Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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**

For calend	ar plan year 2014 or f	iscal plan year beginning 01/01/2	2015	and ending 09/	/03/2015	
A This ret	turn/report is for:	X a single-employer plan		lan (not multiemployer) of the contract of the		
	•	a one-participant plan	a foreign plan	,		,
B This retu	urn/report is	the first return/report	x the final return/report			
	·	an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter desc	ription)			
Part II	Basic Plan Info	ormation—enter all requested in	formation			
1a Name	of plan N. YANG, MD DEFIN	ED BENEFIT PLAN			1b Three-digit plan numbe	
					(PN) •	001
					1c Effective da	te of plan 1/01/2011
	ponsor's name and ad N. YANG, MD, INC. P	ddress; include room or suite numb S	per (employer, if for a single-	employer plan)		entification Number 1-1221222
P.O. BOX C-	.96012					elephone number 6-292-7500
BELLEVUE,					2d Business co	de (see instructions)
3a Plan a	idministrator's name a	and address XSame as Plan Spon	sor.		3b Administrato	
		П				
					3c Administrate	or's telephone number
		ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN	
		s at the beginning of the plan year.			5a	2
_		s at the end of the plan year			5b	
		account balances as of the end of				
					5c	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	2
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	0
		terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	use is established	
Under pena SB or Sche	alties of perjury and o edule MB completed a	ther penalties set forth in the instru and signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/rep	port, including, if ap	plicable, a Schedule
SIGN	true, correct, and com Filed with authorized	l/valid electronic signature.				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan	administrator
CICN	Oignature or plant	administrator	Date	Enter hame of marvia	dai signing as plan	administrator
SIGN HERE	0		Date	Establish (1 mill)	lead of sector	
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (ii	Date	Enter name of individ		loyer or plan sponsor one number (optional)
1 Topalei S	name (moduling iiiii)	namo, ii appiioabie <i>j</i> and addiess (ii	notade room of suite numbe	η (οριιοπαί)	i reparer s telepir	one 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a few you answered "No" to either line 6a or line 6b, the plan cannot be a continuous contraction.	an indepe and condit ot use Fo	ndent qualified public accounta iions.) irm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Yes No
	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			ı				
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	14259	927			0
	Total plan liabilities	7b	4.4056	207			0
	Net plan assets (subtract line 7b from line 7a)	7c	14259	127	-		0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)		0			
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	-1040)14			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-104014
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	13219	913			
_ 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					1321913
	Net income (loss) (subtract line 8h from line 8c)	8i					-1425927
_ J	ransfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fellows. V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	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	
e 	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	s of year	end.)	10g		X	
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	0
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (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?	X	Yes 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		X Yes 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):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust DOROTHY N. YANG, MD DEFINED BENEFIT PLAN

14b Trust's EIN 453030669

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-SF. For calendar plan year 2014 or fiscal plan year beginning 01/01/2015 and ending 09/03/2015 ▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit 001 DOROTHY N. YANG, MD DEFINED BENEFIT PLAN plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) DOROTHY N. YANG, MD, INC. PS 91-1221222 F Prior year plan size: X 100 or fewer E Type of plan: X Single Multiple-A Multiple-B 101-500 More than 500 Part I **Basic Information** Enter the valuation date: Month _09 Year 2015 Day Assets: 2a a Market value 2b **b** Actuarial value 0 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target 0 0 **a** For retired participants and beneficiaries receiving payment..... 0 **b** For terminated vested participants..... 0 0 0 **C** For active participants..... 0 0 **d** Total..... If the plan is in at-risk status, check the box and complete lines (a) and (b)..... a Funding target disregarding prescribed at-risk assumptions 4a **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor...... 5 0.00% Effective interest rate 6 6 Target normal cost **Statement by Enrolled Actuary** To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** 09/17/2015 Signature of actuary Date R. SCOTT HARRISON, FSPA, APA 14-02175 Type or print name of actuary Most recent enrollment number 480-289-3474 THE RAYMOND COMPANY Firm name Telephone number (including area code) 4545 E. SOUTHERN AVE., SUITE 108 MESA, AZ 85206 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Page	2	-	1	
Page	4	-	П	

