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

2018

This Form is Open to Public Inspection

| | rt identification information | | | | |
|--|---|---------------------------|---|-------------------|--------------------------------------|
| For calendar plan year 2018 or | fiscal plan year beginning 01/01/2 | 2018 | and ending 12 | /31/2018 | |
| A This return/report is for: | X a single-employer plan | a multiple-employer pl | an (not multiemployer) (F aployer information in acc | | |
| | 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 retur | n/report (less than 12 mo | onths) | |
| C Check box if filing under: | Form 5558 | automatic extension | [| DFVC prog | ıram |
| | special extension (enter desc | ription) | | | |
| Part II Basic Plan Inf | formation—enter all requested in | formation | | | |
| 1a Name of plan | | | | 1b Three-d | igit |
| PL CHANG MD PC 401(K) | | | | plan nu | mber |
| | | | <u> </u> | (PN) • | 001 e date of plan |
| | | | | TO Encour | 01/01/2017 |
| | oloyer, if for a single-employer plan) from, apt., suite no. and street, or P.C |) Box) | | | er Identification Number |
| | nce, country, and ZIP or foreign post | | ructions) | (EIN) | 20-0305291 |
| PL CHANG MD PC | , ,, | , , | , | | r's telephone number 212-804-6666 |
| | | | | 2d Busines | s code (see instructions) |
| 320 EAST 23RD STREET APT 1 NEW YORK, NY 10010 | ON | | | | 621111 |
| NEW TORK, NT 10010 | | | | | |
| 3a Plan administrator's name | and address X Same as Plan Spo | nsor. | | 3b Adminis | trator's EIN |
| | | | - | | |
| | | | | 3c Adminis | trator's telephone number |
| | | | | | |
| | | | | | |
| | the plan sponsor or the plan name hoonsor's name, EIN, the plan name a | | | 4b EIN | |
| a Sponsor's name | onson's name, Lin, the plan name a | and the plan number nom t | ile iast return/report. | 4d PN | |
| C Plan Name | | | | | |
| | | | | | |
| | its at the beginning of the plan year. | | | 5a | 7 |
| | its at the end of the plan year th account balances as of the end of | | - | 5b | 8 |
| | | | = | 5c | 1 |
| d(1) Total number of active p | participants at the beginning of the pl | lan year | | 5d(1) | 7 |
| • • | participants at the end of the plan ye | | - - - - - - - - - - | 5d(2) | 8 |
| than 100% vested | ho terminated employment during the | | | 5e | 0 |
| | e or incomplete filing of this retur | | | | |
| | other penalties set forth in the instru- and signed by an enrolled actuary, a mplete. | | | | |
| SIGN Filed with authorize | ed/valid electronic signature. | 07/19/2019 | PETER CHANG | | |
| HERE Signature of plan | administrator | Date | Enter name of individu | ual signing as | plan administrator |
| SIGN | | | | | |
| HERE Signature of emp | oloyer/plan sponsor | Date | Enter name of individu | ual signing as | employer or plan sponsor |

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| a Total plan assets | lo Not determined |
|--|-------------------|
| C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes N If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | ind of Year |
| Fart III Financial Information Financial Information | ind of Year |
| 7 Plan Assets and Liabilities | 28826 |
| a Total plan assets | 28826 |
| b Total plan liabilities | |
| C Net plan assets (subtract line 7b from line 7a) | 28826 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | 28826 |
| a Contributions received or receivable from: (1) Employers | |
| (1) Employers | o) Total |
| (3) Others (including rollovers) | |
| b Other income (loss) | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | |
| to provide benefits) | 30512 |
| f Administrative service providers (salaries, fees, commissions) | |
| g Other expenses | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | |
| i Net income (loss) (subtract line 8h from line 8c) | |
| j Transfers to (from) the plan (see instructions) | 1686 |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the increase and the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the increase are provided by the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the increase are provided by the plan provided by the pl | 28826 |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the i 2E 2F 2G 2J 2K 2T 3D | |
| 2E 2F 2G 2J 2K 2T 3D | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in | nstructions: |
| | structions: |
| Part V Compliance Questions | |
| 10 During the plan year: Yes No | Amount |
| Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | |
| C Was the plan covered by a fidelity bond? | 1000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | |
| 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.) | |
| 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 as of year-end.) | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | |

