

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- 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 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER	1b Three-digit plan number (PN) ▶ <u>001</u>
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) ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER 850 N BIRCH ST SANTA ANA, CA 92701-3405	1c Effective date of plan <u>01/01/1990</u> 2b Employer Identification Number (EIN) <u>33-0396096</u> 2c Plan Sponsor's telephone number <u>714-560-8877</u> 2d Business code (see instructions) <u>813000</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	02/02/2023	ANGELA WANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																		
4 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 c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">2</td> </tr> </table>	5	2																
5	2																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%; text-align: right;">2</td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="width:90%; text-align: right;">2</td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="width:90%; text-align: right;">2</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td style="width:90%; text-align: right;">2</td> </tr> <tr> <td style="width:10%; text-align: center;">6g</td> <td style="width:90%;"></td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td style="width:90%;"></td> </tr> </table>	6a(1)	2	6a(2)	2	6b		6c		6d	2	6e		6f	2	6g		6h	
6a(1)	2																		
6a(2)	2																		
6b																			
6c																			
6d	2																		
6e																			
6f	2																		
6g																			
6h																			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
7																			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																			
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor																		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																			
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)																		

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

<p>A Name of plan ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER</p>	<p>D Employer Identification Number (EIN) 33-0396096</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	797141000	2	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end.....	4 0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 0
6 Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ NA	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 280398
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2349
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	▶	
	(6) Total additions.....	7c(6) 2349
d	Total of balance and additions (add lines 7b and 7c(6))	7d 282747
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 282747
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
	▶	
	(5) Total deductions.....	7e(5) 282747
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER	D Employer Identification Number (EIN) 33-0396096	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AXA EQUITABLE LIFE INSURANCE COMPAN

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 58 28 25 59 60 62 63 67	RECORDKEEPER	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER	D Employer Identification Number (EIN) 33-0396096

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	284181	0
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a).....	1c	284181	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)		
(2) Participants.....	2a(2)		
(3) Others (including rollovers).....	2a(3)		
b Noncash contributions.....	2b		
c Other income.....	2c	2315	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		2315
e Benefits paid (including direct rollovers).....	2e		
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Administrative service providers (salaries, fees, and commissions).....	2h		
i Other expenses.....	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....	2j		0
k Net income (loss) (subtract line 2j from line 2d).....	2k		2315
l Transfers to (from) the plan (see instructions).....	2l		-286495

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans.....	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property.....	3g		X	

Part II Compliance Questions

	Yes	No	Amount
4 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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b	X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d	X	
e Was the plan covered by a fidelity bond?	4e	X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h	X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m	X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 286495.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Office of the Chief Accountant

200 Constitution Ave NW

Suite 400

Washington, DC 20210

To whom it may concern:

After repeated attempts of phone calls and emails to the plan's service provider, AXA Equitable Life Insurance Company, we have been unsuccessful in obtaining a prepared and signed Schedule SB from the plan's enrolled actuary. They claim that they are not the enrolled actuary, and do not provide any administrative support, including Schedule SB. Please see attached email correspondence. Please accept this statement in lieu of Schedule SB, as we are unable to obtain Schedule SB to attach to this filing.

To: employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>

Subject: Information request- Plan ID: 797141 000

ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER (AASCSC)
850 N BIRCH ST
SANTA ANA
CA 92701

EIN: 33-0396096

Hello,

We are in the process of applying for the Department of Labor's Delinquent Filer Voluntary Compliance Program.

We need filled out Form 5500 and a filled out and signed Schedule SB for Plan ID: 797141 000 for the calendar years 2013 - 2022.

Thank you

This message and any attachments may contain legally privileged and/or sensitive information. Any unapproved disclosure, use or dissemination of this e-mail message or its contents, either in whole or in part, is not permitted. If you are not the intended recipient of this e-mail message, kindly notify the sender and then securely dispose of it.

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 10:51 AM

To: Nicholas Misco <nicholas.misco@equitable.com>; karen.sun@equitable.com <karen.sun@equitable.com>; Tricia Frey <tricia.frey@equitable.com>; employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>

Subject: Re: Information request- Plan ID: 797141 000

Equitable is the plan's **enrolled actuary** and is responsible for providing the Schedule SB to the plan's administrator according to the IRS and the Department of Labor.

