### 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Repo	rt identification information	n			
For calendar plan year 2014 or	fiscal plan year beginning 01/01/	<u>2014</u>	and ending 12	2/31/2014	
<b>A</b> This return/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accor		
	a one-participant plan	a foreign plan			
<b>B</b> This return/report is	the first return/report	the final return/repor	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check box if filing under:	X Form 5558	automatic extension	1	DFVC pr	ogram
	special extension (enter des	cription)			
Part II Basic Plan In	formation—enter all requested i	nformation			
1a Name of plan DR. JENNY Q LU CASH BALAN				1b Three-digit plan number	er .
DIG CENTRAL Q EO CHOIT BRETT				(PN) <b>▶</b>	002
				1c Effective da	te of plan 1/01/2010
2a Plan sponsor's name and JENNY Q LU MD PLLC	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		lentification Number 6-3883459
75 CRYSTAL RUN ROAD					elephone number 5-692-3542
STE. 105 MIDDLETOWN, NY 10941					ode (see instructions) 21111
3a Plan administrator's name	and address Same as Plan Spor	nsor.		<b>3b</b> Administrate	or's EIN
4 If the name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	4b EIN	
	number from the last return/report.			4c PN	
5a Total number of participar	its at the beginning of the plan year			5a	4
<b>b</b> Total number of participar	its at the end of the plan year			. 5b	4
	h account balances as of the end o	of the plan year (defined be		5c	
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	3
<b>d(2)</b> Total number of active	participants at the end of the plan y	ear		5d(2)	
e Number of participants that	terminated employment during the	plan year with accrued be	nefits that were	5e	C
	e or incomplete filing of this retu			use is established	<u> </u>
Under penalties of perjury and	other penalties set forth in the instruand signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	port, including, if a	oplicable, a Schedule
	d/valid electronic signature.	10/06/2015	DR. JENNY Q. LU		
HERE Signature of plan		Date	Enter name of individ	lual signing as plan	administrator
SIGN				Ŭ Ŭ I	
	loyer/plan sponsor	Date			oloyer or plan sponsor
Preparer's name (including firn	n name, if applicable) and address (	(Include room or suite num	per ) (optional)	Preparer's teleph	one number (optional)

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b .	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit not use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ	PA) Form	5500.			X Ye	es	No
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA section 40	)21)? .		Yes	X No	<u></u>	lot det	ermir	ned
Par	t III   Financial Information				<u> </u>						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd of	Year	0550	
	Fotal plan assets	. 7a	8229		_				1049	9550	
	Fotal plan liabilities		0000	0	_				404	0	
	Net plan assets (subtract line 7b from line 7a)	. 7с	8229	989	-				1049	9550	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tot	al		
	Contributions received or receivable from: (1) Employers	. 8a(1)	2000	000							
	2) Participants			0							
	3) Others (including rollovers)			0							
<b>b</b>	Other income (loss)		265	61							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							220	6561	
	Benefits paid (including direct rollovers and insurance premiums			0							
	o provide benefits)	. 8d		0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions)	. 8f		0							
	Other expenses			0							
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)								221	0 6561	
	Net income (loss) (subtract line 8h from line 8c)								220	0001	
Part		· 8j		0							
b Part	1A 1C 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	uction	s:		
10	During the plan year:				Yes	No		Α	mount	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide transmit to the plan any participant contributions and DOL's Voluntary Fide transmit to the plan any participant contributions.)	uciary Cori	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c		X					
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X					
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Ye	es	No
11a	Enter the unpaid minimum required contribution for current year fi					11a					0
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Υe	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			and 6	enter th Day			letter ear	rulin	g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
С	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

