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

2013

This Form is Open to Public Inspection

	rt I		t Identification Informat	ion					
For	calenda	ar plan year 2013 or	fiscal plan year beginning 0	1/01/2013		and ending	12/31/	2013	
A 7	Γhis ret	urn/report is for:	X a single-employer plan	aı	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B 1	Γhis ret	urn/report is:	x the first return/report	the	e final return/report				
			an amended return/repor	t as	short plan year return	/report (less than 12 m	onths)	
C	Check b	oox if filing under:	Form 5558	au	itomatic extension			DFVC progra	m
			special extension (enter	description)					
Pa	rt II	Basic Plan Inf	ormation—enter all requeste	ed information	on				
	Name o						1b	Three-digit	
SHIH	HAN C	HAN DEFINED BEN	IEFIT PLAN					plan number (PN) ▶	001
							1c	Effective date of	
								01/01/	
		consor's name and a CHAN MEDICAL PC	address; include room or suite n	umber (emp	loyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 45-507	
							2c	Sponsor's teleph	
		S AVENNUE THPORT, NY 11731					2d	Business code (
								62111	•
3a	Plan ad	dministrator's name	and address XSame as Plan S	Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's E	EIN
							3с	Administrator's t	elephone number
4	If the n	name and/or EIN of t	he plan sponsor has changed s	ince the last	return/report filed fo	r this plan, enter the	4b	EIN	
_			umber from the last return/repor	rt.			40	DN	
	•	or's name	ts at the beginning of the plan y	oar			+	PN	4
_			ts at the end of the plan year				5a		1
			n account balances as of the en				5b		1
				•	• '	•	5с		
6a		•	ets during the plan year invested	-	,	*			X Yes No
b			of the annual examination and r 6? (See instructions on waiver						X Yes □ No
			either line 6a or line 6b, the p						
С	If the p	olan is a defined ben	efit plan, is it covered under the	PBGC insu	rance program (see	ERISA section 4021)?	Г	Yes X No	Not determined
Cau	tion: A	nenalty for the late	e or incomplete filing of this re	eturn/renor	t will be assessed i	ınless reasonable car		established	•
			other penalties set forth in the in						able, a Schedule
SBc	or Šche		and signed by an enrolled actua						
SIGI		Filed with authorize	d/valid electronic signature.						
HER	RE.	Signature of plan	administrator		Date	Enter name of individ	lual siç	gning as plan adm	ninistrator
SIGI									
HER	RE	Signature of emp	loyer/plan sponsor		Date	Enter name of individ	lual siç	gning as employe	r or plan sponsor
Prep	arer's i	name (including firm	name, if applicable) and address	ss; include r	oom or suite number	(optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