Can you also please confirm the plan's termination date. You said 12/31/2014; did you mean 12/31/2018?

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 10:34 AM

To: Nicholas Misco <nicholas.misco@equitable.com>; karen.sun@equitable.com <karen.sun@equitable.com>; tricia.frey@equitable.com <tricia.frey@equitable.com>; equitablelessbb@equitable.com <equitablelessbb@equitable.com>

Subject: Fw: Information request- Plan ID: 797141 000

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 10:30 AM

To: employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>

Subject: Re: Information request- Plan ID: 797141 000

Hello,

We filed form 5500 for 2015, 2016, and 2017 and it was active.

Did you mean 12/31/2018?

We are the tax advisor.

Also, as per page 65 of the IRS instructions, equitable is required to provide us with a prepared and signed Schedule SB for all applicable years:

'Who Must File: As the first step, the plan administrator of any single-employer defined benefit plan (including a multiple-employer defined benefit plan) that is subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) **must obtain a completed Schedule SB (including attachments) that is prepared and signed by the plan's enrolled actuary** as discussed below in the Statement by Enrolled Actuary section. The plan administrator must retain with the plan records the Schedule SB that is **prepared and signed by the plan's actuary.**'

Attached are the IRS instructions for form 5500 for your reference.

Please provide us with a prepared and signed Schedule SB for all applicable years.

Thank you

From: Front Desk

Sent: Wednesday, January 4, 2023 1:19 PM

Good morning,

Our office received the Plan termination correspondence in April 2018 and processed accordingly. All 5500 Information Reports had been previously sent to the Plan Sponsor. Equitable cannot assist with the filing of the 5500. Please refer to the IRS directly with any filing inquiries.

Thank you,

**Equitable**

100 Madison St. Suite 1000 Syracuse, NY 13202

t. (800) 628.6673 f. (816) 701.4969

www.equitable.com



Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc. including Equitable Financial Life Insurance Company (NY, NY), Equitable Financial Life Insurance Company of America, an AZ stock company with main administrative headquarters in Jersey City, NJ, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable

Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN).

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 7:44 PM

To: Misco, Nicholas <nicholas.misco@equitable.com>; Sun, Karen <Karen.Sun@equitable.com>; Frey, Tricia <tricia.frey@equitable.com>; EmployerSponsoredSupport <Employersponsoredsupport@equitable.com>

Subject: Re: Information request- Plan ID: 797141 000

EXTERNAL EMAIL (Outside EQH Network): Use caution with links and attachments.

If the plan was terminated in 2014, then why were there funds, participants, and information reports up to 2018? Please advise on the years that filing Form 5500 was required for this plan.

Additionally, the instructions you provided do not state how to fill out page 2 of form 5500 Pt.II lines 8-10. We are concerned that we entered made an error to prompt the IRS and Department of Labor to request Schedule SB, since you have made it clear that you do not provide this form. Can you please provide us with guidance on the applicable codes and boxes to check for lines 8-10? Please see the attached image of how the form was previously filed.

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 10:56 AM

To: Nicholas Misco <nicholas.misco@equitable.com>; karen.sun@equitable.com <karen.sun@equitable.com>; Tricia Frey <tricia.frey@equitable.com>; employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>

Subject: Re: Information request- Plan ID: 797141 000

We need Schedule SB for all applicable years or the filing is considered deficient with the IRS and Department of Labor and is subject to penalties.

Page 65 of the IRS instructions clearly state that it is the responsibility of the plan's enrolled actuary to provide us with Schedule SB for all years, prepared and signed.

To: Nicholas Misco <nicholas.misco@equitable.com>; karen.sun@equitable.com <karen.sun@equitable.com>; tricia.frey@equitable.com <tricia.frey@equitable.com>; equitablelessbb@equitable.com <equitablelessbb@equitable.com>
Subject: Fw: Information request- Plan ID: 797141 000

From: Front Desk <frontdesk@jerrylaicpa.com>
Sent: Thursday, January 5, 2023 10:30 AM
To: employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>
Subject: Re: Information request- Plan ID: 797141 000

Hello,

We filed form 5500 for 2015, 2016, and 2017 and it was active.