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|-----------------------|-------------------|
| 1 3111 3333 31 (2313) | i ago 🗸 📑 |

| Part | VI Pension Funding Compliance | | | | |
|------|---|------------------|-----|------------------------|----------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below) | | В | Y | es No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | | : | Y | es X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver | d enter t Day | | of the lette Year _ | r ruling |
| 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? | | Yes | × N | 0 |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | Yes X | No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | |
| 1 | 3c(1) Name of plan(s): 13c(2) | EIN(s) | | 13c(3) | PN(s) |
| | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2018

| | No. of the latest and | Revenue Code (the Code). | | | m is Open to | | |
|--|--|--|--|--|----------------|--|--|
| Pension Benefit Guaranty Corporation | Complete all entries i | n accordance with the instructions to the Form | EENN-CE | Public | Inspection | | |
| Part I Annual Repo | rt Identification Informatio | n | 550U-SF. | | | | |
| For calendar plan year 2018 o | r fiscal plan year beginning | 01/01/2018 and ending | 12 | 2/31/2018 | | | |
| | X a single-employer plan | a multiple-employer plan (not multiemployer) | | | must attack a | | |
| A This return/report is for: | | | | with the form in | nstructions.) | | |
| 3 This | 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/report (less than 12 r | months) | | | | |
| C Check box if filing under: | Form 5558 | | | | | | |
| | | automatic extension | DFVC | program | | | |
| Part II Basic Plan In | special extension (enter des | | | | | | |
| 1a Name of plan | formation—enter all requested | Information | 141 - | | | | |
| PL CHANG MD PC 401 | (K) | | 1b Thr | ee-digit n number | | | |
| ID CHANG ND FC 401 | (4) | | 5,000,000 | 1) > | 001 | | |
| | | | | ective date of p | | | |
| | | | | /01/2017 | | | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PL CHANG MD PC | | | | ployer Identifica | | | |
| | | | | 2c Sponsor's telephone numbe (212) 804-6666 | | | |
| 320 EAST 23RD STREET APT 10N | | | | 2d Business code (see instructions | | | |
| NEW YORK | | | | | | | |
| NEW IORK | | NV 10010 | | | | | |
| | and address Same as Plan Sn | NY 10010 | | 1111 | | | |
| The state of the s | and address Same as Plan Sp | | | 1111 ninistrator's EIN | ı | | |
| | and address Same as Plan Sp | | 3b Adm | | | | |
| Ba Plan administrator's name | the plan sponsor or the plan name | | 3b Adm 3c Adm | ninistrator's EIN | - | | |
| Ba Plan administrator's name If the name and/or EIN of this plan, enter the plan s | the plan sponsor or the plan name | has changed since the last return/report filed for | 3b Adm | ninistrator's EIN | - | | |
| If the name and/or EIN of this plan, enter the plan si a Sponsor's name C Plan Name | the plan sponsor or the plan name ponsor's name, EIN, the plan name | has changed since the last return/report filed for and the plan number from the last return/report. | 3b Adm 3c Adm 4b EIN 4d PN | ninistrator's EIN | - | | |
| If the name and/or EIN of this plan, enter the plan sia Sponsor's name C Plan Name Total number of participar total number of participar | the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year | has changed since the last return/report filed for and the plan number from the last return/report. | 3b Adm 3c Adm 4b EIN 4d PN 5a | ninistrator's EIN | - | | |
| If the name and/or EIN of this plan, enter the plan si a Sponsor's name Plan Name Total number of participar to Number of participarts with the plan si a Sponsor's name Plan Name | the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year the account balances as of the end of the count balances as of the end of the plan year | has changed since the last return/report filed for and the plan number from the last return/report. | 3b Adm 3c Adm 4b EIN 4d PN 5a | ninistrator's EIN | | | |
| If the name and/or EIN of this plan, enter the plan si a Sponsor's name c Plan Name Total number of participar c Number of participants will complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year. | has changed since the last return/report filed for and the plan number from the last return/report. | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) | ninistrator's EIN | - | | |
| If the name and/or EIN of this plan, enter the plan si a Sponsor's name c Plan Name Total number of participar c Number of participants will complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year that account balances as of the end of the plan year ticipants at the end of the plan year tici | has changed since the last return/report filed for and the plan number from the last return/report. of the plan year (only defined contribution plans plan year | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) | ninistrator's EIN | - | | |
| If the name and/or EIN of this plan, enter the plan si a Sponsor's name c Plan Name Total number of participant to this plan, enter the plan si a Sponsor's name c Plan Name Total number of participants with complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year the pl | has changed since the last return/report filed for and the plan number from the last return/report. If the plan year (only defined contribution plans plan year | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) | ninistrator's EIN | - | | |
| If the name and/or EIN of this plan, enter the plan si a Sponsor's name c Plan Name Total number of participants with complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the beginning of the plan year the account balances as of the end of the plan year the account balances as of the end of the plan year to participants at the end of the plan year to terminated employment during the or incomplete filling of this return other penalties set forth in the institution and signed by an enrolled actuary. | has changed since the last return/report filed for and the plan number from the last return/report. of the plan year (only defined contribution plans plan year | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta | ninistrator's EIN ninistrator's tele | ephone number | | |
| If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participants with complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the beginning of the plan year the account balances as of the end of the plan year the account balances as of the end of the plan year to participants at the end of the plan year to terminated employment during the or incomplete filling of this return other penalties set forth in the institution and signed by an enrolled actuary. | has changed since the last return/report filed for and the plan number from the last return/report. If the plan year (only defined contribution plans plan year | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta | ninistrator's EIN ninistrator's tele ninistrator's tele ninistrator's tele ninistrator's tele | ephone number | | |
| If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participants with complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year ticipants at the end of the plan year that the plan year | has changed since the last return/report filed for and the plan number from the last return/report. If the plan year (only defined contribution plans plan year with accrued benefits that were less mi/report will be assessed unless reasonable cauctions, I declare that I have examined this return/report as well as the electronic version of this return/report as well as the electronic version of this return/report. | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta | ninistrator's EIN ninistrator's tele ninistrator's tele ninistrator's tele ninistrator's tele ninistrator's tele | le, a Schedule | | |
| If the name and/or EIN of this plan, enter the plan s a Sponsor's name c Plan Name Total number of participar b Total number of participar c Number of participants wit complete this item) | the plan sponsor or the plan name ponsor's name, EIN, the plan name ponsor's name, EIN, the plan name at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year ticipants at the end of the plan year that the plan year | has changed since the last return/report filed for and the plan number from the last return/report. If the plan year (only defined contribution plans plan year with accrued benefits that were less relictions, I declare that I have examined this return/report as well as the electronic version of this return/report as well as the electronic version of this return/report. | 3b Adm 3c Adm 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta | ninistrator's EIN ninistrator's tele ninistrator's tele ninistrator's tele ninistrator's tele ninistrator's tele | le, a Schedule | | |