Schedule SB (Form 5500) 2014

Pa	Part II Beginning of Year Carryover and Prefunding Balances													
_								(a) (Carryover balance		(b) F	Prefundir	ng balan	ce
		•	0 , ,		cable adjustments (line 13	•				0			4	09231
8					funding requirement (line 3					0				0
9	Amount	remainii	ng (line 7 minus lir	ne 8)						0			4	09231
10	Interest	on line 9	using prior year's	actual ret	turn of <u>9.03</u> %					0				36954
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:									
	a Prese	nt value	of excess contribu	utions (line	e 38a from prior year)								1	49560
					8a over line 38b from prior ve interest rate of									0
	b(2) Int	erest or	line 38b from prid	or year Scl	hedule SB, using prior yea	r's actual								
				report plan year to add to profunding belongs										0
			0 0	ırrent plan year to add to prefunding balance									1	49560
	d Portio	n of (c)	to be added to pre	funding ba	alance								1	49560
12	Other re	ductions	s in balances due	to election	s or deemed elections					0			5	95745
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line									0				0
Part III Funding Percentages														
14 Funding target attainment percentage											14	100	.00 %	
15	15 Adjusted funding target attainment percentage										15	100	.00 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	100	.35 %				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									%				
Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls									
18	Contribu	tions ma	ade to the plan for	the plan y	ear by employer(s) and er	nployees:								
/N /	(a) Date		(b) Amount pa		(c) Amount paid by	(a) (MM-D	Date		(b) Amount p	•	(0	c) Amour	•	у
(IV	ו ז-טט-וווו	11)	employer	(5)	employees	(IVIIVI-D	ו ז-ט	11)	employer	(5)		emplo	Jyees	
						+								
						Totals 1	•	18(b)			18(c)			
19	Discount	ed emp	loyer contributions	s – see ins	tructions for small plan wit	h a valuatior	date	e after th	ne beginning of the	e year:	•			
	a Contri	butions	allocated toward i	unpaid min	nimum required contribution	ns from prio	year	rs		19a				0
	b Contri	butions	made to avoid res	trictions a	djusted to valuation date					19b				0
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20	Quarterly	y contrib	outions and liquidit	y shortfalls	3:						·			
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?								Yes	No
	b If line	20a is "	Yes," were require	ed quarterly	y installments for the curre	nt year mad	e in a	a timely	manner?				Yes	No
	c If line	20a is "`	Yes," see instructi	ons and co	omplete the following table	as applicab	le:							
					Liquidity shortfall as of	end of quar	er of	•	•					
		(1) 15	st		(2) 2nd			(3)	3rd		(4) 4th			

Pa	rt V	Assumptio	ns Used to Determine I	Funding Target and Targe	t Normal Cost					
21	Discou	int rate:								
	a Seg	ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, ful	l yield	curve	used
	b App	licable month (enter code)			21b				0
22	Weight	ted average re	tirement age			22				71
23	Mortali	ty table(s) (se	e instructions) X Pre	scribed - combined Pre	scribed - separate	Substitut	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 pla	an year? If "Yes," see instructions	regarding required attac	hment			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		-	_	er applicable code and see instruc		27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior y	/ears		28				0
29			contributions allocated toward		29				0	
30	Remai	ning amount of		30				0		
Pa	rt VIII	Minimum	Required Contribution							
31	Target	normal cost a	nd excess assets (see instructi	ons):						
	a Targe	et normal cost	(line 6)			31a				0
	b Exce	ess assets, if a	pplicable, but not greater than I	ine 31a		31b				0
32	Amorti	zation installme	ents:		Outstanding Bala	nce	In	stallme	ent	
	a Net s	shortfall amorti	zation installment			0				0
	b Wai	ver amortizatio	n installment			0				0
33				er the date of the ruling letter grar) and the waived amount	•	33				
34	Total fo	unding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding balar	nce	Tot	al bala	ince	
35			use to offset funding	0		0				0
36	Additio	nal cash requi	rement (line 34 minus line 35)			36				0
37				ntribution for current year adjuste		37				0
38	Preser	nt value of exce	ess contributions for current year	ar (see instructions)						
	a Total	(excess, if any	y, of line 37 over line 36)			38a				0
	b Porti	on included in	line 38a attributable to use of p	prefunding and funding standard c	arryover balances	38b				0
39	· · · · · · · · · · · · · · · · · · ·									0
40	Unpaid	d minimum requ	uired contributions for all years			40				
Pai	art IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	If an ele	ection was made	de to use PRA 2010 funding re	lief for this plan:				_	_	
_	a Sche	edule elected .					2 plus 7 year	s	15 y	ears/
	b Eligil	ble plan year(s) for which the election in line 4	1a was made		200	8 2009	2010		2011
42	Amoun	t of acceleration	on adjustment			42				
43	Excess	installment ac	celeration amount to be carried	d over to future plan years		43				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