# **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).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

		, , , , , , , , , , , , , , , , , , , ,	File as	an attachment to Form	5500 or	5500-SF.			
For	calenda	ar plan year 2014 or fiscal p	lan year beginning (	01/01/2014		and end	ing 12/3	31/2014	
		off amounts to nearest do							
•	Cautior	n: A penalty of \$1,000 will be	e assessed for late filing	of this report unless reas	onable ca	use is establish	ed.		
	lame of	<sup>:</sup> plan ′ Q LU CASH BALANCE PL	ANI			<b>B</b> Three-di	git		002
DK.	JEININT	Y Q LU CASH BALANCE PL	-AIN			plan nun	nber (PN)	<u> </u>	
C F	lan spo	onsor's name as shown on li	ne 2a of Form 5500 or 55	500-SF		<b>D</b> Employer	Identificat	tion Number (E	IN)
		U MD PLLC					26-3883	•	,
Ет	ype of p	olan: X Single Multiple	e-A Multiple-B	F Prior year pla	an size: 🔀	100 or fewer	101-5	00 More tha	an 500
Pa	rt I	<b>Basic Information</b>							
1	Enter	the valuation date:	Month	Day <u>31</u> Year <u></u>	2014	_			
2	Assets	S:							
	<b>a</b> Mari	ket value					2a		849550
	<b>b</b> Actu	uarial value					2b		849550
3	Fundir	ng target/participant count b	reakdown		` '	Number of rticipants	. ,	ted Funding arget	(3) Total Funding Target
	<b>a</b> For	retired participants and ben	eficiaries receiving paym	ent		0		0	(
	<b>b</b> For	terminated vested participa	nts			2		28479	28479
	<b>C</b> For	active participants				2		427739	433701
	<b>d</b> Tota	al				4		456218	462180
4	If the	plan is in at-risk status, ched	ck the box and complete I	ines (a) and (b)					
	<b>a</b> Fun	ding target disregarding pre	scribed at-risk assumption	ns			4a		
		nding target reflecting at-risk at-risk status for fewer than f					4b		
5	Effecti	ive interest rate					5		6.32%
6	Targe	t normal cost					6		102681
		by Enrolled Actuary							
a	ccordanc	et of my knowledge, the information su e with applicable law and regulations	. In my opinion, each other assure	mpanying schedules, statements nption is reasonable (taking into a	and attachm ccount the e	ents, if any, is complexperience of the plan	ete and accu and reasona	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
		on, offer my best estimate of anticipat	ed experience under the plan.						
	IGN							4.0.10.0.10.0	
Н	ERE							10/02/20	115
			Signature of actuary					Date	
GEF	RHARD	J. GEBAUER				_	Maatu	14-0205	
A 1 T	1000 5		or print name of actuary				IVIOST I	ecent enrollme	
ALI	IGRU F	PENSION SERVICES, INC.	Firm name			- <del></del>	alanhana	973-439	
		WAY 46 WEST	riiii name			Ţ	elebrione	number (includ	iing area code)
FAII	RFIELD	, NJ 07004							
			Address of the Com-			_			
			Address of the firm						
	actuary	has not fully reflected any	regulation or ruling promu	ulgated under the statute	in comple	eting this sched	ule, check	the box and se	ее

