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		Identification Information	1						
For calenda	ar plan year 2014 or fi	scal plan year beginning 01/01/2	2014	and ending 12/	/31/2014				
A This ret	urn/report is for:	X a single-employer plan		an (not multiemployer) (yer information in accord		this box must attach a list rm instructions)			
		a one-participant plan	a foreign plan						
B This retu	urn/report is	X the first return/report	the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name	•				1b Three-dig				
ALEX WEI, I	M.D., P.L.L.C. CASH I	BALANCE PLAN			plan num (PN) ▶	002			
					1c Effective				
						01/01/2014			
2a Plan sp ALEX WEI, N		ldress; include room or suite numb	per (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 45-1624474				
882 56TH ST	REET					s telephone number			
BROOKLYN,			2d Business	code (see instructions)					
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		3b Administrator's EIN				
			3c Administrator's telephone number						
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
	, EIN, and the plan nu	mber from the last return/report.	·	, ,	4c PN				
5a Total r	number of participants	at the beginning of the plan year.			5a				
b Total r	number of participants	at the end of the plan year			5b	3			
		account balances as of the end of	• • •	•	5c				
	,	rticipants at the beginning of the p			5d(1)	3			
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)	3			
		erminated employment during the			5e	0			
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau					
		her penalties set forth in the instrund signed by an enrolled actuary,							
	true, correct, and com		as well as the electronic ver	sion of this return/report	, and to the best	of fifty knowledge and			
SIGN	Filed with authorized	valid electronic signature.	10/15/2015	ALEX WEI					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator			
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor			
Preparer's		name, if applicable) and address (i				phone number (optional)			

	Form 5500-SF 2014		Page 2				
b .	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan canno	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a		0			188778
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c		0	-		188778
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	1887	778			
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b					
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					188778
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d					
_ e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					188778
J	ransfers to (from) the plan (see instructions)	8j					
9a	If the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension benefits, enter the applicable pension to the plan provides pension to the plan pension to the plan provides pension to the plan pension to the pension t	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	ic Cod	les in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut					.,	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X	
С	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 ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as					X	
	If this is an individual account plan, was there a blackout period? (·	10g		^	
	2520.101-3.)			10h			
	exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	<u> </u>						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						X Yes No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes 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 bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		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.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

		File as an attachment to Form	5500 or 5500-	5F.			
For	calend	ar plan year 2014 or fiscal plan year beginning 01/01/2014		and endin	g 12/3	1/2014	
		off amounts to nearest dollar.					
		n: A penalty of \$1,000 will be assessed for late filing of this report unless reason	onable cause is	establishe	d.		
	lame of		В	Three-digir	t		002
ALE	X WEI,	, M.D., P.L.L.C. CASH BALANCE PLAN		plan numb	er (PN))	002
C F	Plan end	onsor's name as shown on line 2a of Form 5500 or 5500-SF	D	Employer Id	lentificat	ion Number (E	:INI)
		, M.D., P.L.L.C.		Lilipioyei ic	45-1624)
	,						
Fτ	ype of p	olan: X Single	an size: X 100	or fewer	101-50	00 More th	an 500
			11 3 12 C. A 100	Oricwci	10130	oo 🗌 wore ur	an 300
_	rt I	Basic Information					
1		the valuation date: Month 12 Day 31 Year 2	2014		1		
2	Asset						
	a Mar	rket value			2a		0
	b Act	uarial value			2b		0
3	Fundi	ng target/participant count breakdown	(1) Number participa		,	ted Funding	(3) Total Funding Target
	.	and the discretization and have first and a second the second	participa	1115	13	arget 0	narget 0
		retired participants and beneficiaries receiving payment		U		_	
		terminated vested participants		0		0	0
	C For	active participants		3		0	133995
	d Tot	al		3		0	133995
4	If the	plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Fun	nding target disregarding prescribed at-risk assumptions			4a		
	b Fur	nding target reflecting at-risk assumptions, but disregarding transition rule for p	lans that have	been in	4b		
	a	at-risk status for fewer than five consecutive years and disregarding loading fa	ctor				
5	Effect	tive interest rate			5		6.32%
6	Targe	et normal cost			6		0
		by Enrolled Actuary					
a	accordanc	st of my knowledge, the information supplied in this schedule and accompanying schedules, statements be with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a					
(combination	on, offer my best estimate of anticipated experience under the plan.					
	IGN						
Н	ERE					10/13/20)15
		Signature of actuary				Date	
DNA	AIEL JC	OCK, EA, MAAA				14-080	52
		Type or print name of actuary			Most re	ecent enrollme	nt number
UNI	TED RE	ETIREMENT PLAN CONSULTANTS		-		401-244	-1600
0		Firm name		Tel	ephone	number (includ	ding area code)
		AR STREET, SUITE 200 NCE, RI 02903					
		Address of the firm					
	actuary	y has not fully reflected any regulation or ruling promulgated under the statute	in completing t	nıs schedule	e, check	the box and s	ее

