Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 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

Part I	Annual Repor	t identification information								
For calenda	ar plan year 2018 or	fiscal plan year beginning 12/31/2	2018	and ending 12	2/30/2019					
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac						
a one-participant plan a foreign plan B This return/report is										
B This retu										
		onths)								
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC progr	ram				
Dowt II	Basis Blan Inf	special extension (enter desc	1 ,							
Part II		ormation—enter all requested in	Tormation		41	. 1				
1a Name		BENEFIT PENSION PLAN			1b Three-di plan nun (PN) ▶	=				
					1c Effective	date of plan 12/31/2006				
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employe (EIN)	r Identification Number 01-0727074				
City or AILIAN CHE		ce, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Sponsor	's telephone number 718-258-2655				
						ss code (see instructions)				
1302 KINGS BROOKLYN,	HIGHWAY, 5TH FLO NY 11229	OOR				621399				
3a Plan ad	dministrator's name a	and address 🛛 Same as Plan Spo	nsor.		3b Administ	rator's EIN				
					3c Administ	rator's telephone number				
4 1611					41					
this pla	an, enter the plan sp	ne plan sponsor or the plan name han onsor's name, EIN, the plan name a			4b EIN					
a Sponse C Plan N	or's name				4d PN					
C FIAITN	laine									
5a Total r	number of participant	s at the beginning of the plan year.			5a	2				
		s at the end of the plan year			5b	2				
		account balances as of the end of			5c					
d(1) Tota	al number of active p	articipants at the beginning of the pl	lan year		5d(1)	2				
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar		5d(2)	2				
than 1	100% vested	o terminated employment during the	•••••		5e	0				
		e or incomplete filing of this return other penalties set forth in the instru-								
SB or Sche		and signed by an enrolled actuary, a								
SIGN		d/valid electronic signature.	07/21/2020	AILIAN CHEN						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	olan administrator				
SIGN	Filed with authorize	d/valid electronic signature.	07/21/2020	AILIAN CHEN						
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plans					

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Part III Financial Information 7 Plan Assets and Liabilities	2798971 0 2798971 al		
7 Plan Assets and Liabilities	2798971 0 2798971 al		
a Total plan assets	2798971 0 2798971 al		
b Total plan liabilities	0 2798971 al		
C Net plan assets (subtract line 7b from line 7a)	2798971 al		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	al		
a Contributions received or receivable from: (1) Employers 8a(1) 210000 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (b) Other income (loss) 8a(3), and 8b) 8b 359458 C Total income (ladd lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 C Certain deemed and/or corrective distributions (see instructions) 8c 0 C Total employers 8d 0 C Certain deemed and/or corrective distributions (see instructions) 8c 0 C Total income (loss) 8d 0 C 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 instruction 1 A 3D C Part V Compliance Questions 10 During the plan year: Yes No An An 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) 10a X			
(1) Employers	500450		
(3) Others (including rollovers)	500450		
b Other income (loss)	500.450		
b Other income (loss)	500450		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	500.450		
to provide benefits)	569458		
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) 8i j Transfers to (from) the plan (see instructions) 8j 0 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 instruction 1A 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 1D During the plan year: Yes No And 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) 10a X			
j Transfers to (from) the plan (see instructions)	0		
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 instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides welfare feature codes from the List of Plan Characteristic Codes in the instruction of Plan Characteristi	569458		
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: a 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) 10			
Part V Compliance Questions 10 During the plan year: a 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) 10a X	tions:		
10 During the plan year: a 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)	ons:		
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)			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	ount		
h Were there any noneyempt transactions with any party-in-interest? (Do not include transactions			
reported on line 10a.)			
C Was the plan covered by a fidelity bond?			
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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Part	VI Pension Funding Compliance							
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)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the granting the waiver								
lf y	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	X 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 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) F	PN(s)			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	or calendar plan year 2018 or fiscal plan year beginning 12/31/2018		and ending 12/30/2019								
	Round off amounts to nearest dollar.	anabla aqu	aa ia aatabliaba	<u>ـ</u> ــا							
	➤ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas Name of plan AILIAN CHEN MD PC DEFINED BENEFIT PENSION PLAN	onable cau	B Three-digit plan number (PN) 001								
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AILIAN CHEN MD PC		D Employer Identification Number (EIN) 01-0727074								
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 50											
Part I Basic Information											
1	Enter the valuation date: Month 12 Day 31 Year	2018									
2	Assets:										
	a Market value			. 2a		2225882					
	b Actuarial value			2b		2225882					
3	Funding target/participant count breakdown	` '	Number of rticipants		sted Funding Target	(3) Total Funding Target					
	a For retired participants and beneficiaries receiving payment		0	0		0					
	b For terminated vested participants		0	0		0					
	C For active participants		2		2123173	2155292					
	d Total		2		2123173	3173 2155292					
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		1								
	a Funding target disregarding prescribed at-risk assumptions		_	4a							
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pat-risk status for fewer than five consecutive years and disregarding loading factors.			4b							
5	, , , , , , , , , , , , , , , , , , , ,			5		5.87 %					
6	Target normal cost			6		55161					
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		_		07/20/202	0					
	Signature of actuary				Date						
	KATE S. JOU		20-05021								
	Type or print name of actuary		Most recent enrollment number								
	PENSION ASSOCIATES		203-356-0306								
	Firm name 2001 WEST MAIN STREET, STE 230 STAMFORD, CT 06902		Te	elephone	number (includ	ing area code)					
	Address of the firm		_								
If th	ne actuary has not fully reflected any regulation or ruling promulgated under the statute	in complet	ing this schedule	e, check	the box and see	e [

