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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

	rt I			entification Information	<u>on</u>				
For o	calenda	ar plan year 2015 or f	isca	I plan year beginning 01/0)1/20	015 and ending 12	2/31/2	015	
A T	his ret	urn/report is for:	X	a single-employer plan a one-participant plan		a multiple-employer plan (not multiemployer) list of participating employer information in act a foreign plan	,	•	
Вт	nis retu	rn/report is		the first return/report		the final return/report a short plan year return/report (less than 12 m	onths))	
C	Check b	oox if filing under:	X	Form 5558 special extension (enter de	escri	automatic extension		DFVC progr	ram
Pa	rt II	Basic Plan Info	orm	nation—enter all requested	linfo	ormation			
1a	Name (of plan		IEFIT PENSION PLAN			1b	Three-digit plan number (PN) ▶	001
							1c	Effective date of 01/0	f plan 1/2010
1	Mailing	address (include roo	m, a	, if for a single-employer planator, suite no. and street, or leading to the country, and ZIP or foreign p	Р.О.	Box) Il code (if foreign, see instructions)	2b	Employer Identii (EIN) 13-4	ication Number 167301
	•	LAI, DDS, PC	00, 0	odinity, and Em of loroign p	0014	ii oodo (ii loloigii, ood iilottadaaloloj			27-3088
		WOODS ROAD 7, NY 11797					2d	Business code (,
3a	Plan ad	dministrator's name a	ınd a	address XSame as Plan Sp	onso	Or.		Administrator's I	EIN elephone number
4				an sponsor has changed sin er from the last return/report.		he last return/report filed for this plan, enter the	4b	EIN	
а	Sponso	or's name					4c	PN	
5a	Total n	number of participants	s at	the beginning of the plan yea	ar		5	а	10
b	Total n	number of participants	s at	the end of the plan year			5	b	10
С						he plan year (defined benefit plans do not	5		
d(1) Tota	al number of active pa	artici	pants at the beginning of the) pla	ın year	5d	(1)	10
d (2	2) Tota	al number of active pa	artic	ipants at the end of the plan	year	r	5d	(2)	10
	than 1	100% vested				plan year with accrued benefits that were less	5 150 is		0
Unde	er pena	alties of perjury and o	ther	penalties set forth in the ins	truct	tions, I declare that I have examined this return/ress well as the electronic version of this return/report	port, i	ncluding, if applic	

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 09/16/2016 DR. MAILIN MIMI LAI **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in Are you claiming a waiver of the annual examination and rep under 29 CFR 2520.104-46? (See instructions on waiver elig If you answered "No" to either line 6a or line 6b, the plan 	ort of an independe ibility and condition	ent qualified public a s.)	ccount	ant (IQ	PA) 			X Yes No
C If the plan is a defined benefit plan, is it covered under the PE							No \square N	Not determined
Part III Financial Information		`			1			
7 Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			b) End of	Year
a Total plan assets	7a	(w) = 0 g		500		'	,	66793
b Total plan liabilities				0				0
C Net plan assets (subtract line 7b from line 7a)			64	500				66793
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tot	al
Contributions received or receivable from: (1) Employers	8a(1)			0				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		2	293				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								2293
d Benefits paid (including direct rollovers and insurance premiu to provide benefits)				0				
e Certain deemed and/or corrective distributions (see instruction				0				
f Administrative service providers (salaries, fees, commissions	s) 8f			0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i Net income (loss) (subtract line 8h from line 8c)	8i							2293
j Transfers to (from) the plan (see instructions)	······ 8j			0				
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable we Part V Compliance Questions	lfare feature codes	from the List of Pla	n Chara	acterist	ic Cod	les in the	instructior	is:
10 During the plan year:				Yes	No	N/A	Α	Amount
Was there a failure to transmit to the plan any participant or described in 29 CFR 2510.3-102? (See instructions and De Program)	OL's Voluntary Fidu	ciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-in-in-in-in-in-in-in-in-in-in-in-in-			10b		X			
C Was the plan covered by a fidelity bond?			10c	Χ				20000
d Did the plan have a loss, whether or not reimbursed by the by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, carrier, insurance service, or other organization that provide the plan? (See instructions.)	es some or all of the	benefits under	10e		X			
f Has the plan failed to provide any benefit when due under t	he plan?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter am	ount as of year end	.)	10g		Χ			
h If this is an individual account plan, was there a blackout pe	riod? (See instructi	ons and 29 CFR	10h					
i If 10h was answered "Yes," check the box if you either provexceptions to providing the notice applied under 29 CFR 25	ided the required n	otice or one of the	10i					
j Did the plan trust incur unrelated business taxable income?			10j		Χ			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding rec 5500) and line 11a below)				<u></u>		•		X Yes No
Enter the unpaid minimum required contribution for all years	s from Schedule SE	(Form 5500) line 4	0			11a		(
12 Is this a defined contribution plan subject to the minimum fu	ındina requirement	s of section 412 of t	he Cod	e or se	ction :	302 of FR	ISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications are considered from the plan to another plan(s) and the plan to another plan (s).				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	100(1)	tuno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)
Dant		Turnet lafe una eti a c					
Part	Name c	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name C	n trust		175	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions		ı			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		.DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Ri	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con must have any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the plants of the favorable letter/ and the letter's serial representations.		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		," enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