· - 1	
	. - 1

Schedule	CD	/Earm	EE00)	201	,
Schedule	28	(Form	ລວບບ	1 / () 1	4

	So	chedule §	SB (Form 5500) 2	014			Page 2	- 1						
Pa	rt II	Begir	ning of Year	Carryove	r and P	refunding Ba	alances							
								(a) (Carryover balance		(b)	Prefundi	ng balance	
7		U	nning of prior year		,	`	•			0			0	
8			for use to offset p	•		,				0			0	
9	Amount	t remainii	ng (line 7 minus li	ne 8)						0			0	
10	Interest	t on line 9	using prior year'	s actual retu	rn of	0.00%				0			0	
11	Prior ye	ear's exce	ess contributions	to be added	to prefund	ding balance:								
	a Prese	ent value	of excess contrib	utions (line 3	38a from p	orior year)							0	
			n the excess, if an SB, using prior ye											
			i line 38b from pri										0	
			pri	•		• • •							0	
	C Total	available	at beginning of cu	rrent plan yea	ar to add to	prefunding balar	ce						0	
	d Portion	on of (c)	to be added to pro	efunding bal	ance								0	
12	Other re	eductions	s in balances due	to elections	or deeme	d elections				0			0	
			nning of current ye							0			0	
	Part III Funding Percentages													
14 Funding target attainment percentage										14	0.00 %			
			g target attainmen									15	0.00 %	
16									nces may be used			16	80.00 %	
17		•							such percentage			17	0.00 %	
Pa	art IV	Con	tributions an	d Liquidi	tv Shor	tfalls								
			ade to the plan fo	•	•		oloyees:							
	(a) Dat IM-DD-Y	te	(b) Amount p employer	aid by	(c) Am	ount paid by aployees	(a) Dat (MM-DD-Y		(b) Amount pa employer(((c) Amount paid by employees		
01	/12/2015	5		100000		0								
03	8/18/2015	5		88778		0								
											-			
							Totals ▶	18(b)		188778	18(c)		0	
10	Diagour	atad ama	lavar aantribution	a ana inatr	uotiono fo	r amall plan with		. ,	no hoginaing of the		10(0)		U	
19			allocated toward			•			ne beginning of the	19a			0	
			made to avoid res							19b			0	
			allocated toward m	•						19c			187437	
20			outions and liquidi											
-		-		-		ar?				L			Yes X No	
			_		-				manner?			<u> </u>	Yes No	
			Yes," see instruct					- ,		Ī		<u>L.</u>	, LJ -	
				<u> </u>	Liquidit	y shortfall as of e		of this pla	n year					
		(1) 19	st		(2)	2nd		(3)	3rd			(4) 4th	1	