7 Plan Assets and Liabilities 7 (a) Beginning of Year (b) End of Year 100000 8 Total plan assets (subtract line 7b from line 7a) 7b 100000 C Net plan assets (subtract line 7b from line 7a) 7c 0 0 100000 8 Income. Expenses, and Transfers for the Plan Year (a) Amount (b) Total and (b) Total plan assets (subtract line 7b from line 7a) 7c 0 0 100000 8 C Total plan assets (subtract line 7b from line 7a) 7c 0 0 100000 9 Participants 8 (1) 100000 100000 1000000 1000000 1000000 1000000	Pa	Part III Financial Information									
a Total plan tassets. 75 b Total plan tassets. 75 c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 75 from line 7a). 7c c Net plan sassets (subtract line 7a). 7c c Net plan provides subtract line 8d, 8c, 8f, and 8g). 8f c Net line plan provides subtract line 8h from line 8c). 8f c Net line plan provides subtract line 8h from line 8c). 8f c Net line plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 8c c Net plan sassets (subtract line 8d, 8c, 8f, and 8g). 8f c Net plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 8c c Net plan sassets (subtract line 8d, 8c, 8f, 8d). 8d c Net plan covered by a floelity bond? 8c c Net plan sassets (subtract line 8d, 8d). 8d c Net plan sassets (7			(a) Beginning of Yea	ır			(b) En	d of Y	ear	
D Total plan liabilities. To 100000 C Note plan assets (subtract line 75 from line 7a) 7c 0 100000 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total C Ortifications received or neel-wable from: (1) Employers 8a(1) 100000 C Participants 8a(2) 0 0 0 0 0 0 0 C Total income (dos) 8a(2) 0 0 0 0 0 0 0 0 0	a		7a					())
C Net plan assets (subtract line 7 b from line 7a)		·									
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants. 8a(1) 100000 (3) Others (moduling rotiovers) 8a(3) b Other income (loss) 5 Other income (loss) 6 Other income (loss) 6 Other income (loss) 7 Other income (loss) 8 Other income (loss) 8 Other income (loss) 8 Other income (loss) 9 Other expenses (loss) 1 Other (loss) 1 Others (loss) (subtract line 8h from line 8c) 1 Other (loss) (subtract line 8h from line 8c) 1 Other (loss) (subtract line 8h from line 8c) 1 Other (loss) (subtract line 8h from line 8c) 1 Other (loss) (subtract line 8h from line 8c) 1 Other (loss) (subtract line 8h from line 8c) 1 Other (loss) (subtract line 8h from line 8c) 1 If the plan provides presion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Plan Characteristics					0					100000)
a Contributions received or receivable from: (1) Employers. (2) Participants. (2) Participants. (3) Others (including rollowers). (3) Others (including rollowers). (3) Others (including rollowers). (4) Do Other income (loss). (5) Do Other income (loss). (6) Do Other income (loss). (7) Total income (lost) Income (lost). (8) Do Other expenses. (9) Do Other expenses.		, , , , , , , , , , , , , , , , , , ,		(a) Amount				(b)	Total		
(2) Participants. (3) Others (including rollovers). 8a(3) 5) Other income (ass). 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c C Ordan deemed and/or corrective distributions (ase instructions). 8d C C Ordan deemed and/or corrective distributions (ase instructions). 8d G Other expenses. 9g In Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 1 Not income (ass) (subtract line 8h from line 8c). 8i 1 Transfers to (from) the plan (see instructions). 8g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 7 Transfers to (from) the plan (see instructions). 8 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 8 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 9 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 9 If the plan provides welfare benefits and DOL's Youthtay Fiduciary Correction Program). 10 During the plan year: 10 During the plan year: 10 During the plan year: 10 Vest there a silure to transmit to the plan any participant contributions with any party-in-interest? (Do not include transactions reported in 8 i				(w) / unio uni				(-,			
(3) Other s (including rollovers)		(1) Employers	8a(1)	10000	0						
b Other income (loss) C Total income (losd) lines 8a(1), 8a(2), 8a(3), and 8b) Be		(2) Participants	8a(2)		0						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1000000 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8d 8d 8d 8d 8d 8d 8d 8d 8		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)	<u>b</u>	Other income (loss)	8b								
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							100000)
f Administrative service providers (salaries, fees, commissions)	d	, , ,	. 8d								
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h 1000000	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the pian (see instructions) 8j	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3B 3D	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							100000)
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	<u>j</u> _	Transfers to (from) the plan (see instructions)	8j								
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount	Pai	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a										
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		•				Yes	No		Am	ount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut			10a		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							Χ				
or dishonesty?					100						
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		or dishonesty?			10d		X				
instructions.)	е	, , , , , , , , , , , , , , , , , , , ,	•	,							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10e		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 0 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Yes No (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 this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a		X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h	·	•								
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10i						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part										
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Is this a defined benefit plan subject to minimum funding requirem								Yes	П №
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	110	,							· <u></u>		
(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 this plan year, see instructions, and enter the date of the letter ruling granting the waiver									Тг	7 Vac	_
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12		-		or se	ection :	3U2 Of	ERISA?.	•	res	^ INO
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		, and e	_	ne date of			ling
		•			tn		₽ay		Ye	ar	
Marine me milition reconcuciono non ma oran Vedi		• • • • • • • • • • • • • • • • • • • •	•	•		Т	12b				

Page	3	- [1
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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 a minus sign to the left of a negative amount).	12d		
е	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?	. 🔲 Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