Did you mean 12/31/2018?

We are the tax advisor.

Also, as per page 65 of the IRS instructions, equitable is required to provide us with a prepared and signed Schedule SB for all applicable years:

'Who Must File: As the first step, the plan administrator of any single-employer defined benefit plan (including a multiple-employer defined benefit plan) that is subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) **must obtain a completed Schedule SB (including attachments) that is prepared and signed by the plan's enrolled actuary** as discussed below in the Statement by Enrolled Actuary section. The plan administrator must retain with the plan records the Schedule SB that is **prepared and signed by the plan's actuary.**'

Attached are the IRS instructions for form 5500 for your reference.

Please provide us with a prepared and signed Schedule SB for all applicable years.

Thank you

From: Front Desk
Sent: Wednesday, January 4, 2023 1:19 PM
To: employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>
Subject: Information request- Plan ID: 797141 000

ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER (AASCSC)
850 N BIRCH ST
SANTA ANA
CA 92701

EIN: 33-0396096

Hello,

We are in the process of applying for the Department of Labor's Delinquent Filer Voluntary Compliance Program.

I have attached the **Plan Sponsor Board Resolution dated 1/23/2017 stating that 2014 is when the Plan Terminated.**

Equitable is not an 'enrolled actuary.'

For reference, please find attached the 2021 5500 Plan Sponsor Guide and a blank copy of our EQUI-VEST Unit/Plan Establishment Application, refer to Section 25:

-
-
STATEMENT OF UNDERSTANDING AND AUTHORIZATION AND APPROVAL FOR THE PURCHASE OR TRANSFER OF POLICIES AND/OR CONTRACTS

A. The employer has executed a plan (hereinafter referred to as "Plan") and, if applicable, trust (hereinafter referred to as "Trust") document for a plan described in Section III B, which is in effect and is intended to satisfy the requirements of the applicable section(s) of the Internal Revenue Code.

B. The undersigned is authorized under the plan document to act on behalf of the Plan and hereby authorizes Equitable Life Insurance Company and any of its subsidiaries or affiliates (hereinafter referred to as "EQUITABLE") to issue or transfer to the Plan, annuity contracts (hereinafter referred to as "Contracts").

C. The Employer and Trustee(s), if any, and their authorized representative, if any, (hereinafter referred to both collectively and individually as "Plan Fiduciary") understand and agree to be bound by the following statements:

1. The Contracts to be purchased or to be transferred under the Plan are permitted by the Plan, and are not prohibited by any Federal, State or local statutes and/or regulations. The Plan Fiduciary understands all state and local taxes, if any, that may apply under the Contracts or products checked.

2. EQUITABLE is not and shall not be considered a party to or an administrator of either the Plan or Trust, if any, and EQUITABLE will not be required to provide any administrative service in connection with the Plan or Trust, if any, unless specifically agreed to by EQUITABLE in a written agreement executed by an authorized officer of Equitable. If an EQUITABLE Representative(s) provides recordkeeping and/or administrative support, the Plan Fiduciary has engaged such person(s) as their Equitable Representative(s) rather than as EQUITABLE's Representative(s) for such purpose and such person(s) will not be acting on behalf of EQUITABLE for that purpose.

3. No EQUITABLE Representative has the authority to make or modify any contract or agreement on EQUITABLE's behalf, or waive or alter any of EQUITABLE's rights or requirements.

4. EQUITABLE is not a Fiduciary (as described in Section 3(21) of ERISA) with respect to either the Plan or Trust, if applicable, and EQUITABLE will not be designated or deemed to be the Plan Administrator under Section 3(16) of ERISA or any other applicable federal or state laws and regulations.