· - 1	
	. <b>-</b> 1

Schedule SB (Form 5500) 2014

Pa	rt II B	Beginning of Year	Carryov	er and Prefunding Ba	alances									
_						(a) (	Carryover balance		(b) F	'refundi	ng balance			
7		,		cable adjustments (line 13 f	•			0			156480			
8				unding requirement (line 35							100.00			
		·	-					0			0			
9	Amount re	maining (line 7 minus li	ne 8)					0			156480			
10	Interest on	line 9 using prior year's	s actual ret	urn of <u>6.96</u> %				0			10891			
11	Prior year's	s excess contributions t	o be added	I to prefunding balance:										
	<b>a</b> Present	value of excess contrib	utions (line	38a from prior year)							241532			
				Ba over line 38b from prior ye interest rate of6.19							14951			
	b(2) Inter	est on line 38b from pri	or year Sch	edule SB, using prior year's	actual						14931			
				ear to add to prefunding balar							256483			
	<b>d</b> Portion	of (c) to be added to pre	efunding ba	lance							0			
12	Other redu	ıctions in balances due	to elections	s or deemed elections							167371			
				line 10 + line 11d – line 12	1			0			0			
Pa	art III	Funding Percenta	ages		•									
14	Funding ta									14	183.81 %			
		unding target attainmen								15	183.81 %			
16				of determining whether car						16	117.84 %			
17				s less than 70 percent of the						17	%			
Pa	art IV	Contributions an	d Liquid	ity Shortfalls										
18	Contributio			ear by employer(s) and emp	oloyees:									
(M	(a) Date IM-DD-YYY	(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> D (MM-DD		(b) Amount paid employer(s)	d by	(0	-	nt paid by oyees			
	0/15/2015	1) employer	200000	0	(WIWI BB	1111)	employer(a)			СПР	<i>-</i>			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		200000											
					Totals ▶	18(b)	2	200000	18(c)		0			
19	Discounted	d employer contributions	s – see inst	ructions for small plan with	a valuation o	date after th	· · ·							
	<b>a</b> Contribu	utions allocated toward	unpaid min	imum required contributions	from prior y	ears	-	19a						
				ljusted to valuation date				19b						
				uired contribution for current y	ear adjusted	to valuation	date	19c			191521			
20	•	contributions and liquidi	•								] v 🔽			
		-		he prior year?						_	Yes X No			
				installments for the current	-	-	manner?			<u>_</u>	Yes No			
	C If line 20	)a is "Yes," see instructi	ons and co	mplete the following table a Liquidity shortfall as of e			n vear							
	(	1) 1st		(2) 2nd	ilu oi quarte		3rd			(4) 4th	<u> </u>			
	`					, ,								

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost								
21	Discou	unt rate:											
	<b>a</b> Seg	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		□ N/A, fu	ıll yield	curve	used			
	<b>b</b> App	licable month (	enter code)			21b				0			
22	Weigh	ited average ret	tirement age			22							
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te						
Pa	rt VI	Miscellane	ous Items										
24		-		uarial assumptions for the current				. —	Yes	X No			
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No			
27		•	•	ter applicable code and see instruc	ctions regarding	27							
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years								
28	Unpai	d minimum requ	uired contributions for all prior		28				0				
29			contributions allocated toward		29								
30	Rema	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29)		. 30				0			
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year									
31	Targe	t normal cost a	nd excess assets (see instruct	ions):									
	<b>a</b> Targ	et normal cost	(line 6)			31a				102681			
	<b>b</b> Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b				102681			
32	Amort	ization installme	ents:		Outstanding Bala	ance	l	nstallme	ent				
	<b>a</b> Net	shortfall amortiz	zation installment			0				0			
	<b>b</b> Wai	ver amortization	n installment							0			
33				ter the date of the ruling letter grar ) and the waived amount		33				0			
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0			
				Carryover balance	Prefunding bala	nce	To	tal bala	ince				
35			use to offset funding							0			
36	Additio	onal cash requir	rement (line 34 minus line 35).			36				0			
37			•	ontribution for current year adjuste		37				191521			
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)									
	<b>a</b> Tota	I (excess, if any	y, of line 37 over line 36)			38a				191521			
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0			
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0			
40	Unpai	d minimum requ	uired contributions for all years	3		40				0			
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)							
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						_			
	<b>a</b> Sche	edule elected					2 plus 7 yea	ırs	15 y	ears			
	<b>b</b> Eligi	ible plan year(s	) for which the election in line	41a was made				2010		2011			
42			,			42		<u> </u>					
			-	d over to future plan years		43							

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Target Assumptions:** 

Male Annuitant:

**Options:** 

Male Nonannuitant: 2014 Nonannuitant Male

No **Use discount rate transition:** 

Female Nonannuitant: 2014 Nonannuitant Female

Lump sums use proposed regulations: Yes

**Female Annuitant:** 2014 Annuitant Female

**Actuarial Equivalent Floor** 

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 100.00%

2014 Annuitant Male

Lookback months: 1

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

1st

0.00

2014 Applicable Annuitant:

<u>2nd</u>

0.00

<u>3rd</u>

0.00

Use optional combined mortality table for small plans:

<u>1st</u> 2nd <u>3rd</u> 5.20 **Segment rates:** 1.20 4.10 **High Quality Bond rates:** N/A N/A N/A 4.99 6.99 Final rates: 6.32 0.00 0.00