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

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

_			C 1		04/01/001				4/0045	
		r plan year 2015		ear beginning	01/01/2015		and end	ing 12/3	1/2015	
		off amounts to r								
<u> </u>	Caution	: A penalty of \$1	,000 will be ass	essed for late fil	ing of this report	t unless reasonable o	ause is establish	ed.		
	Name of p	plan I MIMI LAI DEFI	NED BENEFIT	PENSION PLAN	N		B Three-di plan nun	git nber (PN)	•	001
С	Plan spor	nsor's name as s	shown on line 2a	a of Form 5500 o	or 5500-SF		D Employer	Identificat	ion Number (E	EIN)
М	AILIN MIN	MI LAI, DDS, PC						13-4167	7301	
E	Type of pla	an: X Single	Multiple-A	Multiple-B	F	Prior year plan size:	X 100 or fewer	101-50	00 More th	an 500
Р	art I	Basic Inforn	nation							
1	Enter tl	he valuation date	e: N	Month 01	Day <u>01</u>	Year <u>2015</u>	_			
2	Assets	:								
	a Mark	et value						2a		64500
	b Actua	arial value						2b		64500
3	Fundin	g target/participa	ant count break	down		, ,	Number of articipants	•	ted Funding arget	(3) Total Funding Target
	a For r	etired participan	ts and beneficia	aries receiving pa	ayment		0		0	0
	b For t	erminated veste	d participants				0		0	0
	C For a	ctive participant	s				1		69114	69114
	d Tota	I					1		69114	69114
4	If the p	lan is in at-risk s	tatus, check the	box and comple	ete lines (a) and	(b)				
	a Fund	ling target disreg	arding prescrib	ed at-risk assum	nptions			4a		
						tion rule for plans that		4b		
5	Effectiv	e interest rate						5		6.48%
6	Target	normal cost						6		0
Sta	tement b	y Enrolled Actu	ıary							
	accordance		nd regulations. In my	opinion, each other a	assumption is reasona					ed assumption was applied in and such other assumptions, in
	SIGN HERE								03/20/20	016
			Signa	ture of actuary			_		Date	
TH	EODORE	ANDERSEN, M	ŭ	•					14-020	34
		·	·	int name of actua	ary			Most re	ecent enrollme	ent number
PE	NSION A	SSOCIATES			•				203-356	6-0306
				irm name			т	elephone	number (includ	ding area code)
		MAIN STREET. , CT 06902	SUITE 230							
			Addı	ress of the firm			<u> </u>			
If the	a actuary	has not fully roft	acted any regul	ation or ruling or	romulaated unde	er the statute in comp	leting this schod	ile check	the hov and a	
	uctions	rias riot fully felli	colou arry regul	adon or running pr	omaigated unde	or the statute in comp	noming this someth	aio, oncok	and box and s	