	. 0.10.01. 20.	ioni Guaranty Gorpo			File as a	an attachi	ment t	to Form	5500 or	5500-	·SF.						
For	calendar	plan year 2013	or fiscal plan y	ear b	eginning 0	1/01/2013	3				and end	ling 1	2/31/2	013			
▶ i	Round of	f amounts to n	earest dollar.														
• (Caution:	A penalty of \$1,	000 will be ass	esse	d for late filing o	of this repo	ort unle	ess reaso	onable ca	use is	s establish	ned.					
	lame of pl H HAN CH	an HAN DEFINED I	BENEFIT PLAI	N						В	Three-di	0	'N)	•		001	
											•						
				a of F	orm 5500 or 55	00-SF				D	Employer	dentif	ication	Numbe	r (EIN)		
SHII	HAN CE	HAN MEDICAL	PC									45-5	07456	3			
Ет	ype of plar	n: X Single	Multiple-A	□ N	/ultiple-B	F	Prio	or year pla	an size: 🔀	100	or fewer	10	1-500	More	e than 5	600	
Pa	rt I E	Basic Inform	ation			<u>. </u>			<u> </u>			, <u>, , , , , , , , , , , , , , , , , , </u>					
1		e valuation date		/lonth	n <u>01</u> [Day <u>01</u>		Year _	2013								
2	Assets:	e valuation date	. !'	vioriti	1 <u>01</u> L	Jay		ı eai _	2013								
_		t value										2	a				
	-											-	-				
3		target/participa									er of partic		_	(2) Fund	ing Targe	<u></u>
Ū	_				receiving payme	ent		3a	(1)14	unibe	or partic	ιραιτιο	0	(2	.) i unu	ing raige	, (
	_				payiii		_	3b					0				
		tive participants		•••••									0				
							Γ:	3c(1)									86978
	(2)							3c(2)									000.0
	(3)						_	3c(3)					1				86978
	. ` '							3d					1				86978
4					and complete li					П			+				00070
•					risk assumption							4					
			• .		ons, but disrega												
	at-r	isk status for fe	wer than five co	onsed	cutive years and	d disregard	ding lo	ading fa	ctor	ve		4I	b				
5	Effective	interest rate										5	;				6.15 %
6	Target n	ormal cost										6	;				C
State	ement by	Enrolled Actu	ary									•	·				
а	ccordance w		d regulations. In my	opinio	s schedule and accomen, each other assumple under the plan.												
S	IGN				<u> </u>	<u> </u>											
	ERE													06/14	/2014		
	•		Signa	ture c	of actuary					_				Date	!		
THE	ODORE A	NDERSEN, M.	A.A.A., MSPA											14-0	2034		
			Type or pri	int na	me of actuary					_		Mo	st rece	nt enroll	ment n	umber	
PEN	SION ASS	SOCIATES												203-	356-03	06	
			F	irm n	ame					_	Т	elepho	ne nun	nber (ind	cluding	area coc	e)
		MAIN STREET, CT 06902	SUITE 230														
			الدلم ۸	2005	of the firm					_							
			Addr	ess c	of the firm												
	actuary h ctions	as not fully refle	ected any regul	ation	or ruling promu	lgated und	der the	e statute	in comple	eting t	this sched	ule, ch	eck the	box an	d see		

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Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	alances						
					<u> </u>	-	(a) (Carryover balance	!	(b) l	Prefundi	ng balance
7		Ū	. ,		cable adjustments (line 13 f	•			0			0
8			•	•	unding requirement (line 35				0			0
9	Amount	remaini	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	s actual ret	urn of%				0			0
11	Prior ye	ar's exce	ess contributions to	o be added	I to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							0
					nterest rate of%							0
	C Total a	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	ice						0
	d Portio	on of (c)	to be added to pre	efunding ba	lance							0
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance	at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12)			0			0
P	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	0.00 %
15	Adjuste	d fundin	g target attainmen	t percentaç	je						15	0.00 %
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.											16	0.00 %
17	If the cu	ırrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tai	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contribu	utions m			ear by employer(s) and emp	oloyees:						
(N	(a) Date M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount p employer	•	(0	•	nt paid by oyees
03	/06/2014			100000	0							
							1.50				1	
						Totals ►	18(b)		100000	18(c)		0
19			•		tructions for small plan with							
	_				imum required contributions				19a			0
					ljusted to valuation date				19b			0
					uired contribution for current y	ear adjusted	to valuation	ı date	19c			93225
20		-	outions and liquidit	•							Г	l vaa 🗔 Ni
			_		he prior year?						<u> </u>	Yes X No
			·		installments for the current	•	•	manner?				Yes No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a			n voor				
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	nu oi quarte		3rd			(4) 4th	<u> </u>