0.00

1.25 **Current:** 4.57 5.60

Override:

Salary Scale Male:

**Late Retirement Rates** 

Override:

0.00% Female: 0.00%

N/A Male: Female: N/A

Withdrawal

**Marriage Probability** 

**Setback** 0

Yes

Male: N/A Female: N/A

Male: 0.00% Female: 0.00% **Expense loading:** 0.00%

Withdrawal-Select

**Disability Rates** 

Male: N/A Female: N/A

Male: N/A

**Early Retirement Rates** 

Female: N/A

Male: N/A Female: N/A

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

**Subsidized Early Retirement Rates** 

Male: N/A Female: N/A

Name of Plan: Dr. Jenny Q. Lu MD, PLLC Cash Bala

26-3883459 Plan Sponsor's EIN:

Plan Number: 001

#### Schedule SB, Part V - Summary of Plan Provisions

#### **Eligibility Requirements Service/Participation Requirements**

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

**Continuing hours:** 1.000 Age (months): 0

Wait (months): 12 **Excluded classes:** Union Members Two year eligibility: No Commission only

Non-resident alien

**Earnings** 

**Total compensation excluding:** 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement Normal **Subsidized Early Early Disability Death** 62 Age: 0 Service: 5 Participation: 1st of month **Defined:** following

#### Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence N/A 0 0 Female: Actuarial Equivalence Actuarial Equivalence N/A

Rates - Male: N/A N/A N/A Rates - Female: N/A N/A N/A

No **REACT Benefits Percentage:** 50.00% **Use Social Security Retirement Age:** 

**Vesting Schedule:** 2/20 Pre-retirement death benefit

Hours Worked Percentage of accrued benefit: **Vesting Definition:** 0.00% **Death Benefit Payment method: PVAB** 

**Annuity Percent** Years Normal: Life only 0 0.00% QJSA: 0 Joint and contingent 50.00%

#### Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Dr. Jenny Q. Lu MD, PLLC Cash Balance Plan

26-3883459 Plan Sponsor's EIN:

Plan Number: 001

# Schedule SB, Part V - Summary of Plan Provisions

### **Benefit Formula**

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on \$0.00 to be allocated amongst the participants.

Name of Plan: Dr. Jenny Q. Lu MD, PLLC Cash Balance Plan

**Plan Sponsor's EIN:** 26-3883459

Plan Number: 001

#### Schedule SB, line 26 - Schedule of Active Participant Data

#### YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 T	Го 14 Avg. Comp		To 19 Avg. Comp			Го 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp	35 No.	5 To 39 Avg Comp		& Up Avg. Comp
8.				1		- · ·					$\top$										
Under 25	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0
33 10 39		U	0	U	0	0	0	U	0	U			U		U		U		U	"	
40 to 44	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	+	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
<b>-</b> 0.0 Y																					
70 & Up	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0