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: 4.99%	2nd segment: 6.32 %	3rd segment		N/A, fu	ıll yield	curv	e used	
	b Appl	licable month (enter code)			21b				4	
22	Weight	ted average ret	tirement age			22				62	
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items	_							
24				tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	eauired	1		
		-							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		<u> </u>	Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		<u> </u>	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				. 21					
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	
			Required Contribution			<u> </u>					
31			nd excess assets (see instruct								
-			,			31a				0	
			·	line 31a		31b				0	
32		zation installme	<u> </u>	III.C 014	Outstanding Bala	1	Installment				
02						133995	<u>'</u>	- Iotaliiii		22425	
	_					133993			0		
33				ter the date of the ruling letter gra	ating the approval					- 0	
33) and the waived amount		33				0	
34	Total fu			er/prefunding balances (lines 31a		34				22425	
		3 - 1		Carryover balance	Prefunding bala	1	To	otal bala	ance		
35	Ralanc	es elected for i	use to offset funding	7	3 4 4 3						
00										0	
36	Additio	nal cash requir	rement (line 34 minus line 35).		1	36				22425	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				187437	
38	•		ess contributions for current ye			1					
						38a				165012	
				prefunding and funding standard o		38b				0	
39				ear (excess, if any, of line 36 over		39				0	
40			<u> </u>	S	•	40				0	
	rt IX			Pension Relief Act of 2010		l					
			de to use PRA 2010 funding re		(SOS MORIGORIS	,					
				sher for this plan.			2 plus 7 yea	ars [15	years	
42			,	41a was made			8 2009	2010	' ∐	2011	
			-			42					
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43					

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

		For Fun Min M	<u>ding</u> Max	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1 4.	.99% 1	1.15%	Seg 1 1.19%	Pre-Retirement 5.00%		
	Seg 2 6.	5.32% 4	4.06%	Seg 2 4.53%	Post-Retirement 5.00%		
	Seg 3 6.	5.99% 5	5.14%	Seg 3 5.66%			
Pre-Retirement							
Turnover	None			None	None		
Mortality	Mortality None				None		
Assumed Ret Age Normal retirement age 62 and 5 years of participation					Normal retirement age 62 and 5 years of participation		
Post-Retirement							
Mortality		Applicable lity Table from 2013-49		2014 Applicable Mortality Table from Notice 2013-49	2014 Applicable Mortality Table from Notice 2013-49		
Assumed Benefit Form F	or Fundin	ng		Lump Sum			
Calculated Effective Inte	rest Rate			6.32%			
Cash Balance Projected	Interest C	rediting	g Rate	5.00%			
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the preservalue of accrued benefits, and sets the normal cequal to the present value of the benefit accrued the current year.			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Attachment to 2014 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 27-4280399 PN: 002

ALEX WEI, M.D. PLLC CASH BALANCE PLAN

Weighted Average Retirement Age Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 62 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 62

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).