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding	g Balance:	;						
								(a) (Carryover balance)	(b) F	Prefund	ing balance
7		-	•		cable adjustments (line	•				0			0
8			•	-	unding requirement (line					0			0
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)						0			0
10	Interes	t on line 9	o using prior year's	actual retu	urn of%					0			0
11	Prior ye	ear's exc	ess contributions to	be added	to prefunding balance:	:							
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)								0
					a over line 38b from pri e interest rate of <u>6.70</u>								0
	b(2) Ir	nterest or	n line 38b from prio	or year Sch	edule SB, using prior ye	ear's actual							0
													0
	C Total	available	at beginning of cur	rent plan ye	ar to add to prefunding b	oalance							0
	d Porti	ion of (c)	to be added to pre	funding ba	lance								0
12	Other r	eductions	s in balances due t	to elections	or deemed elections					0			0
13	Balanc	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line	e 12)				0			0
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	attainment percent	age								14	93.32 %
			g target attainment									15	93.32 %
16					of determining whether							16	123.61 %
17	If the c	urrent val	ue of the assets of	f the plan is	s less than 70 percent o	of the funding	targe	et, enter s	such percentage			17	%
Pá	art IV	Con	tributions and	d Liquidi	ty Shortfalls						•		
18					ear by employer(s) and								
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees) Da DD-Y	te ′YYY)	(b) Amount p employer		(0		ınt paid by oyees
		,		,		,		,	. ,	,			•
				·		Totals	>	18(b)		(18(c)		0
19	Discou	nted emp	loyer contributions	s – see inst	ructions for small plan v	with a valuati	n da	ate after th	ne beginning of th	e year:			
	a Cont	tributions	allocated toward u	ınpaid mini	mum required contribut	tions from pri	or ye	ars		19a			0
	b Cont	ributions	made to avoid res	trictions ad	justed to valuation date	9				19b			0
	C Cont	ributions a	allocated toward mi	nimum requ	ired contribution for curre	ent year adjus	ted to	o valuation	date	19c			0
20	Quarte	rly contrib	outions and liquidit	y shortfalls	:								
	a Did t	the plan h	nave a "funding sh	ortfall" for t	ne prior year?								Yes X No
	b If line	e 20a is "	Yes," were require	d quarterly	installments for the cur	rrent year ma	de in	a timely	manner?				Yes No
	C If line	e 20a is "	Yes," see instruction	ons and co	mplete the following tab	ole as applica	ble:						
		(1) 4	<u>,, </u>		Liquidity shortfall as	of end of qua	rter					(1) 11	<u> </u>
		(1) 1:	ot .		(2) 2nd			(3)	3rd			(4) 4t	II

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	nt rate:									
	a Seg	ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yiel	d curve	used		
	b Appl	icable month (enter code)			21b			0		
22	Weight	ed average ret	irement age			22			65		
23		ty table(s) (see			scribed - separate	Substitut	e				
Da	rt VI	Miscellane	oue Itame	<u></u>							
				uarial assumptions for the current	plan year? If "Van " aaa	inatruationa	rogarding require	. d			
27		•	· ·	uariai assumptions for the current			· · -	Yes	X No		
25	Has a r	method change	been made for the current of	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No		
26				Participants? If "Yes," see instruc				Yes	X No		
27		•		er applicable code and see instruc] 100	<u> </u>		
21		•	•	er applicable code and see instruc		27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years						
28		I .	•	years		28			0		
29				I unpaid minimum required contrib							
				- unpaid minimum required continue		29			0		
30	Remair	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		nd excess assets (see instruct								
						31a			0		
	_		· · · · ·	line 31a		31b			0		
32		zation installme	-		Outstanding Bala	-	Install	ment			
			all amortization installment								
						0			0		
33					ting the approval						
55				ter the date of the ruling letter grar) and the waived amount		33			0		
34	Total fi			er/prefunding balances (lines 31a -		34			0		
	Totalie	anding requirer	ment before remeding darryove	Carryover balance	Prefunding bala		Total ba	alance			
25	5 1			Carryover balance	1 Tordinaling bala	1100	Total De	alaricc			
35			use to offset funding	0		0			0		
36						36					
37				ontribution for current year adjusted		30			0		
31				year adjuster		37			0		
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		l L					
			•			. 38a			0		
	_			orefunding and funding standard ca		38b			0		
39				ear (excess, if any, of line 36 over l	*	39			0		
40				i		40					
	rt IX		•	Pension Relief Act of 2010					0		
			de to use PRA 2010 funding re		(Cee menuchons	J					
				mor for this plan.			2 plus 7 years		years		
				41a was made		 -	3 2009 201	U	2011		
						42					
43	Fycess	installment ac	celeration amount to be carrie	d over to future plan years		43					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-011 1210-008