Name of plan: Dr. Jenny Q. Lu MD, PLLC Cash Balance Plan

Plan sponsor's name: Jenny Q.Lu, MD, PLLC

Plan number: 001

EIN: 26-3883459

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

v. 140124

For	calendar plan year 2014 or fiscal plan year beginning 01/01/2014			and endir	ng	12/3	1/2014
<b>→</b> I	Round off amounts to nearest dollar.						
<b>)</b>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable ca	use i	s establishe	d		
AN	lame of plan		В	Three-dig	it		
				plan numi	oer (PN)	<b>•</b>	002
to no	TENNY O III CACH DALANCE DI AN						
	JENNY Q LU CASH BALANCE PLAN  Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer I	dentificat	tion Number (E	IN)
•	ian sponosi o name do snown on into 24 or 7 orin occos or coco or		_	Linployer	aci illioa	ion ramoor (L	
JEN	NY Q LU MD PLLC			26-3883	459		
Ет	ype of plan: Single Multiple-A Multiple-B F Prior year pla	n size: 🖁	10	0 or fewer	101-5	600 More th	an 500
	rt I Basic Information	Sini	-				
1	Enter the valuation date: Month 12 Day 31 Year	2014					
<u>-</u>	Assets:	2011					
_	a Market value				2a		849,550
	<b>b</b> Actuarial value				2b		849,550
3	Funding target/participant count breakdown		Numb	per of		ted Funding arget	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment			0		arget 0	0
	<b>b</b> For terminated vested participants			2		28,479	28,479
	C For active participants			2		427,739	433,701
	d Total			4		456,218	462,180
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		П			7.00	
	a Funding target disregarding prescribed at-risk assumptions		_		4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla at-risk status for fewer than five consecutive years and disregarding loading fact	ans that	have	been in	4b		
5	Effective interest rate				. 5		6.32 %
6	Target normal cost				. 6		102,681
	ement by Enrolled Actuary						
а	o the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements as accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	nd attachme	ents, if xperier	fany, is completence of the plan a	te and accu and reasons	rate. Each prescribe able expectations) a	ed assumption was applied in nd such other assumptions, in
S	IGN / /						
Н	ERE 999		- 7			10/02/20	15
	Signature of actuary					Date	
<u>Ger</u>	hard J. Gebauer		-0.			14-0205	9
	Type or print name of actuary				Most r	ecent enrollme	nt number
Alt	igro Pension Services, Inc.		=2		(	973) 439 <b>-</b>	0200
	Firm name			Te	lephone	number (includ	ling area code)
3 US	B Highway 46 West						
Fair	field NJ 07004		<b>-</b> ,>;				
	Address of the firm						
	actuary has not fully reflected any regulation or ruling promulgated under the statute in actions	n comple	ting	this schedu	e, check	the box and se	ee
	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions	for For	m 55	00 or 5500	-SF.	Schedule	SB (Form 5500) 2014

Page	2	Ĵ	_
raue	~	-	

Schedule	SB	(Form	5500)	2014
		/	,	

Pa	ırt II	Begin	ning of Year	Carryove	r and Prefunding	Balances	5							
			* "	The second	£)		T	(a) (	Carryover baland	e	(b)	Prefund	ing balance	=
7		-	- '		able adjustments (line 1								1.5.6	100
										0			156,	480
8	COLAR ADAM			•	nding requirement (line					0				0
9							_			0			156,	480
10					rn of <u>6.96</u> %		_			0				1891
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:								,	0 2 1
	a Pres	ent value	of excess contrib	utions (line 3	38a from prior year)								241	532
					a over line 38b from prio								70.500	
					edule SB, using prior yea								14	1951
				•	on and the second prior year									
	<b>C</b> Total	available	at beginning of cu	rrent plan yea	ar to add to prefunding ba	lance							256	5483
	<b>d</b> Porti	on of (c)	to be added to pre	efunding bala	ance									0
12	Other re	aductions	in halances due	to elections	or deemed elections						-		165	7371
				5-400V	line 10 + line 11d – line		_			0			107	0
	art III		ding Percent		H 1544					- 01				
14	100											14	183.8	1 %
_	HISTORIAL PROPERTY.		target attainmen		. The proposition of the contract of the contr	and company of the company	38090-080-00-0	SLUTTURE CONTROL OF THE	A			15	183.8	
					of determining whether c	WATER STREET				d to reduce	е	16		
47		-											117.8	
					less than 70 percent of	the funding	targe	et, enter s	such percentage			17		<u>%</u>
	art IV		tributions an		*									
18			de to the plan for (b) Amount p		ar by employer(s) and e (c) Amount paid by		) Dot	. 1	(h) Amount	noid by	1 4	n) Amou	ınt paid by	
(N	(a) Dat IM-DD-Y		employer		employees	(MM-I	) Dat DD-Y		(b) Amount employe		, ,		loyees	
0.9	/15/2	2015	2	00,000		0								
											_			
			1985	b,			. =	1 45/11			1211			
-10		_				Totals	_	18(b)		200,000	18(c)			0
19			•		uctions for small plan wi					T T				
					num required contributio									
					usted to valuation date					-				
20					red contribution for currer	ıı year adjus	ed to	valuation	date	19c			191,	521
20		•	outions and liquidit save a "funding sh	•	e prior year?					L	000000000000000000000000000000000000000		Yes X	No
		•			installments for the curr							_		No
	<b>C</b> If line	e 20a is "`	Yes," see instructi	ons and con	nplete the following table	e as applica	ble:	•		[			· Lud	
					Liquidity shortfall as o									
		(1) 19	st		(2) 2nd			(3)	3rd			(4) 4tl	1	-
						1				1				