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Discou	nt rate:										
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ll yield	curve	e used		
	b Appl	licable month (enter code)			21b						
22	Weight	ted average ret	tirement age			22				62		
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items									
24				tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired				
		-							Yes	X No		
25	Has a r	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 p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No		
27	If the p	lan is subject to	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27						
	attachr	ment	-									
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years							
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0		
29				d unpaid minimum required contrib		29				0		
30	-			ntributions (line 28 minus line 29)		30				0		
Pa	rt VIII	Minimum	Required Contribution		1							
31												
-	a Target normal cost (line 6)											
	_			line 31a		31b				0		
32		zation installme	<u> </u>		Outstanding Bala	1	Ir	nstallm	ent			
						86978				14516		
	_					0				0		
33				nter the date of the ruling letter gran		33				0		
3/1				er/prefunding balances (lines 31a -		34				14516		
	Total It	anding requirer	Tient before reflecting carryove	Carryover balance	Prefunding bala	1	To	tal bala	anco	14516		
				Carryover balance	Freitinding bala	ince	10	tai bai	arice			
35			use to offset funding									
36	•					36				14516		
37												
	(line 19c)									93225		
38			ess contributions for current ye			20-						
						38a				78709 0		
				prefunding and funding standard c		38b						
39				ear (excess, if any, of line 36 over	•	39				0		
40				S		40						
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)						
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:								
	a Sche	dule elected					2 plus 7 yea	rs	15 :	years		
_	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011		
42	Amoun	t of acceleratio	n adjustment			42						
				d over to future plan years		43						

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June 17, 2014

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

Shih Han Chan Defined Benefit Plan 45-5074563 / 001 For the plan year 01/01/2013 through 12/31/2013

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

Shih Han Chan Defined Benefit Plan 45-5074563 / 001 For the plan year 01/01/2013 through 12/31/2013

Valuation Date: 01/01/2013

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution
Deposited Contribution	03/06/2014	\$100,000		
Applied to Additional Contribution	01/01/2013	84,429	78,709	0
Applied to MRC	01/01/2013	15,571	14,516	0
Totals for Deposited Contribution		\$100,000	\$93,225	\$0

Form 5500-SF

Department of the Treasury Internal Revenue Service

Dopadment of Labor Employee Benefit's 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

,	peneli domenti corporatori	► Complete all entries in accorde	ince with the instru	ctions to the Form 550	0-SF.		
Part I		Identification Information	*******				
	dar plan year 2013 or fis	PRINCE	01/01/2013	and ending	12	/31/2013	
	eturn/report is for:			lan (not multlemployer)	L	a one-particip	ant plan
B This re	sturn/report is:	the first return/report	he final return/report				
		an amended return/report a	short plan year retu	rn/report (less than 12 m	onths)		
C Check	t box If filing under:	Form 5558	utomatic extension			DFVC progra	m
		special extension (enter description)				_	
Part II	Basic Plan Info	rmation — enter all requested inform	alion				
1a Nam	e of plan					Three-digit	
Shi	h Han Chan Defin	ed Benefit Plan				olan number (PN) 🏲	001
					-	ffective date of	
			<u>.</u>			01/01/2013	
2a Plan Shi	sponsor's name and ad h Han Chan Medic	drese; include room or suite number (em ral PC	ployer, if for a single	-employer plan)	ľ	Employer Identifi E(N) 45-50:	fication Number 74563
					2c s	Sponsor's teleph	none number
192	Cedrus Avennue					(631) 944-(· , ·
US Eas	t Northport	NY 11731				Business code (: 62111 1	see instructions)
3a Plan	administrator's name ar	nd address 🛽 Same as Plan Sponsor I	Vame 🔲 Same as i	Plan Sponsor Address	3b /	Administrator's f	EIN
					3c /	\dministrator's t	elephone number
					[
4 If the	norma and/or Elbl of the	plan sponsor has changed since the las	t estum konort filod fo	or this man, anter the	4b E	±iri	
		ber from the last return/report.	r remittebor men r	ne fillo hisnif etirci que	100		
a Spor	isor's name				4c F	'n	
5a Tota	number of participants	at the beginning of the plan year	***********	**************************************	5a		ı
		at the end of the plan year			5b		1
	• • • • • • • • • • • • • • • • • • •	ccount balances as of the end of the pla		•	5c		
		during the plan year invested in eligible			<u> </u>	<u> </u>	Yes No
	*	the annual examination and report of an	*	. Anteruthbhaderervenschi	^{,,,,,} ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,) 49.000.00 .000.000.000.000.000.000.000.00	
-	_	(See instructions on waiver eligibility and	al anamadela sa s	*************************			Yes No
If yo	u answered "No" to elt	her line 6a or line 6b, the plan cannot	use Form 6500-SF	and must instead use F	orm 55	00.	
c If the	plan is a defined benefi	t plan, is it covered under the PBGC insu	ırançe program (see	ERISA section 4021)7		Yes X No	☐ Not determined
Caution	A penalty for the late	or incomplete filing of this return/repo	beasessed lilw tre	uniess reasonable ca	80 Is 81	stablished.	
Under pe	raltles of perjury and ot	her penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, incl	luding, if applica	able, a Schedule
	hedule MB completed at a true, correct, and comp	nd signed by an enrolled actuary, as well plate.	l as the electronic ve	reion of this return/report	, and to	the best of my	knowledge and
SIGN	hins.		6/14/14	Shih Han Chan			, , , , , , , , , , , , , , , , , , ,
	Signature of plan adm	inletrator	Date	Enter name of Individua	ıl signine	g as plan admir	istrator
	A. J.		6/14/84	Shib Han Chan		¥	
SIGN HERE	Signature of supployer	/płan sponsor	Date	Enter name of individua	i sionine	a as employer (or plan sponsor
	The second secon	ame, if applicable) and address; include		The state of the s		NA	number (optional)
•	• •	-, -				• • • • • • • • • • • • • • • • • • • •	, , ,
				j	1		į.
						() () () () () () () () () ()	
						ar All Marati	