This Form is Open to Public Inspection

Ration Annual Report Identification Information

For	r calendar plan year 2015 or		ac haginning	01/01/2015	and ending	40 104 1007	
	Serences plan your go to or					12/31/201	
Α	This return/report is for:	XI a singi	e-employer plan	a multiple-employer	plan (not multiemployer)	(Filers checking thi	s box must attach
	1.4.4.4.2.1011	∏ a one t	participant plan	a foreign plan	employer information in a	accordance with the	e form instructions)
В	This return/report is:	. ===	t return/report	the final return/repor	t		
	·		anded return/report	•	urn/report (less than 12 m	antho\	
				a onor plan year tet	umreport (1685 (11811-12))	ionas)	
C	Check box if filing under:	x Form 5	5558	automatic extension		☐ DFVC pi	ogram
		special	extension (enter description	n)			
P	ant II Basic Plan In	formation	enter all requested info	mation		• •	
1a	Name of plan				, ,,,	1b Three-digit	
	Dr. Mailin Mimi L	ai Define	d Benefit Pension	Plan		edmun nalq	er 001
						(PN) ► 1¢ Effective de	
						01/01/20	•
2a	Plan sponsor's name (emp	oloyer, if for a	single-employer plan)			 	lentification Number
	Mailing Address (Include f City or town, state or provi	oom, apt.; sujt nce_country i:	ie no. and street or P.O. Bo and ZIP or foreign postal co	x) uda (If forsion, see ins	tructions)	(EIN) 13-	
	Mailin Mimi Lai,		end En or foreign poster de	oo (ii lalalgii, see iis	u doubna)	2¢ Sponsor's t	elephone number
	·	:				(212) 22	
	106 South Woods R	n=d	1				ode (see instructions)
	200 200201 400000 70					621210	
	US Woodbury NY 11797		[]				
3a	Plan administrator's name	and address	X Same as Plan Sponso	r Name		3b Administrati	or's EIN
		:					
	•					3c Administrati	or's telephone number
		i		•		<u> </u>	
4	If the name and/or EIN of t	he plan sporis	or has changed since the la	et return/report filed	for this plan enter the	4b EIN	
•	name, EIN, and the plan n	umber from th	e last return/report.	and the state of t	or the plan, enter the		
a	Sponsor's name					4c PN	
5a	Total number of participan	ts at the begin	ning of the plan year		*****************	5a	10
b	Total number of participant	ts at the end p	f the plan year	**********************	***************************************	5b	10
C	Number of participants with					5c	
	complete this Item)						
αί	1) Total number of active page	articipants at it	he beginning of the plan ye	ar		5d(1)	10
d(Total number of active page	articipants at t	he end of the plan year		****************	5d(2)	10
0	Number of participants tha					5e	A
		<u>-</u>) 8 t t t p t 4 t 1 5 t			<u> </u>	0
	ution: A penalty for the lat						
	der penalties of perjury and or Schedule MB completed			•			
	lief, it is true, correct, and co		y an emoned addairy, as we	sii as the electronic ve	asion or mis return/report	, and to fite best of	my knowledge and
		スコ		9/16/16	Dr. Mailin Mimi	Tai	
					1 1 M M M M M M M M M M M M M M M M M M	· · · · · · · · · · · · · · · · · · ·	dministrator
	ERE Signature of plan ad	annstrator	$\neg \mathcal{A}$	911611b	Enter name of individua	~ ~ ~	in in its ii attor
	GNC				Dr. Mailin Mimi		
1.7	ERE Signature of employ		<u> </u>	Date	Enter name of individua		
Pre	eparer's name (including firm	name, it appl	iicapie) and address; includ	e room or suite numb	er	Preparer's teleph	one number
		•			i		
		. !					
						<u> </u>	作 等 "不可能的存储器,还存在法。"