2015-09-14T17:42:47.609-05:00

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

v. 140124

OMB No. 1210-0110

2014

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

		and endin	n 09/15	5/2015	
	plan year 2014 or fiscal plan year beginning 01/01/2015	and endin	9 00/10	,,_010	
Round off	f amounts to nearest dollar.	-1-1	d		
Caution: /	A penalty of \$1,000 will be assessed for late filing of this report unless reason				
A Name of pl	lan	B Three-dig			001
DOROTHY Y	ANG, MD DEFINED BENEFIT PLAN	plan numl	per (PN)	*	
		D Employer I	dentificati	on Number (El	N)
	sor's name as shown on line 2a of Form 5500 or 5500-SF I. YANG, MD INC. PS	91-1221222		15	*
DOROTHIN	I. TANG, IND INC. I C	31122122		1	
E Type of plan	n: X Single Multiple-A Multiple-B F Prior year plar	size: X 100 or fewer	101-50	00 More tha	n 500
Part I E	Basic Information				
	e valuation date: Month 09 Day 03 Year 2	015			
2 Assets:					
a Marke	et value		2a		0
	rial value		2b		0
The second secon	g target/participant count breakdown	(1) Number of	(2) Vest	ted Funding	(3) Total Funding
J runuing	g targer participant ocurr product	participants	Ta	arget	Target
a For re	etired participants and beneficiaries receiving payment	0		0	0
	erminated vested participants	0		0	0
C For a	ctive participants	0		0	0
		0		0	0
	an is in at-risk status, check the box and complete lines (a) and (b)	П			
	ing target disregarding prescribed at-risk assumptions		4a		
a Fundi	ing target disregarding prescribed at-risk assumptions. ling target reflecting at-risk assumptions, but disregarding transition rule for p	ans that have been in	-		
D Fund	ling target reflecting at-risk assumptions, but disregarding transition rule for pl -risk status for fewer than five consecutive years and disregarding loading fac	tor	4b	- 2000 1100-00	CONTRACTOR
	re interest rate		5		0.00 %
	normal cost		6		0
Ctut-us ant h	v Enrolled Actuary				
To the best of	y Enrolled Actual y of my knowledge, the information supplied in this schedule and accompanying schedules, statements a with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into an the firm of the plan.)	and attachments, if any, is complicated the experience of the plan	ete and accu n and reason	rrate. Each prescrib able expectations) a	ed assumption was applied in and such other assumptions, in
SIGN	2				
HERE	154			09/17/20)15
11-11-	Signature of actuary			Date	
	R. Scott Harrison, FSPA, APA			14-021	75
	Type or print name of actuary		Most i	recent enrollme	ent number
	The Raymond Company	-10-3.05	779785555555	(480) 28	9-3474
<u> </u>	Firm name 4545 E. Southern Ave., Suite 108	7	elephone	number (inclu	ding area code)
	Mesa, AZ 85206				
	Address of the firm				The second secon
instructions	has not fully reflected any regulation or ruling promulgated under the statute				
For Paperwo	ork Reduction Act Notice and OMB Control Numbers, see the instruction	s for Form 5500 or 550	00-SF.	Schedu	le SB (Form 5500) 201