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Schedule SB (Form 5500) 2018	Page 2 - 1

P	art II	Begir	nning of Year	Carryov	er and Prefunding	Ва	lances							
								((a) Ca	arryover balance)	(b) F	refundir	ng balance
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)													
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)													
9) was j									0				
10	Interest of	on line 9	using prior year's a	actual retui	rn of%						0			0
11	Prior yea	ır's exces	ss contributions to	be added t	to prefunding balance:									
	a Preser	nt value c	of excess contribut	ions (line 3	38a from prior year)									293666
	b(1) Into Sch	erest on the	the excess, if any, B, using prior year	of line 38a 's effective	a over line 38b from prior interest rate of6.	yeaı <u>07</u> %	r %							17826
	b(2) Inte	erest on	line 38b from prior	year Sche	edule SB, using prior year	's a	ctual							17020
														0
	_				ar to add to prefunding bala									311492
	d Portion	n of (c) to	be added to prefu	unding bala	ance									0
12	Other red	ductions	in balances due to	elections	or deemed elections						0			0
13	Balance	at beginr	ning of current yea	r (line 9 + l	line 10 + line 11d – line 1	2)					0			0
F	Part III Funding Percentages													
								14	103.27%					
15	15 Adjusted funding target attainment percentage									101.03%				
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									112.47%				
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and en	nplo								
1)	(a) Date MM-DD-Y		(b) Amount pa employer((c) Amount paid by employees		(a) Da (MM-DD-)	(b) Amount p employer		(0	Amour emplo	nt paid by byees
(01/07/2019	9		120000		0								
	03/26/2020			70000		0								
()1/12/2019	9		20000		0								
							Totals ▶	18	(b)		210000	18(c)		0
19	Discount	ed emplo	oyer contributions -	- see instr	uctions for small plan with	ı a v	valuation dat	te after	the b	peginning of the	year:			
	a Contril	butions a	llocated toward ur	paid minin	num required contribution	ns fr	om prior yea	ars			19a			0
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date						19b			0
	C Contrib	outions al	located toward mini	mum requi	red contribution for current	yea	r adjusted to	valuati	on da	ıte	19c			205071
20	Quarterly	/ contribu	itions and liquidity	shortfalls:										
	a Did the	e plan ha	ive a "funding shoi	tfall" for th	e prior year?									Yes X No
	b If line	20a is "Y	es," were required	quarterly i	installments for the curre	nt ye	ear made in a	a time	y ma	nner?				Yes No
	c If line	20a is "Y	es," see instruction	ns and con	nplete the following table	as a	applicable:							
					Liquidity shortfall as of			f this p	lan y	ear				
		(1) 1s	t		(2) 2nd		-	(3) 3	Brd			(4) 4th	