	Form 5500-SF 2015		Page 2							
6a	and the branch advers during the blank Aest invested by eligible	le assets?	(See instructions.)	100000000000000000000000000000000000000	*******		*********		X Yes	
b	Are you claiming a waiver of the annual examination and report of	an indepen	ident qualified public acc	ountai	nt (IQ.	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.	and conditi	Ons.)	*******	*******	********	********	***********	X Yes	□No
Ċ	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must in	stead	use	Form	5500.			
Detect	If the plan is a defined benefit plan, is it covered under the PBGC in	usntaucé b	rogram (see ERISA secti	on 40	21)7		🔲 Y	es X No	Not dete	ermin
	artilis Financial Information									
7	Plan Assets and Liabilities	第二 章	(a) Beginning	of Ye	ar			(b) End	of Year	
a	Total plan assets		_	64,	500				66,79	93
b	Total plan liabilities	7b			0	丁			00//	<u> </u>
C	Net plan assets (subtract line 7b from line 7a)	7c		64,	500	\top			66,79	<u> </u>
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour			\top		(b) T		
а	Contributions received or receivable from: (1) Employers	0-(4)				2.5	逐動	金额 建		
	(2) Participants	. 8a(1)	<u></u>		0	_ Ę	20.4	46.60		
		. 8a(2)			0	基				
b	(3) Others (including rollovers) Other income (loss)	1			0			Telepis II		760 (1) 760 (1)
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- d8		2,2	93	Œ.	放為民族	等等		100 mg -
d	Benefits paid (including direct rollovers and insurance premiums	. 8c		1	Tr	33			2,29	93
	to provide benefits)	. 8d			0					数说
6	Certain deemed and/or corrective distributions (see instructions)	. 8e			0	120		Z.A.V.E.		29.00
f	Administrative service providers (salaries, fees, commissions)	. 8f			0	131				77.77
g	Other expenses	. 8g			0					C.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	- 8h		976	u ya ya	- 1992 .	i dini	文 (2)	E POSTAGE ST	O
i	Net income (loss) (subtract line 8h from line 8c)	<u> </u>							2,29	
]	Transfers to (from) the plan (see instructions)		permitting to the party of the production of the periods	AT IN THE	0 a	(2) (2)		1. 15 () () () () () () () () () (
	Plan Characteristics	1	117			133	<u> </u>	4. 人位 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	d dan Inc. Property	
	If the plan provides pension benefits, enter the applicable pension fe	atum ende	es from the Lies of Man C		L		1. 1. 11		-us	
	1A 1D	ature code	s nom má ciát di Fiall C	naraci	erisuo	S CÓO	es in th	e instructio	ns:	
b	If the plan provides wolfare handle and the surface to									
	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aracte	ristle	Code	s in the	instruction	S:	
	Compliance Questions						-,			
	No. 1 1 1 1 1 1 1 1 1	, <u></u>				 "	Fixet et	·		
10 a	During the plan year:			, .	Yes	No	NA		Amount	
a	Was there a failure to transmit to the plan any participant contribut						基			
	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo Program)			ا ا			沙是			
b		2 /Do not in	chide francostions	10a		X	三型数			
	reported on line 10a.)	: (DD 1101 (1	www.manachona	10b		ж	37.2	1		
c	Was the plan covered by a fidelity bond?			10c	х	<u> </u>			20	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f						343			
	by fraud or dishonesty?		***************************************	10d		ж				
e	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ie benefits under	100		ж	Mrg.			
f	Has the plan failed to provide any benefit when due under the plan			10e			建 安徽 第3章			****
				10f		X			u	
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X	13,23	by Jabbilan Alt o	Mr. a sinte media line.	Z 3550
h	2520.101-3.)	********	78777722406677 F	10h			7			
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	e required i	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j		ж	CONTRACT STO		The same street of the say \$50.	<u></u>)
Par	Pension Funding Compliance					L	1			
11	Is this a defined benefit plan subject to minimum funding requireme								X Yes	7
11=	Enter the unpaid minimum required contribution for current year fro	_	1,1,		1 8077 14	49.48.4.49	118	***********	I Yes ∐	∐ Nc c
12	Is this a defined contribution plan subject to the minimum funding of							RISA2	☐ Yes X	T Nic