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Employee Benefits Security Administration	-	the state to describe	- to the Form 5500)-SF.	
Pension Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instruction	P to the Louis age	1	
Part I Annual Report	Identification Information	21/01/2014	and ending	12/31	
or calendar plan year 2014 or fig	ical plan year beginning	. 01/01/2014 a multiple-employer plan (no	t multiamployer) (F	ilers checking	this box must attach a list
	a single-employer plan	of participating employer Info	ormation in accorda	nce with the fo	orm instructions)
This return/report is for:	a one-participant plan	🔲 a foreign plaп	•		
Den de deservado	the first return/report	the final return/report			
3 This return/report is	an amended return/report	a short plan year return/repo	rt (less than 12 mor	nths)	
	an amended total to open			_	program
Check box If filing under:	X Form 5558	automatic extension		Ц	r 2
	special extension (enter des				
Part II Basic Plan Info	rmation—enter all requested i	nformation		1b Three-d	igit
4 a Name of plan	_	,		plan nur	=
Alex Wei, M.D., P.L	.L.C. Cash Balance F	lan		(PN) 🕨	
				1c Effective 01/01	e date of plan /2014
			- vor plan)	2b Employe	er Identification Number
2a Plan soonsor's name and a	ddress; include room or suite nun	nber (employer, if for a single-empl	oyer plan)	(EIN) 4	5-1624474
Alex Wei, M.D., P.I	,.L.C.			2c Sponso	r's telephone number
882 56th Street	•			91.1-4	176-5400
882 JULI BULEEC				20 Busines 62113	ss code (see instructions)
Brooklyn	NY 11220			3b Adminis	strator's EIN
3a Plan administrator's name	and address XSame as Plan Sp	onsor.			strator's telephone number
4 If the name and/or EIN of	the plan sponsor has changed sin	ice the last return/report filed for th	is plan, enter the	4b EIN	
	number from the last return/report			4c PN	
a Sponsor's name	ots at the beginning of the plan ye	ar		. 5a	
5a Total number of participal	to at the and of the plan year		***************************************	. 5b	
A Number of participants Wi	th account balances as of the end	of the plan year (defined penetry)	olans do not	5c	
complete this Item)	and the parts of the hoginaire of th	e plan year		5d(1)	
d(1) Total number of active	participants at the beginning of the			5d(2)	
d(2) Total number of active	participants at the end of the plan	year,,,,,,	that were	5e	
e Number of participants the	at terminated employment during	the plan year with socrued benefits		lo octabl	lehad
	to as incomplate filing of this to	sturn/report will be assessed un	EBB TOUBETTON.	enort, includin	g. if applicable, a Schedule
Under penalties of perjury and	other penalties set forth in the in	sturn/report will be assessed un structions, I declare that I have ex- ary, as well as the electronic version	n of this return/repo	ort, and to the	best of my knowledge and
bellef, it is true, correct, and c	omplete.	10/15/2015 A	lov Wei		
19/10/09/70 to [AL] 11	1 ~~~	10/15/2015 A	TEX MET		
	n administrator	Date	Enter name of indiv	iduai signing a	as plan administrator
2 m/500 d					- mailway or plan sponeo
HERE Signature of an	-lover/plan enonter	Date	Enter name of indiv	idual signing	ละ employer or plan sponso telephone number (optlona
Signature of en	nployer/plan sponsor rm name, if applicable) and addre	es (include room or suite number)	(optional)	Freparers	reichildus trauset (skaat.
Liebater a name fundament	Mary Secretary of the East of Tax of the Control of			1	
					The state of the s

	Form 5500-SF 2014		Page 2								
62	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions)				X Yes No				
_	Are you claiming a waiver of the annual examination and report of		,								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ions.)	·····	·····		X Yes No				
	If you answered "No" to either line 6a or line 6b, the plan cann				_						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?	📙	Yes	X No Not determined				
Pa	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year				
а	Total plan assets	. 7a			0		188778				
b	Total plan liabilities	. 7b			0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c			0		188778				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:	0=(4)	1.8	3877	8						
	(1) Employers	8a(1)		30 , ,							
	(2) Participants	8a(2)									
b	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b					188778				
	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)										
to provide benefits)											
е											
f Administrative service providers (salaries, fees, commissions) 8f											
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0				
i	Net income (loss) (subtract line 8h from line 8c)	- 8i					188778				
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in th	ne instructions:				
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Х					
f	f Has the plan failed to provide any benefit when due under the plan?										
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								

exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Χ Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 0 11a Yes X No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. (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 . Month Day granting the waiver.