| D | 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannow of the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the | an indepen and condition of use For Insurance pro | dent qualified public ons.) | st inste | tant (I | QPA) e Form 55 | 500. ′es □ No | | Yes | |
|--|---|--|--------------------------------|----------|---------|-------------------|------------------|-----------|-------|-------|
| Pa | rt III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Paris in the | 634 | T | | | A - 2004- | | |
| a | Total plan assets | 7. | (a) Beginning | of Yea | | | (b) End | of Yea | | 0.007 |
| b | Total plan liabilities | 7a 7b | | | | | | _ | 20 | 8,826 |
| | Net plan assets (subtract line 7b from line 7a) | | | | 0 | | | | - | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 7c | | V | 0 | | | | 28 | 8,826 |
| | Contributions received or receivable from: | | (a) Amour | nt | - | | (b) 7 | Total | | |
| | (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | 31, | 613 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | - | | | | | |
| b | Other income (loss) | 8b | | -1, | 101 | | 1 | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 202 | | | | 3.0 |) F10 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | 30 | 0,512 |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | 1, | 506 | | WATER TO | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | | 80 | | | | | |
| | Other expenses | 8g | | | | | | 100000 | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 1 | ,686 |
| | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | | | | 3,826 |
| j | Transfers to (from) the plan (see instructions) | | | | | | | | 20 | ,020 |
| DODGOOD AND AND AND AND AND AND AND AND AND AN | t IV Plan Characteristics | 8j | | | | | | | | |
| 9a | | feature code | es from the List of Pl | an Cha | racteri | stic Codes | s in the inst | ructions | j: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature code | s from the List of Plan | n Chara | acteris | tic Codes | in the instru | uctions: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | _ | | Yes | No | 0. | 1 0 | | |
| а | | oluntary Fid | uciary Correction | 10a | Tes | X | | Amoun | | |
| b | Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) | (Do not inc | dude transactions | 10a | | X | | | | |
| С | | | | 10c | Х | | | | - | 000 |
| d | MALESTAN AND A SUM OF THE STAN AND A SUM OF | fidelity bond | that was caused | | Α | х | | | 1 | ,000 |
| е | Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) | er persons l | by an insurance | 10d | | X | | | | |
| 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 as | of year-end | i.) | 10f | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (\$2520.101-3.) | See instruct | ions and 29 CFR | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101 | e required n | otice or one of the | 101 | | | | | di la | |

PlanID: 260143

| | Form 5500-SF (2018) Page 3- | | | | |
|--------|--|---------------|-------|--------------|-----------|
| Part ' | VI Pension Funding Compliance | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below) | nedule S | SB | | Yes N |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 110 | | 1 | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | in 302 c | ıf | | Yes 🛛 N |
| | (iii res, complete line 12a of lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver | d enter Da | | of the lette | er ruling |
| lf y | ou 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 | | | |
| | 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 \ | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | ☐ Yes | X 1 | No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | 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 | EINI/a) | | 1300 | 3) PN(s) |