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Schedule SB (Form 5500) 2014

Pa	art II Begi	nning of Year	Carryov	er and Prefunding B	alances								
_						(a) (Carryover balance		(b) I	Prefund	ng balance	е	
				cable adjustments (line 13				0			40	9231	
8			•	funding requirement (line 35				0				0	
9	Amount remain	ing (line 7 minus li	ne 8)					0					
10	Interest on line	9 using prior year'	s actual re	turn of9.03 %				0			3	6954	
11	Prior year's exc	ess contributions	to be adde	d to prefunding balance:									
	a Present value	e of excess contrib	utions (line	38a from prior year)							14	9560	
				8a over line 38b from prior yve interest rate of <u>0.00</u> %								0	
	` '		•	hedule SB, using prior year'							0		
				ear to add to prefunding bala									
		0 0	. ,		_							9560	
	a Portion of (c)	to be added to pro	etunding ba	alance							14	9560	
				s or deemed elections		0				595745			
13	Balance at begi	inning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0				0	
Pa	art III Fur	nding Percent	ages										
14	14 Funding target attainment percentage								14	100.0	00 %		
		g target attainmen										00 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may current year's funding requirement										16	100.3	35 %	
17	If the current va	lue of the assets of	of the plan	is less than 70 percent of th	e funding targ	et, enter s	such percentage			17		%	
Pa	art IV Cor	ntributions an	d Liquid	lity Shortfalls									
18		ade to the plan fo	r the plan y	vear by employer(s) and em									
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer((0		int paid by oyees		
		ompleyer	(0)	ompleyees.	(WIIVI DD	,	ompley or (<u> </u>		ОПР	cyccc		
					Totals ▶	18(b)		0	18(c)			0	
19	Discounted emp	oloyer contribution	s – see ins	tructions for small plan with	a valuation da	ate after th	ne beginning of the	year:					
	a Contributions	allocated toward	unpaid mir	nimum required contribution	s from prior ye	ars		19a				0	
b Contributions made to avoid restrictions adjusted to valuation date								0					
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								0					
20 Quarterly contributions and liquidity shortfalls:								_					
a Did the plan have a "funding shortfall" for the prior year?							Yes 🗴	No					
	b If line 20a is	"Yes," were require	ed quarterl	y installments for the currer	it year made ir	a timely	manner?				Yes	No	
	c If line 20a is '	"Yes," see instruct	ions and co	omplete the following table a									
	(1) 1	et	i	Liquidity shortfall as of e	end of quarter	of this pla	n year 3rd	1		(4) 4t	n		
	(1) 1	J.		(Z) ZIIU		(3)	Jiu			(+) +1	1		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and 1	arge	t Normal Cost		
21	Disco	unt rate:						
	a Se	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yield curve used
	b App	olicable month (enter code)				21b	0
22	Weigh	nted average ret	tirement age				22	71
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined	Pre	scribed - separate	Substitu	ite
Pa	rt VI	Miscellane	ous Items					
24			nade in the non-prescribed ac					
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachmen	tYes X No
27			o alternative funding rules, en				27	
Pa	rt VII		ation of Unpaid Minim					
28	Unpai		uired contributions for all prior				28	0
29	(line 19a)							0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)							0
Pa	Part VIII Minimum Required Contribution For Current Year							
31	Targe	et normal cost a	nd excess assets (see instruc	tions):				
	a Targ	jet normal cost	(line 6)				31a	0
	b Exc	ess assets, if ap	pplicable, but not greater than	line 31a			31b	0
32	Amort	ization installme	ents:			Outstanding Bala	ınce	Installment
	a Net	shortfall amortiz	zation installment				0	0
	b Wa	iver amortizatio	n installment					
33			approved for this plan year, er Day Year				33	
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0
				Carryover balance		Prefunding bala	nce	Total balance
35			use to offset funding		0		0	0
36	Additi	onal cash requi	rement (line 34 minus line 35)				36	0
37			ed toward minimum required c				37	0
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)				
			y, of line 37 over line 36)	,			38a	0
	b Port	tion included in	line 38a attributable to use of	prefunding and funding stand	dard c	arryover balances	38b	0
39	_							0
40								0
Pai	art IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:				
				·			Г	2 plus 7 years 15 years
	b Elia	ible plan vear(s) for which the election in line	41a was made				'
42			on adjustment				42	
			celeration amount to be carrie				43	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Listor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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).