Pa	art V Assumptio	ns Used to Determine	Funding Target and Targ	get Normal Cost					
21	Discount rate:								
	1st segment:         2nd segment:         3rd segment:           4.99 %         6.32 %         6.99			)	N/A, full yield curve used				
	<b>b</b> Applicable month (	21b	0						
22	Weighted average ret				22	62			
23	Mortality table(s) (see	e instructions) 🐰 Pr	escribed - combined P	rescribed - separate	Substitu	te			
Pa	rt VI Miscellane	ous Items							
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment								
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructio	ns regarding required atta	chment	Yes X No			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see insti	ructions regarding required	attachmer	nt			
27			ter applicable code and see inst		27				
Pa	art VII Reconcilia	ation of Unpaid Minim	um Required Contributio	ns For Prior Years					
28	Unpaid minimum requ	uired contributions for all prior	years		28				
29			d unpaid minimum required cont		29				
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29	)	30	0			
_Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost a	nd excess assets (see instruc	tions):						
					31a	102,681			
_			line 31a		31b	102,681			
32	Amortization installme			Outstanding Bala	nce	Installment			
	a Net shortfall amorti:	zation installment			0	0			
						0			
33			nter the date of the ruling letter gr )_and the waived amount		33				
34	Total funding requiren	ment before reflecting carryov	er/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding balar	nce	Total balance			
35	Balances elected for requirement	use to offset funding				0			
36	Additional cash requir	rement (line 34 minus line 35)			36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					191,521			
38	Present value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Total (excess, if any, of line 37 over line 36)								
	<b>b</b> Portion included in								
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					0			
40	40 Unpaid minimum required contributions for all years					0			
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected 2 plus 7 years 15 years								
	b Eligible plan year(s) for which the election in line 41a was made								
42	Amount of acceleratio	42							
43	Excess 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 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

2014

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calenda	ar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/31		
A This ret	urn/report is for:	☑ a single-employer plan		an (not multiemployer) ver information in accord		this box must attach a list rm instructions)	
		a one-participant plan	a foreign plan				
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report				
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.</b>	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)		
C Check be	ox if filing under:	∑ Form 5558     ☐	automatic extension		DFVC	program	
		special extension (enter descripti	on)				
Part II	Rasic Plan Info	rmation—enter all requested inform	nation				
1a Name		5,10,1 a 10,100 a			1b Three-dig	it	
		DATANCE DIAN			plan num		
DK. JEI	NNY Q LU CASH	DALANCE FLAN			(PN) 1c Effective	date of plan	
					01/01/	•	
	oonsor's name and add	dress; include room or suite number (	employer, if for a single-	employer plan)	2b Employer	Identification Number	
, oblition,	2 10 110 1111					s telephone number	
					(845)	692-3542	
75 CRYS	STAL RUN ROAD				2d Business	code (see instructions)	
MIDDLE	TOWN	P	NY	10941	621111		
3a Plan ad	dministrator's name an	d address Same as Plan Sponsor.			3b Administra	ator's EIN	
					3c Administra	ator's telephone number	
14°							
+ -							
		plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b EIN		
	EIN, and the plan nur sor's name	nber from the last return/report.			4c PN		
549,655		at the beginning of the plan year			5a	4	
<b>b</b> Total r	number of participants	at the end of the plan year	·····		5b	4	
C Numbe	er of participants with	account balances as of the end of the	plan year (defined bene	fit plans do not	5c		
	,	ticipants at the beginning of the plan			5d(1)	3	
d(2) Tota	al number of active par	rticipants at the end of the plan year		iig	5d(2)	2	
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					0		
		or incomplete filing of this return/re			ise is establish		
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instruction and signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/re	port, including, if	applicable, a Schedule	
SIGN	1 20	M Q Lu	Institut	Dr. Jenny Q.	T.11		
HERE	Signature of plan a		Date	Enter name of individ		an administrator	
7-1	Ho	(1)	10/-7-			ari dariiniistrator	
SIGN HERE	Nen	7	10/13	Dr. Jenny Q.	y Q. Lu f individual signing as employer or plan spons		
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (inclu	Date  Ide room or suite numbe			phone number (optional)	
i reputer s	name (moraling imm)	amo, ii appiloosio, ana aaareee (iiiola		, , (0 p.1.0.1.1.)			