Form 5500-SF 2015	Page 3-					
(If "Yes," complete line 12a or lines	2b, 12c, 12d, and 12e below, as applicable \			<u> </u>		
a If a waiver of the minimum funding granting the waiver.	standard for a prior year is being amortized in this plan year, see inst Mont	n [enter th	ne date of	the letter	ruling
	ies 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Para Para		· · · · · · · · · · · · · · · · · · ·
 b Enter the minimum required contribution 	tion for this plan year		12b	T ''		
c Enter the amount contributed by the	employer to the plan for this plan year	******	12c			
d Subtract the amount in line 12c from	the amount in line 12b. Enter the result (enter a minus sign to the lef	ofa	12d		VIV.	
e Will the minimum funding amount rep	orted on line 12d be met by the funding deadline?			Yes [] No	□ N/A
Part VII Plan Terminations an			1.5			1 14171
	n been adopted in any plan year?	/ /	XY	а» П N	lo	
If "Yes," enter the amount of any plan	assets that reverted to the employer this year		13a		NO.	, 104
b Were all the plan assets distributed to	o participants or beneficiaries, transferred to another plan, or brought	under the co	untral		—————————————————————————————————————	X No
C If during this plan year, any assets or which assets or liabilities were transfer	liabilities were transferred from this plan to another plan(s), identify t	he plan(s) to	ANNUA ANNUA S		Yes	<u>IA</u> No
13c(1) Name of plan(s);	(Too mode of the control of the cont	136	(2) EIN	(0)	13-(3)	PN(s)
		100	(Z) WIIV	(9)	130(3)	11/(\$)
Production of the Report Park	The second secon					
art VIII Trust Information						
4a Name of trust			14b T	rust's EIN		,,
14¢ Name of trustee or custodian			4 - 1			,
146 Name of trustee or custodian :				rustee or o phone nur		's
			(010)	priorie riai	(IIOC)	
PartiX IRS Compliance Ques	tions					
15a is the plan a 401(k) plan:	,	47814939000000000	∫ Ye	s	□ No	
. :	<u>, , , , , , , , , , , , , , , , , , , </u>		 De	sign-	MTTTM	
15b If "Yes," how does the 401(k) plan sati	sfy the nondiscrimination requirements for employee deferrals and e	mployer		sed safe rbor	ADP.	/ACP
matching contributions (as applicable)	under sections 401(k)(3) and 401(m)(2)?	******		thod	test	
15c If ADP/ACP test, did the 401(k) plan p	erform ADP/ACP testing for the plan year using the "current year		T Yes	s	No	
testing method" for nonhighly compens	ated employees (Treas, Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(r		L., C.			
2(a)(2)(ii))?	######################################					
6a Check the box to indicate the method	used by the plan to satisfy the coverage requirements under section	110(b);	☐ Rat	tio rcentage	Aver	age
			Tes		Bene	fit Test
16b Does the plan satisfy the coverage and this plan with any other plans under the	d nondiscrimination tests of sections 410(b) and 401(a)(4) by combin permissive aggregation rules?		∐ Yes	3	☐ No	
17a Has the Plan been timely amended for	all required law changes?	************	Yes	ŝ	☐ No	☐ N/
	tement for the required tax law changes was adopted//	.Enter the	applica	ible code	(Se	e
instructions for tax law changes and co	des). re-approved master, prototype (M&P), or volume submitter plan that					
advisory letter, enter the date of that far	vorable letter / / , and the letter's serial number	r			•	
17d If the plan is an individually-designed in determination letter / / /	olan and recieved a favorable determination letter from IRS, please e	nter the date	of plan's	s last favo	rable	
18 Is the Plan maintained in a U.S. territory	/ (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has ommonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	been nds)?	Yes	5	☐ No	
19 Were in-service distributions made duri	ng the plan year?	*************	Yes	3	□ No	
If Yes, enter amount	978 h d d res d la company s d de de descripció de la descripció de la marcal de descripció de descripció de d	*************	19			
20 Were minimum required distributions m	ade to 5% owners who have attained age 70 ½ (regardless of wheth	eror	☐ Yes	e i	No	N/₁
not retired) as required under section 4				,	ran	IN/
. !						
:						

2963DB

September 14, 2016

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

Dr. Mailin Mimi Lai Defined Benefit Pension Plan 13-4167301 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 32 -**Schedule of Amortization Bases**

Dr. Mailin Mimi Lai Defined Benefit Pension Plan 13-4167301 / 001

For the plan year 01/01/2015 through 12/31/2015

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2015	4,614	Shortfall	4,614	7	767
Totals:				\$4.614		\$767

Schedule SB, Part V Summary of Plan Provisions

Dr. Mailin Mimi Lai Defined Benefit Pension Plan 13-4167301 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer: Mailin Mimi Lai, DDS, PC

Type of Entity - Professional Service Corporation

EIN: 13-4167301 TIN: 27-4658014 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2010 Year end - 12/31/2015 Valuation - 01/01/2015