2014

This Form is Open to Public inspection

OMB Nos. 1210-0110

1210-0089

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

For	calendar plan year 2014 or t	iscal plan year beginning	01/01/2015	and ending	09/03/2	015
A	This return/report is for:	a single-employer plan	of participating employer			this box must attach a list orm instructions)
_		a one-participant plan	a foreign plan			
B	This return/report is:	the first return/report	the final return/report			,
		an amended return/report	a short plan year return/r	eport (less than 12 mo		_
С	Check box If filing under:	∐ Form 5558	automatic extension		∐ DFVC	C program
		special extension (enter desc	ription)			
Þ	Basic Plan In	formation enter all requested	information			
	Name of plan			****	1b Three-d	
		o protino permete print			plan nu	mber 001
	DOROTHI N. IANG,	MD DEFINED BENEFIT PLAN		-	(PN) ►	date of plan
					01/01	•
2a	Pian sponsor's name and a DOROTHY N. YANG, I	address; include room or suite numb	er (employer, if for a single-en	nployer plan)	2b Employ	er Identification Number
		 ,		-	91-1221222	
	P.O. BOX C-96012				r's telephone number 292-7500	
	US BELLEVUE WA 98009			2d Busines 62111	s code (see instructions) 1	
3a		and address X Same as Plan Sp		3b Adminis	trator's EIN	
				•		
					3c Adminie	trator's telephone number
					OC Adminis	dato a telepriore number
4		the plan sponsor has changed since number from the last return/report.	the last return/report filed for t	his plan, enter the	4b EIN	
_a	Sponsor's name	unities from the least returns about			4c PN	
5a	Total number of participan	its at the beginning of the plan year	····		5a	2
b	Total number of participan	its at the end of the plan year			5b	0
C	• •	th account balances as of the end of	the plan year (defined benefit	plans do not	5c	
d	(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	2
		participants at the end of the plan ye			5d(2)	0
9	Number of participants the	at terminated employment during the		ts that were	5e	0
_	less than 100% vested				<u> </u>	
		te or incomplete filing of this retu				
S	nder penalties of perjury and B or Schedule MB complete ellef, it is true, correct, and c	i other penalties set forth in the instr d and signed by an enrolled actuary, omplete.	uctions, I declare that I have ex , as well as the electronic versi	camined this return/report on of this return/report	port, including, t, and to the be	if applicable, a Schedule est of my knowledge and
148		A / I APR		DOROTHY	<i>'</i>	ANG. M.D.
	SIGN / OTATU	4 fr Jan, Mr.	سلود (و سود ا			
	Signature of plan a	dministrato/	Date / 6 / / 3 / / 5 E	nter name of individus	al signing as pl	an administrator
	SIGN TANK	L. K. Charles	<u> </u>	DOYUTUY	<u> N- Y</u>	vie, m
	HERE Signature of emplo	yemplan spompor	Date /0/15/6 E	nter name of individue	u signing as er	mployer or plan sponsor
		m name, if applicable) and address;	include room or suite number	(optional)	Preparer's te	lephone number (optional)
	•					
L						