P	art V	Assumpti	ons Used t	o Determine	Funding 7	Target and Tar	get Norm	al Cost					
21	Discount	rate:											
	a Segm	ent rates:	1st s	egment: 3.92%	2nd	d segment: 5.52%	3	rd segment: 6.29 %		N/A, full yi	eld curve used		
	b Applic	able month (er	nter code)						21b		0		
22	Weighted	d average retir	ement age						22		62		
23	23 Mortality table(s) (see instructions) Prior regulation: Prescribed - combined Prescribed - sepa									te Subs	titute		
	Current regulation: X Prescribed - combined Prescribed - separate Substitute												
Pa	Part VI Miscellaneous Items												
24	4 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 me	ethod change l	been made for	the current plan	year? If "Yes	s," see instructions	regarding red	quired attach	ment		Yes X No		
26	Is the pla	n required to p	provide a Sche	dule of Active P	articipants? If	"Yes," see instruct	ions regardir	ig required a	ttachmen	t	Yes X No		
27		•		ding rules, enter		de and see instruc	tions regardir	ng	27				
P	art VII	Reconcili	ation of Un	paid Minimu	ım Require	ed Contributio	ns For Pri	or Years	•				
28	Unpaid n	ninimum requir	red contribution	ns for all prior ye	ars				28		0		
29	 Unpaid minimum required contributions for all prior years Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) 							ior years	29				
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30		0		
Pá	Part VIII Minimum Required Contribution For Current Year												
31	·												
				-	-				31a		55161		
	b Excess	s assets, if app	olicable, but no	t greater than lin	ie 31a				31b	55161			
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Installment			
	a Net sh	ortfall amortiza	ation installmer	nt					0		0		
	b Waive	r amortization	installment						0		0		
33						ne ruling letter gran waived amount			33				
34	Total fun	ding requireme	ent before refle	ecting carryover/	prefunding ba	lances (lines 31a -	31b + 32a +	32b - 33)	34		0		
						over balance		unding balan	ice	Total I	balance		
35			se to offset fun	-		0			0		0		
36	Additiona	al cash require	ment (line 34 r	minus line 35)					36		0		
37	 Additional cash requirement (line 34 minus line 35)						,	37		205071			
38	Present	value of exces	s contributions	for current year	(see instruction	ons)			I				
	a Total (excess, if any,	of line 37 over	· line 36)					38a		205071		
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						nces	38b	0				
39	Unpaid n	ninimum requii	red contribution	n for current yea	r (excess, if ar	ny, of line 36 over l	ine 37)		39		0		
40	Unpaid n	ninimum requii	red contribution	ns for all years					40		0		
Pa	rt IX	Pension	Funding R	elief Under F	Pension Re	lief Act of 201	0 (See Ins	tructions)				
41	If an elec	tion was made	to use PRA 2	010 funding relie	ef for this plan:	:							
	a Sched	ule elected		-					Г	2 plus 7 years	15 years		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested

Short Form Annual Return/Report of Small Employee

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).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** 12/31/2018 12/30/2019 For calendar plan year 2018 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) A This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is: the first return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension C Check box if filing under: Form 5558 special extension (enter description) Part II Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number Ailian Chen MD PC Defined Benefit Pension Plan 001 (PN) ▶ 1c Effective date of plan 12/31/2006 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 01-0727074 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Ailian Chen MD PC (718) 258-2655 2d Business code (see instructions) 1302 Kings Highway, 5th Floor 621399 US Brooklyn NY 11229 3a Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name 4d PN Plan Name 2 5a 5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5h 2 Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item) 5d(1) 2 d(1) Total number of active participants at the beginning of the plan year 5d(2) 2 d(2) Total number of active participants at the end of the pian year

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants who terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true, correct, and complete

		. 1									
SIGN HERE	Amelia	7/21/2	20	Ailian Chen							
	Signature of plan administrator	Date		Enter name of individual signing as plan administrator							
SIGN HERE	Amale	7/21/0	20	Ailian Chen							
	Signature of employer/plan sponsor	Date		Enter name of individual signing as employer or plan sponsor							