Top Heavy Years - 2011, 2012, 2013, 2014, 2015

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

Cls - "002"

Minimum age - 21 Months of service - 12

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

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

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

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

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

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

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Dr. Mailin Mimi Lai Defined Benefit Pension Plan 13-4167301 / 001

For the plan year 01/01/2015 through 12/31/2015

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

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

Dr. Mailin Mimi Lai Defined Benefit Pension Plan 13-4167301 / 001

For the plan year 01/01/2015 through 12/31/2015

01/01/2015 Valuation Date:

Funding Method: As prescribed in IRC Section 430

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

New participants are not included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.22
Segment 2	6 - 20	4.11
Segment 3	> 20	5.20

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %
Segment 1	0 - 5	4.72
Segment 2	6 - 20	6.11
Segment 3	> 20	6.81

Pre-Retirement - Mortality Table -None

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

Post-Retirement - Mortality Table -15C - 2015 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

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

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

Pre-Retirement - Interest -8.5% Post-Retirement - Interest -8.5%

> Mortality Table -Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Tested as a Single Plan

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

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

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

▶ File as an attachm	nent to Form 5500 or !	5500-SF.				
For calendar plan year 2015 or fiscal plan year beginning 01/03	1/2015	and ending	12/	/31/20	15	
▶ Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reasonable car	use is established.				
A Name of plan		B Three-digit				
Dr. Mailin Mimi Lai Defined Benefit Pension Plan	plan numb		•	i	001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entificati	on Num	ber (Ell	N)
Mailin Mimi Lai, DDS, PC		13	-4167	301		
· · · · · · · · · · · · · · · · · · ·						
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size:	x 100 or fewer]101-5	00 🔲	More th	nan 500
Part I Basic Information						
1 Enter the valuation date: Month 01 Day 01	1 Year 2015					
	t real					
		[2a			64,500
a Market valueb Actuarial value		ŀ	2b			* **
	1	1				64,500
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Taro		g	(Total Funding Target
	participants	Tany	CI			raiget
a For retired participants and beneficiaries receiving payment	0			0		0
b For terminated vested participants	0			0		0
C For active participants	1		69	,114		69,114
d Total	1		69	,114		69,114
4 If the plan is in at-risk status, check the box and complete lines (a) and		<u>'</u>				
a Funding target disregarding prescribed at-risk assumptions	` ,		4a		"A series de la companya de la comp	
b Funding target reflecting at-risk assumptions, but disregarding transi		ŀ				
at-risk status for fewer than five consecutive years and disregarding			4b			
5 Effective interest rate			5			6.48 %
6 Target normal cost			6			0
Statement by Enrolled Actuary						
To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable	es, statements and attachment	ts, if any, is complete an	d accurate	e. Each pre	esribed as	sumption was applied in
combination, offer my best estimate of anticipated experience under the plan.	e (talking line deboard line offer	one or the plantana.	ouoo.iabic	, одробии	ono, ana c	additional accompany in
SIGN ~/						
HERE				09/14	/2016	
Signature of actuary				D:	ate	
Theodore Andersen, M.A.A.A., MSPA				14-02		
Type or print name of actuary						t number
Pension Associates				3) 35		
The state of the s						
Firm name		Tele	ephone	number	(includi	ing area code)
2001 West Main Street. Suite 230						
US Stamford CT 06902						
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	er the statute in comple	eting this schedule	, check	the box	and se	e 🗌