	Form 5500-SF 2014		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See Instructions.)					X Yes	□No
	Are you claiming a waiver of the annual examination and report of a		•	(IQP/	4)			_	_
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a	nd conditio	ns.)		**********			X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno				_	_		—	
to receive	If the plan is a defined benefit plan, is it covered under the PBGC Ins	surance pri	ogram (see ERISA section 4021	}?		Yes	IX No	Not c	Denimase
Pa	ntill Financial Information	گېدنېند و ندارونده			1				
	Plan Assets and Liabilities		(a) Beginning of Year		╂		(b) End o	of Year	
$\overline{}$	Total plan assets	7a	1,425,92	27	1				(0)
	Total plan #abilities	7b 7c	1,425,92	7	+				0
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	. ,	1		(b) T	otal	
a	Contributions received or receivable from:		· · · · · · · · · · · · · · · · · · ·	_					
	(1) Employers	8a(1)		0					
	(2) Participants Sa(2)								
<u>b</u>	(3) Others (including rollovers) 8a(3) O Other income (loss) 6b (104,014)								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-				(104,	014)
	Benefits paid (including direct rollovers and insurance premiums							1204,	
	to provide benefits)	8d	1,321,91	.3				7417	
	Certain deemed and/or corrective distributions (see instructions)	. 8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u> h	Other expenses	8g 8h				i.		1,321	.913
÷	Net income (loss) (subtract line 8h from line 8c)	81		L. Cort				1,425,	
Ī	Transfers to (from) the plan (see Instructions)	. 81							
P	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Characte	ristic	Code	s in the	instruction	ons:	
	1A 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Character	istic (Codes	in the	Instruction	15:	
P	rt V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu			I		_			
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidus Were there any nonexempt transactions with any party-in-interest			10a		Х			
N	on line 10a.)	. (00 1100 11		10b		x			
C	Was the plan covered by a fidefity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		x			
8	Were any fees or commissions paid to any brokers, agents, or other							•	
	insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	100		x			
f	<u> </u>	n?		10f		x			
							·-··		
				10g		X			
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
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 2520.101-3 101								unisalarus <u>sussa</u> ssassas	
Pa	rt VI Pension Funding Compliance		·····						
11	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)								
11	a Enter the unpaid minimum required contribution for current year for	rom Sched	ule SB (Form 5500) line 39						0
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code o	r sec	tion 30	2 of El	RISA?	□ Yı	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	ab le .)						
8	If a waiver of the minimum funding standard for a prior year is bei		ed in this plan year, see instruct				date of t	he letter r	uling

Form 5500-SF 2014	Page 3				
If you completed line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip to line 13	3,			
b Enter the minimum required contribution for this plan year	ar	••••••	12b		
C Enter the amount contributed by the employer to the plan	n for this plan year	******************************	12c		
d Subtract the amount in line 12c from the amount in line 1 negative amount)	eft of a	12d	······································		
e Will the minimum funding amount reported on line 12d b	e met by the funding deadline?		<u> </u>	Yes No N/A	4
Part VII Plan Terminations and Transfers of	Assets				
13a Has a resolution to terminate the plan been adopted in a	any plan year?		X Yes No		
If "Yes," enter the amount of any plan assets that reverte			13a		0
b Were all the plan assets distributed to participants or be of the PBGC?	ht under the co	ntrol	trol X Yes No		
C If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruct		the plan(s) to			
13c(1) Name of plan(s):		13c	(2) EIN(s) 13c(3) PN(s)	
				MARKATA TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	
Part VIII Trust Information (optional)					_
14a Name of trust	14b Trust's EIN				
DOROTHY N. YANG, MD DEFINED BENEFIT PI		45-3030669			