0

-		-	
	IGE	2	

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	See instructions.)						XYes	No	
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								XYes	□No	
	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 in: If "Yes" is checked, enter the My PAA confirmation number from the				50			-	See instru		
P	art III Financial Information					-					
7	Plan Assets and Liabilities		(a) Beginning of	Year		-		(b) End	of Year		
<u>a</u>	Total plan assets	7a	2,22	9,51					2,798	,971	
b	Total plan liabilities	7b			0	-				0	
C	Net plan assets (subtract line 7b from line 7a)	7c	2,22	9,51	.3	-			2,798	,971	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(b)	Total		
а	(1) Employers	8a(1)	21	0,00	0						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b	35	9,45	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							569	,458	
d	Benefits paid (including direct rollovers and insurance premiums	04			0						
_	to provide benefits)	8d 8e			0						
e f	Certain deemed and/or corrective distributions (see instructions)			0							
_	Administrative service providers (salaries, fees, commissions)			0							
g	Other expenses (add lines add 0.2 05 and 0.2)		0					0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							E 6 0			
i Net income (loss) (subtract line 8h from line 8c)									,436		
D	j Transfers to (from) the plan (see instructions)										
	art IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for 1A 3D	eature code	es from the list of Fian Cr	naracı	eristi	c Coc	ies in tr	ne instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Cha	racte	ristic	Code	s in the	e instruct	ions:		
Pa	art V Compliance Questions	-									
10	During the plan year:				Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contribu	tions within	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	uciary Correction								
	Program)			10a		X					
k	Were there any nonexempt transactions with any party-in-interest			10h		х					
	reported on line 10a.)			10b 10c	-	X					
				100	_						
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
•	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)										
f			10f		x						
				10g		х					
ł	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 2520.101			10i							

Form	5500	SE	201	g

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Part	VI Pension Funding Compliance							
11	X Yes N	10						
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		0				
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an							
	granting the waiver Month Month	_ Day	Year					
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						
С	C Enter the amount contributed by the employer to the plan for the plan year							
d	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)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes	No N/A					
Parl	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes	X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer 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?		es 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						
13	3c(1) Name of plan(s): 13c(2) EIN	N(s)	13c(3) PN(s)					

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Ailian Chen MD PC Defined Benefit Pension Plan 01-0727074 / 001

For the plan year 12/31/2018 through 12/30/2019

Valuation Date: 12/31/2018

Funding Method: As prescribed in IRC Section 430

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

New participants are 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	2.50
Segment 2	6 - 20	3.92
Segment 3	> 20	4.50

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %
Segment 1	0 - 5	3.92
Segment 2	6 - 20	5.52
Segment 3	> 20	6.29

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 18C - 2018 Combined

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 - U84 - 1984 Unisex

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, Part V **Summary of Plan Provisions**

Ailian Chen MD PC Defined Benefit Pension Plan 01-0727074 / 001

For the plan year 12/31/2018 through 12/30/2019

Dr. Ailian Chen **Employer:**

Type of Entity - S Corporation

EIN: 01-0727074 TIN: Plan #: 001 Plan Type: Defined Benefit

Effective - 12/31/2006 Year end - 12/30/2019 Valuation - 12/31/2018 Dates:

Top Heavy Years - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018

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

> Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - 12/31 or 06/30 the plan year on or next following eligibility satisfaction

Normal - Attainment of age 62 and completion of 10 years of service Retirement:

Early - Attainment of age 54 and completion of 10 years of participation

Average Compensation: Highest 3 consecutive years of service

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

Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar: Plan Benefits:

10% of average monthly compensation per year of participation beginning year 1 limited to 10 year(s)

Accrued Benefit - Unit credit based on participation

Minimum Benefit - None Maximum Benefit - None

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

Early Retirement - Accrued Benefit without any reduction

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of **Top Heavy Minimum:**

the plan and 1984 (if earlier), limited to 10 years

415 Limits -Percent: 100 Dollar: \$220,000 **IRS Limitations:**

Lump Sum

Maximum 401(a)(17) compensation - \$275,000

Life Annuity **Normal Form:**

Optional Forms: Life Annuity Guaranteed for 10 Years

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

Vesting Schedule: Percent Years

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

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Ailian Chen MD PC Defined Benefit Pension Plan 01-0727074 / 001

For the plan year 12/31/2018 through 12/30/2019

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

Interest Rates -

Years	Rate %
0 - 5	3.43
6 - 20	4.46
> 20	4.88
	0 - 5 6 - 20

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

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

Ailian Chen MD PC Defined Benefit Pension Plan 01-0727074 / 001 For the plan year 12/31/2018 through 12/30/2019

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 19 - Discounted Employer Contributions