	Form 5500-SF 2014	Page 3 -			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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)	`	12d		
<u>e</u>	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?			Yes 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, transferr of the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Dart	VIII Truct Information (ontional)				
	VIII Trust Information (optional)		14h ±	rust's EIN	
144	Name of trust		140	IUSES 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).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For	calendar	nlan vear 2017	or fiscal plan y	ear heginning	01/01/2014		and endir	na	12/31/2	014
		ff amounts to		cai beginning	J1/ J1/ ZJ11		and Gildli	<u>'9</u>	12/ 31/ 2	V-1
				essed for late filing o	of this report unless rea	sonable caus	e is establishe	d		
	Name of p		,,000 will be ass		, and report united 166		_			
			P.L.L.C.	Cash Balanc	e Plan	E	Three-dig plan num			002
-		01, 11,2,,	1,11,10,	Januari Barario	0 1 1011		pian num	ber (PIN)	,	
С	Plan spon	sor's name as	shown on line 2a	a of Form 5500 or 55	00-SF		Employer I	dentificat	ion Number (E	EIN)
i	Alex W	rei, M.D.,	P.L.L.C.			4	15-162447	4		
E	Гуре of pla	an: X Single	Multiple-A	Multiple-B	F Prior year	plan size: X	100 or fewer	101-50	00 More th	nan 500
Pa	art I	Basic Inforr	nation		<u> </u>			=		
1	Enter th	ne valuation dat	e: N	Month12 I	Day <u>31</u> Year	r_2014_				
2	Assets:									
	a Marke	et value						2a		0
	b Actua	arial value						2b		0
3	Funding	g target/particip	ant count break	down			mber of cipants	. ,	ted Funding arget	(3) Total Funding Target
	a For re	etired participan	its and beneficia	aries receiving payme		0		0	0	
	b For terminated vested participants								0	0
	C For active participants								0	133995
	d Total.						3		0	133995
4	If the pla	an is in at-risk s	status, check the	e box and complete l	ines (a) and (b)]			
					ns			4a		
	b Fundi	ing target reflec	ting at-risk assu	umptions, but disrega	arding transition rule for d disregarding loading	r plans that ha	ve been in	4b		
5	Effective	e interest rate						5		6.32%
6	Target r	normal cost						6		0
Stat	tement by	y Enrolled Acti	uary							
	accordance v	with applicable law a	ind regulations. In my							ed assumption was applied in and such other assumptions, in
	SIGN IERE					0.24	L		10/13/201	5
		1	Signa	ture of actuary					Date	
DNA	IEL JO	OCK, EA, N	AAA	·					140805	2
			Type or pri	int name of actuary				Most re	ecent enrollme	ent number
			,, ,	•					401-244-1	1600
			F	irm name			Te	lephone	number (includ	ding area code)
ONE	CEDAF	R STREET,	SUITE 200)						
PRC	VIDENC	CE R	.I 0290	3						
			Addr	ress of the firm						
	actuary h	nas not fully refl	ected any regul	ation or ruling promu	lgated under the statut	te in completir	ng this schedul	e, check	the box and s	ee 📗