	Form 5500-SF 2014		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)				*******	X Yes	—— Пио		
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	VVoc No										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 402	l)? .		Ye:	s 🗓 No [Not dete	rmined		
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year			
а	Total plan assets	7a	1,425,9	27					0		
b	Total plan liabilities	7b							0		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,425,9	27			0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	lal			
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)									
-	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	(104,014	<u>1</u>)							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(104,014	 4)		
d	Benefits paid (including direct rollovers and insurance premiums		1 201 0								
	to provide benefits)	8d	1,321,93	L 3							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u> h	Other expenses (add lines 2d, 2c, 2f, and 2g)	8g 8h						1,321,91	1 3		
"	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8i			-			,425,927			
÷	Transfers to (from) the plan (see instructions)	8j					(-	,123,32	,		
D-	rrt IV Plan Characteristics	, o _j									
\Box	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ristic (Codes	in the	instructions	:			
	rt V Compliance Questions				I						
10	During the plan year:	1 141-1	Also Alassa as also di disensità di la	1	Yes	No	A	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		x					
b		? (Do not ir	nclude transactions reported	10b		х					
С	Was the plan covered by a fidelity bond?		***************************************	10c		х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х					
е	· · · · · · · · · · · · · · · · · · ·										
	insurance service, or other organization that provides some or all organizations.			100		x					
	Has the plan failed to provide any benefit when due under the plan			10e 10f							
						x					
9			,	10g		Х					
	2520.101-3.)	••••••	•••••••••••••••••••••••••••••••••••••••	10h							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Pa	rt VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X Yes	□No		
11	Enter the unpaid minimum required contribution for current year from the contribution for current year from the contribution for current year.			•••••					0		
12	Is this a defined contribution plan subject to the minimum funding i					2 of E	RISA?	Yes [X No		
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					Ī					
а	· · · · · · · · · · · · · · · · · · ·	ng amortize	ed in this plan year, see instruct				e date of the				
	J						·,				

	Form 5500-SF 2014	Page 3-]						
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)	, and skip to line	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 (enter a negative amount)		12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	•••••	🗀	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?		••••••	X Ye	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••	13a	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	ntify the plan(s) to						
1	3c(1) Name of plan(s):		13c	3c(2) EIN(s)		13c(3) PN(s)			
Part	VIII Trust Information (optional)								
14a Name of trust						14b Trust's EIN			
D	OCROTHY N. YANG, MD DEFINED BENEFIT PLAN				45-3030	0669			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

2015-09-14T17:42:47.609-05:00

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

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3 Three-digi	t _o		10 - 10 0 10 10 10 10 10 10 10 10 10 10 10 1			
3 Three-digi	t _o		THE STATE OF THE S			
pian numu		, 001				
	DOROTHY YANG, MD DEFINED BENEFIT PLAN plan number (PN)					
D Employer le	dentificatio	n Number (El	N)			
91-1221222						
01.122.122		11				
100 or fewer	7 101-500	∩ More tha	n 500			
100 01 10 001	101000	, []				
	. 2a		0			
	2b		0			
umber of	(2) Veste	ed Funding	(3) Total Funding			
icipants	101000000000000000000000000000000000000	Samuel Sa	Target			
0		0	0			
0		0	0			
		0	0			
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	4a					
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	6		0			
ents, if any, is complete	ete and accura	ate. Each prescribe ble expectations) a	ed assumption was applied in and such other assumptions, in			
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			THE CONTRACTOR OF THE CONTRACT			
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rm 5500 or 550		TOTAL VARIABLE STATE OF THE STA				
i ex	o o o o o o o o o o o o o o o o o o o	2a 2b umber of icipants 0 0 0 0 4a have been in 4b 5 6 ents, if any, is complete and accur reperience of the plan and reasona Most re	2a 2b umber of icipants (2) Vested Funding Target 0			

