunding ba					553 8,873		
			•	palance		1			······································		8,873
12				s or deemed elections		Every NASS (Fig. 1702)		0			0,0,5
13				+ line 10 + line 11d - line 12).				0			35,023
Pa	45000000000	unding percentag		,		<u> </u>					
0.500000	ICANAL SALEA DOES SOLES									14	106.41 %
							······································		-	15	126.12 %
	 Adjusted funding target attainment percentage Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 								16		
17				is less than 70 percent of the				· · · · · · · ·		17	76.27 % %
ing Castale	E-Charles Audio-Sa	ontributions and	···········		idildilig i	larget, enter	such percentage		••••	**	
100000000000000000000000000000000000000	5615.9527.98156156130-1			year by employer(s) and employer							
	(a) Date VI-DD-YYYY)	(b) Amount pai employer(s)	id by	(c) Amount paid by employees	(;	a) Date DD-YYYY)	(b) Amount paid employer(s)	by	(0		unt paid by
	03/2012		4,000	difficycoo		6/2012		,000		Ompi	
	16/2012	***************************************	0,000			5/2012		,000			
	······			1900 CHILDREN CO			THE TOTAL PROPERTY OF THE PARTY				
						-					
		,		and the second s			- 117 - 117 April - 124				
	***************************************				***************************************						
				,							
					Totals	► 18(b)	184	,000	18(c)		0
19	Discounted e	mployer contributions	see ins	structions for small plan with a	valuatio	n date after					
	a Contribution	ons allocated toward u	npaid mir	nimum required contribution fro	om prior	years		3			0
	b Contribution	ons made to avoid rest	trictions a	djusted to valuation date			19	o			0
	C Contribution	ons allocated toward m	ninimum ı	equired contribution for curren	it year a	djusted to va	luation date 19	:			171,324
20	Quarterly cor	ntributions and liquidity	shortfall	(s):			. , ,				
a Did the plan have a "funding shortfall" for the prior year? Yes X No											
	b If 20a is "Y	es," were required qu	arterly ins	stallments for the current year	made in	a timely ma	nner?			[Yes 🗌 No
	C If 20a is "Y	es," see instructions a	and comp	olete the following table as app	licable:						
				Liquidity shortfall as of end	of Quart						
	(1)	1st		(2) 2nd		(3)	3rd		(4) 4tl	<u> </u>

		ons used to determine	iunumy target and target	normai cost					
21									
	a Segment rates:	1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used			
	b Applicable month	(enter code)	5.82 %	6.46 %	21b	0			
22					22	65			
	Mortality table(s) (see			scribed - separate	Substitu				
			escribed - Combined Fre	Scribed - Separate	Oubstite	116			
		eous items	· · · · · · · · · · · · · · · · · · ·						
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required								
						· · · · · · · · · · · Yes X No			
25	Has a method chang	ge been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	· · · · · · · · · · · · · Yes X No			
26	Is the plan required t	to provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	l attachme	nt Yes X No			
27		•	ınding rules, enter applicable code		27				
	ŀ								
Pa	rt VII Reconcili	ation of unpaid minimu	ım required contributions	for prior years					
28	Unpaid minimum req	quired contribution for all prior	years	· · · · · · · · · · · · · · · · · · ·	28	0			
29			d unpaid minimum required contril		29				
			, , ,			0			
30	Remaining amount o	of unpaid minimum required co	ntributions (line 28 minus line 29)	<u> </u>	30	0			
Pa	rt VIII Minimum	required contribution	for current year			***************************************			
31	Target normal cost, a	adjusted, if applicable (see ins	tructions)						
	a Target normal cost	t (line 6)			31a	115,449			
			31a		31b	11,406			
32	Amortization installm			Outstanding Bala	ance	Installment			
					0				
						0			
					,				
JJ			nter the date of the ruling letter gra) and the waived amount .		33	0			
34			/prefunding balances (lines 31a - 3		34	104,043			
	Total landing roquitor		Carryover balance	Prefunding Bala	L	Total balance			
0.5									
35	Balances elected to	use to offset funding							
36		irement (line 34 minus line 35)			36	104,043			
			contribution for current year adjuste	ed to valuation date					
٠.		•			37	171,324			
38	Present value of exc	ess contributions for current ye	ear (see instructions)						
					38a	67,281			
	rotal (encess), in any, or line or over limb self vivil and any or line or over limb self vivil and any or line or over limb self vivil and any or line or over limb self vivil and any or line or over limb self vivil and any or line or over limb self vivil and any or line or over limb self vivil and any or line or over limb self vivil and any or over limb self vivil any or over limb self vivil and any or over li								
	To the first thousand the transfer of the tran								
Cripata minimata required continuation for earlier year (excesse, if any, or line of over time of)									
	40 Unpaid minimum required contribution for all years								
	L								
41	If a shortfall amortizat	ion base is being amortized pu	ursuant to an alternative amortizat	on schedule:					
a Schedule elected									
	b Eligible plan year(s) for which the election in line 41a was made								
42	Amount of acceleratio	on adjustment			42				
43	Excess installment ac	celeration amount to be carrie	d over to future plan.years		43				
~~~~									