Form 5500-SF 2013 Page **2**

Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
а	Total plan assets	7a	,, ,	0				100,000	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				100,000	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:	0-(4)	100,00	٠,					
	(1) Employers	8a(1)	100,00	0					
	(2) Participants	8a(2)							
b	(3) Others (including rollovers)	8a(3) 8b							
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						100,000	
d	Benefits paid (including direct rollovers and insurance premiums	00						100,000	
_	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						100,000	
<u>_i</u> _	Transfers to (from) the plan (see instructions)	8j							
Pa	art IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	eristic	Code	s in th	e instruction	ns:	
	1A 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Characte	ristic	Codes	in the	instructions	::	
Pa	art V Compliance Questions								
10	During the plan year:				Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		х			
	Was the plan covered by a fidelity bond?	•••••	••••••	10c		х			
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth	•	·						
	insurance service, or other organization that provides some or all organizations.			10e		x			
	instructions.)								
	Has the plan failed to provide any benefit when due under the plan	1: ••••••	•••••••••••	10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х			
r 	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Pa	Part VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					ıle SB	(Form	X Yes No	
11	a Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39	•••••		11a		0	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code of	r sec	tion 30	2 of E	RISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
a	If a waiver of the minimum funding standard for a prior year is beingranting the waiver							e letter ruling Year	
H	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	m 5500), and skip to line 13.						
k	Enter the minimum required contribution for this plan year		······································	•••••		12b			

	Form 5500-SF 2013 Page 3-			
			ı	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗆	Yes [□ No □ N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Ye	es X N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s): 13c(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
		4.4b. =		
14a	Name of trust	140	rust's EIN	

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June 17, 2014

Schedule SB, line 32 - Schedule of Amortization Bases

Shih Han Chan Defined Benefit Plan 45-5074563 / 001

For the plan year 01/01/2013 through 12/31/2013

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Rer Amortization
	01/01/2013	86,978	Shortfall	86,978	7
Totals:				\$86,978	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Shih Han Chan Defined Benefit Plan 45-5074563 / 001

For the plan year 01/01/2013 through 12/31/2013

Valuation Date: 01/01/2013

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Fur

the greater of the present value of accrued benefit computed using funding segment Applicable Mortality Table or lump sum at the assumed retirement date of accrued equivalence discounted using appropriate segment rate. Lump sum on plan actual exceed 415 maximum allowable distribution, which is the lesser amount computed the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest.