Ailian Chen MD PC Defined Benefit Pension Plan 01-0727074 / 001

For the plan year 12/31/2018 through 12/30/2019 Valuation Date: 12/31/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	01/07/2019	\$120,000					
Applied to Additional Contribution	12/31/2018	120,000	119,869	0	0	5.87	0.00
Deposited Contribution	01/12/2019	\$20,000					
Applied to Additional Contribution	12/31/2018	20,000	19,963	0	0	5.87	0.00
Deposited Contribution	03/26/2020	\$70,000					
Applied to Additional Contribution	12/31/2018	70,000	65,239	0	0	5.87	0.00
Totals for Deposited Contribution		\$210,000	\$205,071	\$0	\$0		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 12/3:	1/2018	and ending	12/30/201	9	
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	rt unless reasonable ca	use is established			
Name of plan	B Three-digit				
ilian Chen MD PC Defined Benefit Pension Plan	plan numbe	er (PN)	001		
				7.4	
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	ntification Number	er (EIN)	
ilian Chen MD PC		01	-0727074		
		-1400 (1404 500 🗆 14		
	Prior year plan size:	C100 or rewer]101-500 M	lore than 500	
Part Basic Information I Enter the valuation date: Month 12 Day 3:	1 Year 2018	···			
2 Assets:	I real 2010	-	1		
a Market value		Г	2a	2,225,882	
b Actuarial value		·····	2b	2,225,882	
3 Funding target/participant count breakdown:	(1) Number of	(2) Vested I	Funding	(3) Total Funding	
Punding target/participant count breakdown.	participants	Targe	- 1	Target	
a For retired participants and beneficiaries receiving payment	0		0	0	
b For terminated vested participants	0		0	0	
C For active participants	2	2	2,123,173 2,1		
d Total	2	2	2,123,173	2,155,292	
f the plan is in at-risk status, check the box and complete lines (a) an					
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregard		have been in	4b		
5 Effective interest rate			5	5.87 %	
3 Target normal cost			6	55,161	
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 reasonat combination, offer my best estimate of anticipated experience under the plan.	iles, statements and attachment ble (taking into account the exp	nts, if any, is complete an enience of the plan and r	d accurate. Each pres easonable expectation	ribed assumption was applied in ns) and such other assumptions, in	
SIGN 1 2			· · · · · · · · · · · · · · · · · · ·		
HERE K GW			07/20/2	2020	
Signature of actuary			Date	е	
Kate S. Jou	·		20-0502	21	
Type or print name of actuary		ı	Most recent enro	Ilment number	
PENSION ASSOCIATES		***	(203) 356	-0306	
Firm name 2001 WEST MAIN STREET, STE 230		Tele	phone number (i	ncluding area code)	
US STAMFORD CT 06902					
US STAMFORD CT 06902 Address of the firm					
the actuary has not fully reflected any regulation or ruling promulgated und structions	der the statute in compl	eting this schedule	e, check the box	and see	
or Paperwork Reduction Act Notice, see the instructions for Form 550	00 or 5500-SF.		Sche	dule SB (Form 5500) 2018	

Page	2	
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Schedule SB (Form 5500) 2018