	Sch	nedule SB (Form 550	00) 2014		Page 2	2 -						
Pa	art II	Beginning of Y	ear Carryov	er and Prefunding Ba	alances							
7 Balance at beginning of prior year aft year)				•	•	(a) (Carryover balance	0	(b) F	Prefundi	ng balance 0	
8				unding requirement (line 35		. 0				0		
9		,				0				0		
10	Interest	on line 9 using prior	year's actual ret	urn of <u>0.00</u> %				0			0	
11	Prior yea	ır's excess contributi	ons to be added	I to prefunding balance:								
	b(1) Int	nt value of excess co erest on the excess, hedule SB, using pri					0					
	b(2) Int	erest on line 38b from	m prior year Sch	nedule SB, using prior year's	actual							
				ear to add to prefunding balan							0	
		0 0	. ,	, 3							0	
	a Portio	n of (c) to be added	to prefunding ba	llance							0	
12	Other re	ductions in balances	due to elections	or deemed elections				0			0	
13	Balance	at beginning of curre	ent year (line 9 +	- line 10 + line 11d – line 12)				0			0	
P	art III	Funding Perc	entages									
14	Funding	target attainment pe	rcentage							14	0.00%	
		funding target attair								15	0.00%	
16				of determining whether carr				o reduce		16	80.00%	
17				s less than 70 percent of the						17	0%	
P	art IV	Contributions	and Liquid	ity Shortfalls						<u> </u>		
				ear by employer(s) and emp	lovees:							
	(a) Date		unt paid by	(c) Amount paid by	(a) D	ate	(b) Amount pa	id by	(0	c) Amou	nt paid by	
	M-DD-YY 1/12/2	, ,	loyer(s) 100000	employees	(MM-DD-	YYYY)	employer(s	s)		emplo	oyees	
	3/18/2		88778	0								
	5/10/2	015	00770	-								
					-	40(1)			40()			
40					Totals ▶	18(b)		L88778	18(c)		0	
19				ructions for small plan with								
a Contributions allocated toward unpaid minimum required contributions from prior years											0	
b Contributions made to avoid restrictions adjusted to valuation date										187437		
20		contributions and li			eai aujusted	io valuatior	ı uale	136			10/13/	
20	•		. ,							Г	Yes X No	
								Yes No				
				omplete the following table a	-	-				L	1 103 INO	
	U II III IE	_0a is 1 cs, 5cc 1115	a doublis and CC	Liquidity shortfall as of e			n year					
		(1) 1st		(2) 2nd	1	(3)	3rd			(4) 4th		

Pa	rt V	Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discou	ınt rate:										
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6 . 32%	3rd segment: 6.99%		N/A	, full yield	d curv	e used		
	b App	licable month (enter code)			21b						
22	Weigh	ted average re	tirement age	22	6							
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute											
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	5 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instr	ructions regarding required	attachmen	t		Yes	X No		
27												
Pa	rt VII	Reconcili	ation of Unpaid Minimu	um Required Contribution	ons For Prior Years							
28	Unpaid	d minimum requ	uired contributions for all prior	years		28				0		
29				d unpaid minimum required cont		29				0		
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)	30				0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year								
31	Target	t normal cost a	nd excess assets (see instruct	tions):								
	a Targe	et normal cost	31a	0								
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b	(
32	Amorti	zation installme	ents:		Outstanding Bala							
	a Net s	shortfall amorti	zation installment			133995		2242				
	b Waiv	ver amortization	n installment			0				C		
33				ter the date of the ruling letter g) and the waived amoun		33				С		
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31	a - 31b + 32a + 32b - 33)	34				22425		
				Carryover balance	Prefunding bala	nce		Total ba	lance	•		
35			use to offset funding							0		
36	Additio	nal cash requi	rement (line 34 minus line 35)			36				22425		
37				ontribution for current year adjus		37				187437		
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)								
	a Total (excess, if any, of line 37 over line 36)									165012		
	b Porti	38b				0						
39	Unpaid	d minimum requ	uired contribution for current ye	39				С				
40	Unpaid	d minimum requ	uired contributions for all years	S		40				С		
Pai	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 20	10 (See Instructions)						
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:								
	a Sche	edule elected					2 plus 7	years	15	years		
	b Eligi	ble plan year(s) for which the election in line	41a was made		200	08 200	9 201	0	2011		
42	Amoun	t of acceleration	on adjustment			42						
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43						