Minimum

Interest Rates - | Segment rate

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.62
Segment 2	6 - 20	4.40
Segment 3	> 20	5.45
(

Segment rates as of September 30, 20 permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	R
Segment 1	0 - 5	
Segment 2	6 - 20	
Segment 3	> 20	

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A

Cost of Living - None

Lump Sum - 13E - 2013 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 emp

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

Shih Han Chan Defined Benefit Plan 45-5074563 / 001

For the plan year 01/01/2013 through 12/31/2013

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

Pre-Retirement - Interest -8.5%

Post-Retirement - Interest -8.5%

> 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

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

June 17, 2014

Schedule SB, Part V Summary of Plan Provisions

Shih Han Chan Defined Benefit Plan 45-5074563 / 001

For the plan year 01/01/2013 through 12/31/2013

Employer: Shih Han Chan Medical PC

Type of Entity - S-Corporation

EIN: 45-5074563 TIN: Plan #: 001 Plan Type: Defined

Dates: Effective - 01/01/2013 Year end - 12/31/2013 Valuation - 01/01/2013

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

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 62 and completion of 10 years of participation

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:

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

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2012 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exce distribution, which is the lesser amount computed using a) 5.5% interest and the *i* b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimizer

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

Shih Han Chan Defined Benefit Plan 45-5074563 / 001

For the plan year 01/01/2013 through 12/31/2013

Vesting Schedule: Years

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

Service is calculated using all years of service

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

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.00
Segment 2	6 - 20	3.57
Segment 3	> 20	4.77

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

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

2013

This Form is Open to Public Inspection

		File as an attachme	ent to Form	5500 or 5	500-SF.					
For	calendar plan year 2013 or fiscal p	olan year beginning 01/01,	/2013		and	ending	12/	31/2013	3	
►F	Round off amounts to nearest do	ollar.								
<u> </u>	caution: A penalty of \$1,000 will be	e assessed for late filing of this report ।	unless reas	onable cau	ise is estat	olished.				
ΑN	ame of plan				B Thre	ee-digit				
Shi	n Han Chan Defined Bene	efit Plan			plar	number ((PN)	>	001	
C P	lan sponsor's name as shown on li	ine 2a of Form 5500 or 5500-SF			D Emplo	oyer Identi	fication	on Numbe	r (EIN)	
Shi	h Han Chan Medical PC					45-5	074	563		
Ет	ype of plan: X Single Multiple	e-A Multiple-B	Prior year p	ılan size: 🛚	100 or fe	wer 1	01-50	00 🔲 м	ore than 500	
Pa	rt I Basic Information									
1	Enter the valuation date:	Month 01 Day 01	Year_	2013	-					
2	Assets:									
	a Market value						2a			0
	b Actuarial value				•••••		2b			0
3	Funding target/participant count b	oreakdown:		(1) Nu	umber of p	articipants		(:	2) Funding T	arget
	a For retired participants and ben	neficiaries receiving payment	. 3a			C				0
	b For terminated vested participa	nts	. 3b			C)			0
	C For active participants:									
	(1) Non-vested benefits .		. 3c(1)							86,978
	(2) Vested benefits		3c(2)							0
	• •		3c(3)			1	L			86,978
	d Total		. 3d		•	1				86,978
4	If the plan is in at-risk status, chec	ck the box and complete lines (a) and	(b)		П					
•	· ·	escribed at-risk assumptions				4	la l			
	_ 0 0 0.	assumptions, but disregarding transiti				in 📙				
		five consecutive years and disregarding				4	lp			
5	Effective interest rate		• • • • • • • • • • • • • • • • • • • •				5			6.15 %
6	Target normal cost		• • • • • • • • • • • • • • • • • • • •				6			0
To t	ement by Enrolled Actuary he best of my knowledge, the information suplordance with applicable law and regulations. In bination, offer my best estimate of anticipated	plied in this schedule and accompanying schedules n my opinion, each other assumption is reasonable I experience under the plan.	s, statements ar (taking into acc	nd attachments count the expe	s, if any, is cor erience of the p	mplete and ac plan and reas	ccurate onable	. Each presrit expectations	bed assumption and such other	was applied in assumptions, in
100322321000000	IGN ERE	The a					ı	06/14/2	2014	
		Signature of actuary						Date	•	
	Theodore Anders	en, M.A.A., MSPA					:	14-0203	34	
	Туре	or print name of actuary				Мо	ost re	cent enrol	lment numbe	er
	Pension Associa	tes					(20	3) 356-	-0306	
		Firm name				Teleph	none	number (ir	ncluding area	code)
	2001, West Main	Street, Suite 230						·	-	
	US Stamford	CT 06902								
		Address of the firm								
If the	actuary has not fully reflected any	regulation or ruling promulgated unde	r the statute	in comple	ting this so	chedule, cl	heck	the box ar	nd see	