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	Part II Beginning of Year Carryover and Prefunding Balances											
_						(a) (Carryover balance		(b)	Prefundi	ng balan	ce
				cable adjustments (line 13				0			4	09231
8		ortion elected for use to offset prior year's funding requirement (line 35 from rior year)						0				
9	9 Amount remaining (line 7 minus line 8)								0 409231			09231
10	Interest on line	9 using prior year'	s actual re	turn of9.03 %				0			:	36954
11	11 Prior year's excess contributions to be added to prefunding balance:											
	a Present value	e of excess contrib	utions (line	38a from prior year)							1	49560
				8a over line 38b from prior yve interest rate of <u>0.00</u> %.								0
	` '		•	hedule SB, using prior year								0
				ear to add to prefunding bala								
		0 0	. ,		_							49560
	u Portion of (c)	to be added to pro	erunding ba	alance							14	49560
				s or deemed elections				0			59	95745
13	Balance at begi	inning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0				0
Pa	art III Fur	nding Percent	ages									
										14	100	.00 %
15 Adjusted funding target attainment percentage								100	.00 %			
16 				of determining whether ca						16	100	.35 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Pa	art IV Cor	ntributions an	d Liquid	lity Shortfalls								
18				vear by employer(s) and em								
(a) Date (b) Amount pa (MM-DD-YYYY) employer(s				(c) Amount paid by employees	(a) Da	(b) Amount paid by employer(s)			(c) Amount paid by employees			y
(22 ,		(0)	op.oyecc	(22	,	op.o., o. (<u> </u>		ор.	0,000	
					Totals ►	18(b)		0	18(c)			0
19	Discounted emp	oloyer contribution	s – see ins	tructions for small plan with	a valuation da	ate after th	ne beginning of the	e year:				
a Contributions allocated toward unpaid minimum required contributions from prior years									0			
b Contributions made to avoid restrictions adjusted to valuation date								0				
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								0			
20	,	butions and liquidi	•							-		1
	a Did the plan have a "funding shortfall" for the prior year?									No		
	b If line 20a is	"Yes," were require	ed quarterl	y installments for the currer	nt year made ir	n a timely	manner?				Yes	No
	C If line 20a is '	"Yes," see instruct	ions and co	omplete the following table		6.0						
	(1) 1	st	1	Liquidity shortfall as of e	end of quarter	of quarter of this plan year (3) 3rd				(4) 4th		
(1) 1st				(<i>L</i>) LIIU		(0)	0.0	+		(T) 711	•	

Pa	rt V	Assumptio	ns Used to Determin	e Funding Target and	Targe	et Normal Cost					
21											
	a Se	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %		3rd segment: 6.81 %)	N/A, full yield curve used			
	b App	olicable month ((enter code)		21b	0					
22	Weigh	nted average re	tirement age		22	71					
23	Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate							te			
Pa	rt VI	Miscellane	ous Items								
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment										
25	Has a	method change	e been made for the current	plan year? If "Yes," see instr	uctions	regarding required attac	hment	Yes X No			
26	Is the	plan required to	o provide a Schedule of Acti	ve Participants? If "Yes," see	instruc	tions regarding required	attachmen	tYes X No			
27			_	enter applicable code and see			27				
Pa	rt VII	Reconcilia	ation of Unpaid Mini	num Required Contrib	ution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all pri	or years			28	0			
29				ard unpaid minimum required			29	0			
30	Rema	ining amount of	f unpaid minimum required	contributions (line 28 minus lir	ne 29)		30	0			
Pa	rt VIII	Minimum	Required Contribution	on For Current Year							
31	Targe	t normal cost a	and excess assets (see instr	uctions):							
	a Targ	jet normal cost	(line 6)				31a	0			
	b Exc	ess assets, if a	pplicable, but not greater the	an line 31a			31b	0			
32	Amort	ization installme	ents:			Outstanding Bala	nce	Installment			
	a Net	shortfall amorti	zation installment				0	0			
	b Wai	iver amortization	n installment								
33				enter the date of the ruling let) and the waived an			33				
34	Total 1	funding requirer	ment before reflecting carry	over/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34	0			
				Carryover balance		Prefunding bala	nce	Total balance			
35			use to offset funding		0		0	0			
36	Additio	onal cash requi	rement (line 34 minus line 3	5)			36	0			
37	Contri (line 1		•	contribution for current year	-		37	0			
38	Prese	nt value of exce	ess contributions for current	year (see instructions)							
	a Tota	al (excess, if any	y, of line 37 over line 36)				38a	0			
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38b	0			
39							39	0			
40	Unpai	d minimum requ	uired contributions for all ye	ars			40	0			
Pa	rt IX	Pension I	Funding Relief Unde	Pension Relief Act of	2010	(See Instructions))				
41	If an e	lection was mad	de to use PRA 2010 fundino	relief for this plan:							
	a Sch	edule elected .						2 plus 7 years 15 years			
	b Eligible plan year(s) for which the election in line 41a was made										
42							42				
				ried over to future plan years			43				