Schedule SB (Form 5500) 2015	Page 2

TERRESONAL PROGRESSION OF THE CONTRACTOR OF THE PROGRESSION OF THE PRO

Pai	rt II	Carryov	er and Prefunding Bala	ances						
					(a) (Carryover balance		(b) Prefunding balance		
7	Balance at beginning of prior yearyear)									0
8	Portion elected for use to offset p prior year)				0					
9	Amount remaining (line 7 minus l	ine 8)					0			0
10	Interest on line 9 using prior year						0			0
	Prior year's excess contributions									
	a Present value of excess contr	ibutions (lir	e 38a from prior year)							0
	b(1) Interest on the excess, if a	nv. of line 3	8a over line 38b from prior yea	ır						
	Schedule SB, using prior y	-						0		
	b(2) Interest on line 38b from preturn		hedule SB, using prior year's a							0
	c Total available at beginning of	f current pla	an year to add to prefunding ba	lance .						0
	d Portion of (c) to be added to p									0
12	Other reductions in balances due						0			0
13	Balance at beginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0			0
- highlactica.co	rt III Funding Percent				· · · · · · · · · · · · · · · · · · ·					
12 A C 35 S A L 25 C 95	Funding target attainment percer								14	93.32 %
	Adjusted funding target attainme								15	93.32 %
	Prior year's funding percentage f									<u> </u>
	current year's funding requireme	nt		• • • • • • •		• • • • • • • • • • • • • • • • • • • •		•••••	16	123.61 %
_17	If the current value of the assets	of the plan	is less than 70 percent of the f	unding ta	arget, enter	such percentage	• • • •		17	<u>%</u>
Pa	rt IV Contributions a	nd Liquid	dity Shortfalls							
18	Contributions made to the plan for	or the plan	year by employer(s) and emplo	yees:						
(8.4)	(a) Date (b) Amount p		(c) Amount paid by employees		a) Date DD-YYYY)	(b) Amount employe		<i>'</i>		ount paid by lovees
(IVI)	M-DD-YYYY) employer	(5)	етрюусся	(101101-1	JD-1111)	Строус	, (0)			.0,000
								+		
			-0.1996-0-1							
										····
Los os signas	antinamajar pang panggangan ang panggang ang panggang ang panggang ang panggang ang panggang ang panggang ang		989 984 985 98 98 98 98 98 98 98 98 98 98 98 98 98							
				Totals	`			₀ 18(c)	0
19	Discounted employer contribution	ns see in	structions for small plan with a	valuatior	date after	the beginning of the	уеаг:			
	a Contributions allocated toward	l unpaid mi	nimum required contributions f	rom prior	years		19a			0
b Contributions made to avoid restrictions adjusted to valuation date							0			
									0	
20	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 requi							• • • • • • • • • • • • • • • • • • • •	[] Yes [] No
	C If line 20a is "Yes," see instruc									
-			Liquidity shortfall as of end			n year			processor (All Carlot and A	
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4	th
						0. W. 444 - W. 1840				

RESERVED TO THE RESERVED TO TH

Pa	art V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment:	1st segment: 2nd segment: 3rd segment:			N/A, full yield curve used	
		4.72 %	6.11 %	6.81 %			
	b Applicable month	(enter code)			21b	0	
22	Weighted average re	tirement age			22	65	
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pres	scribed - separate	Substitu	te	
Pai	rt VI Miscellane	eous items					
24	Has a change been r	made in the non-prescribed act	uarial assumptions for the current	plan year? If "Yes," see	instructions	regarding required	
	attachment	· · · · · · · · · · · · · · · · · · ·				Yes X No	
25	Has a method chang	e been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment	Yes X No	
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachment	· · · · · · · · Yes X No	
27	If the plan is subject	to alternative funding rules, ent	er applicable code and see instruc	tions regarding	27		
	attachment						
Pa	rt VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years			
_28	Unpaid minimum req	uired contributions for all prior	ears		28	0	
29			unpaid minimum required contrib		29	0	
30			tributions (line 28 minus line 29)		30	0	
#6000000000	000600000066	Required Contribution					
***************************************	Carrier and Carrie	nd excess assets (see instruction					
					31a	0	
			ine 31a		31b	0	
32	Amortization installm	···		Outstanding Bala		Installment	
JZ				- Catalanang Pan	4,614	0	
	_				0	0	
				ating the approval	-	<u>~</u>	
33			er the date of the ruling letter grar) and the waived amount .		33	0	
34	Total funding requirer	ment before reflecting carryover	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0	
			Carryover balance	Prefunding Bala	nce	Total balance	
35	Balances elected for	use to offset funding					
			0		0	0	
36	Additional cash requi	irement (line 34 minus line 35)			36	0	
37	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)					0	
20		ess contributions for current year					
					38a	0	
	 a Total (excess, if any, of line 37 over line 36)						
		39	0				
	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)						
40 Unpaid minimum required contributions for all years							
41	If an election was made	de to use PRA 2010 funding rel	ief for this plan:				
a Schedule elected							
			1a was made				
			· · · · · · · · · · · · · · · · · · ·		42		
			over to future plan years		43		
-+3	Excess installment ac	celeration amount to be carried	over to luture plan years		70		