Attachment to 2014 Schedule SB, Line 19 Discounted Employer Contributions

Plan Name: ALEX WEI, M.D., PLLC

CASH BALANCE PLAN

EIN: 45–1624474

PN: 002

Plan Year End: 12/31/2014 Valuation Date: 12/31/2014

Effective Interest Rate: 6.32% Actual Return on Assets: 0.00%

Contributions and Balances for Plan Year Ending 12/31/2014

	Allocated Toward Prior Unpaid Minimum Required				o Avoid estrictions	Allocated Toward Current Plan Year				
Contribution Or Election Dates	Amount Paid By Employer(s)	Plan Year	Eff Int Rate	Discounted Value	Amount Paid By Employer(s)	Discounted Value	Source	Amount Contributed or Elected	# days to EOY	Discounted Value
1/12/2015				0		0	Contribution	100,000	12	99,799
3/18/2015				0		0	Contribution	88,778	77	87,638
				0		0				187,437
Subtotal by Type of Contributions and Balances for Plan Year Ending 12/31/2014										
							Contribution	188,778		187,437
							Carry Over Balance	0		0
							Prefunding Balance	0		0
Amount Available	e at Beginning	of Ne	<u>kt Plan</u>	Year to add t	o Pre-Fundir	ng Balance	As of ValDate	Rate		Election
				Amount from	use of Balanc	200	AS OF VAIDAGE	0.00%		<u>Liection</u>
					excess contri		165,012	6.32%		165,012
				Total Amount		bullon	165,012	0.32 /0	-	165,012
				Total 7 tillouin	- / Wallable		100,012			100,012
Schedule SB Ent	ries:						Carryover <u>Balance</u>	Prefunding Balance		<u>TOTAL</u>
Current Year Line 34	Total funding roo	quiromon	t hoforo r	eflecting carryove	or/profunding bal	ancos				22,425
Current Year Line 35	ū	•		quirement [reflec		ances	0	0		22,423
Current Year Line 36	Additional Cash		•	quirement frence	t discounting _j		Ŭ	· ·		22.425
Current Year Line 37				nimum required c	ontribution for cu	rrent vear				187,437
Current Year Line 38	Interest-adjusted			•		,				165,012
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									, -
Next Year Line 7	Balance at begin	nning of p	rior year	after applicable a	djustments		0	0		
Next Year Line 8	Portion used to	offset pric	or year's f	unding requireme	ent [no discountir	ng]	0	0		
Next Year Line 9	Amount remaining	ng					0	0		
Next Year Line 10	Interest on item	9 using p	rior year's	s actual return of	0.00%		0	0		
Next Year Line 11	•		butions to	be added to pre	funding balance:			165.040		
Next Year Line 11a	Excess contribut	tions						165,012		
Next Year Line 11b	Interest on (a)				- d d & 6 1'			165.012		
Next Year Line 11c		•	•	rent plan year to	add to prefunding	palance		165,012		
Next Year Line 11d	Portion of (c) to I	pe added	to prefur	naing balance				0		

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

January 1, 2014 **Plan Effective Date**

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Highly Compensated Employees who are considered highly compensated by viture of family relationship to owner

All participants are eligible to retire with their full retirement benefit **Normal Retirement Age**

on the later of the following:

Attainment of age 62

Completion of 5 years of participation from entry date

Based on their group classification, participants receive a cash **Normal Retirement Benefit**

balance contribution credit as follows:

Group 1: 55.000% Group 2: 1.750%

Maximum benefit is \$17,500 per month Maximum percent of salary is 100%

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit, calculated based on an

average salary determined as if current compensation continued until retirement. The numerator of the fraction is equal to the participant's credited years earned on the calculation date, and the denominator is equal to the participant's total projected credited years at normal

retirement.

Credited years are years commencing with the date of hire and ending

with the retirement year excluding the following:

Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of

his accrued benefit in accordance with the following vesting

schedule:

Vested Percent Credited Years 1

Summary of Plan Provisions Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

Credited Years	Vested Percent
2	0
3	100

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits in

all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently not top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance The Interest Crediting Rate for this plan year is 5.00%

Shortfall Amortization Plan Year: 1/1/2014 to 12/31/2014 Valuation Date: 12/31/2014

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

		Value of		
	Amortization	Future		Future
Valuation Date	Method	Installments	Installment	Installments
12/31/2014	7-year	7	<u>\$22,425</u>	<u>\$133,995</u>
Total			\$22,425	\$133,995