Form 5500-SF 2014		Page <b>2</b>				
6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan can be considered to the plan is a defined benefit plan, is it covered under the PBGC	f an independ y and condition not use Forr	dent qualified public accounta ons.) m 5500-SF and must instead	ınt (IC d <b>d use</b>	PA) Form	5500.	Yes No
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	822	2,98	39		1,049,550
<b>b</b> Total plan liabilities	7b			0		
C Net plan assets (subtract line 7b from line 7a)	7c	822	2,98	39		1,049,550
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:     (1) Employers	8a(1)	200	0,00	0.0		
(2) Participants	8a(2)			0		
(3) Others (including rollovers)	8a(3)			0		
b Other income (loss)	8b	26	5,56	51		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		226,56
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_   8d			0		
e Certain deemed and/or corrective distributions (see instructions).	1			0		
f Administrative service providers (salaries, fees, commissions)				0		
g Other expenses	<del>-ii</del>			0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	7					
Net income (loss) (subtract line 8h from line 8c)						226,56
j Transfers to (from) the plan (see instructions)				0		
b If the plan provides welfare benefits, enter the applicable welfare  Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant contrib	utions within	the time period described in		$\vdash$		7
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Corre	ction Program)	10a		Χ	
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		Х	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		X	
• Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a instructions.)	ll of the bene	fits under the plan? (See	10e		X	
f Has the plan failed to provide any benefit when due under the p	lan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year en	d.)	10g		Х	
h If this is an individual account plan, was there a blackout period	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500 and line 11a below)						
11a Enter the unpaid minimum required contribution for current year	from Schedu	le SB (Form 5500) line 39			11a	0
12 Is this a defined contribution plan subject to the minimum fundin					302 of	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortized	d in this plan year, see instruc		s, and o	enter tl Day	

	Form 5500-SF 2014	Page <b>3</b> -				
lf	you completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year			12b		
		8				
<u>c</u>	Enter the amount contributed by the employer to the plan for	this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. I negative amount).			<b>12</b> d		
е	Will the minimum funding amount reported on line 12d be me				Yes	No N/A
Part	VII Plan Terminations and Transfers of Asse	ets				
13a	Has a resolution to terminate the plan been adopted in any plar	n year?		Y	es 🗶 N	0
	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 benefici of the PBGC?	, , ,				☐ Yes 😡 No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)		plan(s) t	0		
1	13c(1) Name of plan(s):		13	3 <b>c(2)</b> El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	•				•
14a	Name of trust		1	<b>14b</b> Tr	ust's EIN	

## Attachment to 2014 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan Name DR. JENNY	Q LU CASH BALANCE PLAN	EIN:	26-3883459
Plan Sponsor's Name	JENNY Q LU MD PLLC	PN:	002

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
09/15/2015	200,000		6.32	191,521
03/10/2010	2007000	2011	0.02	191,021
				<u> </u>

# Attachment to 2014 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

PIAN NAME DR. JENNY Q LU CASH BALANCE PLAN	EIN:	26-3883459						
Plan Sponsor's Name JENNY Q LU MD PLLC	PN:	002						
The weighted average retirement age is equal to the normal retirement age of62								
List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.								
It is assumed that participants will retire at the plan Normal ${\sf Re}$ 62.	etireme	nt Age of						