		· · · · · · · · · · · · · · · · · · ·	 					·			
Pa	rt II Beg	ginning of Year	Carryov	er and Prefunding Bal	ances	(a) (Carryover balance		(h) Pre	fundi	ng balance
7	Balance at b	eginning of prior vear	r after app	licable adjustments (line 13 fro	om prior	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	carryover balance		(10)		ig balance
	year)					······································	0		····	0	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)							0			0
9	Amount rema			0			0				
10	0 Interest on line 9 using prior year's actual return of0.00%							0		erniask soom	0
11	Prior year's	excess contributions t	to be adde	ed to prefunding balance:			The State of State				
	a Present v	alue of excess contri	butions (lir	ne 38a from prior year)	•••••						293,666
	. ,		-	38a over line 38b from prior ye							
	Sched	ule SB, using prior ye	ear's effect	tive interest rate of 6.07	_	100		-5.			17,826
	٠,	•	-	chedule SB, using prior year's	actual						
	return	•••••	••••••		•••••						0
	C Total avai	lable at beginning of	current pla	an year to add to prefunding b	alance .						311,492
	d Portion of	(c) to be added to pr	refunding l	balance			y and				0
12	Other reduct	ions in balances due	to election	ns or deemed elections		<u> </u>		0			0
13	Balance at b	eginning of current ye	ear (line 9	+ line 10 + line 11d - line 12) .			 	0			0
Pa	rt III F	unding Percenta	ages								
14	Funding targ	et attainment percen	tage							14	103.27 %
15	Adjusted fun	ding target attainmer	t percenta	ıge						15	101.03 %
16				s of determining whether carry						16	112.47 %
17	If the current	value of the assets	of the plan	is less than 70 percent of the	funding to	arget, enter	such percentage			17	%
Pa	rt IV C	ontributions an	d Liquid	dity Shortfalls						-	
	AND SOURCE OF SOLUTIONS		····	year by employer(s) and empl	oyees:						
(MI	(a) Date M-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees) Date D-YYYY)	(b) Amount employe		(c)		unt paid by oyees
01/	/07/2019	1	20,000		01/12	2/2019		20,000			
03/	/26/2020		70,000								
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			3.14			. [450]			124 1		
			100		Totals	. ,		210,000	18(C)		0
19		• •		structions for small plan with a			_				
			•	nimum required contributions	•	•	-	19a			0
				adjusted to valuation date				19b			0
				required contribution for curre	nt year ac	ljusted to va	aluation date	19c			205,071
20	•	ntributions and liquidi									1 v [67] **
				the prior year?				•••••	• • • • • • • •	∟	Yes X No
				rly installments for the current			y manner?			··· L	J Yes ∐ No
	C If line 20a	is "Yes," see instruc	tions and	complete the following table as		,					
	(1)	1st		Liquidity shortfall as of end (2) 2nd	or quarte	r of this pla (3)	n year 3rd	T	(4) 4ti	h
	(1)	131		(E) EIIV	 	(5)		 		,	····

Part V Assumptions Used To Determ	mine Funding Target and Targ	get Normal Cost		
21 Discount rate:				
a Segment rates: 1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %)	N/A, full yield curve used
b Applicable month (enter code)		<u> </u>	21b	0
22 Weighted average retirement age			22	62
	regulation: Prescribed - co		ed - separ	
•	ent regulation: X Prescribed - co		ed - separ	
Part VI Miscellaneous items				
24 Has a change been made in the non-prescribe	ed actuarial assumptions for the curren	t plan vear? If "Yes." see	instruction	s regarding required
attachment				
25 Has a method change been made for the curr	ent plan year? If "Yes," see instruction	s regarding required atta	chment	□ Yes 🗷 No
26 Is the plan required to provide a Schedule of	Active Participants? If "Yes," see instru	ctions regarding required	attachmer	nt Yes 🕱 No
27 If the plan is subject to alternative funding rule				
attachment	<u> </u>	· · · · · · · · · · · · · · · · · · ·	27	
Part VII Reconciliation of Unpaid Min	nimum Required Contributior	s For Prior Years		
8 Unpaid minimum required contributions for all	prior years		28	0
29 Discounted employer contributions allocated t	oward unpaid minimum required contri	butions from prior years	29	0
(line 19a)				0
Remaining amount of unpaid minimum require			30	
Part VIII Minimum Required Contribu				
1 Target normal cost and excess assets (see in	structions):	***************************************		
a Target normal cost (line 6)			31a	55,161
b Excess assets, if applicable, but not greater	than line 31a		31b	55,161
Amortization installments:		Outstanding Bala	ince	installment
a Net shortfall amortization installment			0	0
b Waiver amortization installment			0	0
If a waiver has been approved for this plan ye (Month Pay Year _	ar, enter the date of the ruling letter gra		33	
4 Total funding requirement before reflecting carr	yover/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Carryover balance	Prefunding Bala	nce	Total balance
5 Balances elected for use to offset funding				
requirement			0	0
6 Additional cash requirement (line 34 minus line	e 35)		36	0
7 Contributions allocated toward minimum requi	red contribution for current year adjust	ed to valuation date	37	
				205,071
8 Present value of excess contributions for curre	ent year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a	205,071
b Portion included in line 38a attributable to us	se of prefunding and funding standard	carryover balances	38b	0
9 Unpaid minimum required contribution for curr	ent year (excess, if any, of line 36 over	line 37)	39	0
Unpaid minimum required contributions for all	years		40	0
ert IX Pension Funding Relief Und	ler Pension Relief Act of 2010	(See Instructions)		
1 If an election was made to use PRA 2010 fund	ing relief for this plan:			
a Schedule elected				2 plus 7 years 15 years
b Eligible plan year(s) for which the election in	line 41a was made		. 200	8 2009 2010 2011