	Sch	nedul	e SB (Form 5500) 2013		Page 2	2						
_		_										
Pa	rt II	Beg	inning of Year Carryov	er and Prefunding Bala	ances	(a) (Corruptor bolono	, 1	(b) I	Drofund	ling balanca	
7				icable adjustments (line 13 fror		(a) (Carryover balance	0	(0)	Preiuna	ling balance	0
8				funding requirement (line 35 fro				0				
9				• • • • • • • • • • • • • • • • • • • •				0				c
10				turn of0.00%				0				0
11			xcess contributions to be added									
	a Prese	ent va	lue of excess contributions (lin	e 38a from prior year)								0
				interest rate of								
	C Total	availa	able at beginning of current pla	an year to add to prefunding ba	lance .							0
	d Portio	on of	(c) to be added to prefunding b	palance								C
12	Other re	ductio	ons in balances due to election	s or deemed elections				0				0
13	Balance	at be	ginning of current year (line 9	+ line 10 + line 11d - line 12) .				0				C
Pa	rt III	Fu	Inding Percentages									
14	Funding	targe	et attainment percentage	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		• • • • • • • • •	•••••	14	0.0	00 %
15	Adjusted	l fund	ling target attainment percenta	ge		•••••		• • • • • • • •		15	0.0	00 %
16				s of determining whether carryo						16	0.0	00 %
17	If the cur	rent v	value of the assets of the plan	is less than 70 percent of the fo	unding tar	get, enter s	such percentage	••••	•••••	17		%
Pa	rt IV	C	ontributions and Liquid	dity Shortfalls								
18	Contribu	tions	made to the plan for the plan y	ear by employer(s) and emplo	yees:							
<u> </u>	(a) Date M-DD-YY		(b) Amount paid by employer(s)	(c) Amount paid by employees		Date D-YYYY)	(b) Amour employ					
03/	/06/201	4	100,000									
		,			Totals	► 18(b)		100,0	00 18(c)		0
19	Discount	ted er	mployer contributions see ins	structions for small plan with a	valuation (date after t	he beginning of the		-	1		
-				nimum required contributions fr				19a				C
b Contributions made to avoid restrictions adjusted to valuation date									C			
				required contribution for curren				19c			93	3,225
20			tributions and liquidity shortfall	_ '	,,							
	a Did th	e pla	n have a "funding shortfall" for	the prior year?	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	••••••		[Yes X	No

(3) 3rd

(4) 4th

Liquidity shortfall as of end of quarter of this plan year

C If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	get Normal Cost		
21	Disco	unt rate:					
	a Se	gment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used
	b Ap	plicable month	(enter code)			21b	0
22	Weigh	nted average re	etirement age			22	62
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	eous items				
24		-	•	cuarial assumptions for the current			
				an year? If "Yes," see instructions			
				Participants? If "Yes," see instruc		attachmen	t Yes X No
			•	ter applicable code and see instruc	• •	27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	s For Prior Years		
_28	Unpai	d minimum req	uired contributions for all prior	years		28	0
29		' '		d unpaid minimum required contrib	' '	29	0
30				ntributions (line 28 minus line 29)		30	0
	rt VIII	т т	Required Contribution				
			nd excess assets (see instruct				
			·			31a	0
	-			line 31a		31b	0
32	Amort	tization installm	ents:		Outstanding Bala	ance	Installment
	a Net	shortfall amorti	ization installment	· · · · · · · · · · · · · · · · · · ·		86,978	14,516
	b Wai	ver amortizatio	n installment			0	0
33				ter the date of the ruling letter gran		33	0
34	Total t	funding requirer	ment before reflecting carryove	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	14,516
				Carryover balance	Prefunding Bala	ance	Total balance
35			use to offset funding				
36						36	14,516
37	Contri	ibutions allocate	ed toward minimum required c	ontribution for current year adjuste	d to valuation date	37	93,225
38			ess contributions for current ye				337223
	_					38a	78,709
						38b	0
39	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						
40	Unpai	d minimum req	uired contributions for all years		,	40	
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010		5)	
41	If an el	ection was mad	de to use PRA 2010 funding re	lief for this plan:			
	a Sch	edule elected .			• • • • • • • • • •	[2 plus 7 years 15 years
	b Eliq	ible plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42						42	
			-	d over to future plan years		43	
						-	