5. The duties and responsibilities of EQUITABLE in relation to the Plan Fiduciary shall be governed in accordance with the terms of its Contracts and as provided by any applicable agreement between the Plan Fiduciary and EQUITABLE, without the consent of any other person(s) interested in the Plan or Trust, if applicable. EQUITABLE shall not be required to question the genuineness of any communication regarding the Plan or Trust, if any, or any instruction regarding the Contracts. It is the responsibility of the Employer to advise of any changes in the identity of the Plan Fiduciary.

6. EQUITABLE is not responsible for the initial and continued qualification of the Plan or Trust, if any. Should a prototype sponsored by EQUITABLE be adopted by the Employer, the opinion letter issued by the Internal Revenue Service in connection with such prototype is solely with respect to the prototype and it is not to be construed as a favorable determination letter of the Internal Revenue Service to the Plan. The Plan Fiduciary may rely on such opinion letter only to the extent provided therein. The Plan Fiduciary agrees to inform EQUITABLE if and when the Plan fails to meet the requirements of the Internal Revenue Code for qualification.

7. The U.S. Department of Labor and the Internal Revenue Service has promulgated rules and regulations governing Plans and Trusts. The Plan Fiduciary and *not* EQUITABLE shall be responsible for assuring compliance of the Plan and/or Trust with all pertinent rules and regulations of the U. S. Department of Labor and the Internal Revenue Service.

8. The Plan Fiduciary, and *not* EQUITABLE, is responsible for determining if sex-based or unisex-based Contract(s) and/or forms of benefits should be issued or made available to an annuitant in a Plan. EQUITABLE will issue the Contract(s) and/or forms of benefits, if available, as requested and will assume no responsibility for determining whether a request is in compliance with applicable law.

9. The Plan Fiduciary is solely responsible for determining whether the Contract(s) issued under the Plan is a suitable funding vehicle for the Plan and/or Trust, if any. The Plan Fiduciary has carefully read, understood and agrees to be bound by the

terms of the Contract(s) (including all terms relating to applicable fees and charges), any applicable prospectus(es), any other written materials provided by EQUITABLE with respect to the Contract(s).

10. No direct or indirect compensation or other consideration will be paid to the Plan Fiduciary signing below or to any other Plan Fiduciary as a result of the purchase by the Plan of any such Contracts or products.

11. In the event of the failure to furnish EQUITABLE with any notice, direction or other communication, or the receipt by EQUITABLE of any communication which in its judgment is contradictory, ambiguous or in violation of law, EQUITABLE shall have no liability for any action it takes or omits to take on the basis thereof.

12. The Plan Fiduciary represents that he or she has reviewed the completed form, confirms the accuracy of the information provided with respect to the plan and acknowledges EQUITABLE's right to rely upon such information.

Thank you,



Equitable

100 Madison St. Suite 1000 Syracuse, NY 13202

t. (800) 628.6673 f. (816) 701.4969

www.equitable.com



Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc. including Equitable Financial Life Insurance Company (NY, NY), Equitable Financial Life Insurance Company of America, an AZ stock company with main administrative headquarters in Jersey City, NJ, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable

Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN).

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 1:57 PM

To: Misco, Nicholas <nicholas.misco@equitable.com>; Sun, Karen <Karen.Sun@equitable.com>; Frey, Tricia <tricia.frey@equitable.com>; EmployerSponsoredSupport <Employersponsoredsupport@equitable.com>

Subject: Re: Information request- Plan ID: 797141 000

EXTERNAL EMAIL (Outside EQH Network): Use caution with links and attachments.

We need Schedule SB for all applicable years or the filing is considered deficient with the IRS and Department of Labor and is subject to penalties.

Page 65 of the IRS instructions clearly state that it is the responsibility of the plan's enrolled actuary to provide us with Schedule SB for all years, prepared and signed.

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 10:51 AM

To: Nicholas Misco <nicholas.misco@equitable.com>; karen.sun@equitable.com <karen.sun@equitable.com>; Tricia Frey <tricia.frey@equitable.com>; employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>

Subject: Re: Information request- Plan ID: 797141 000

Equitable is the plan's **enrolled actuary** and is responsible for providing the Schedule SB to the plan's administrator according to the IRS and the Department of Labor.

Can you also please confirm the plan's termination date. You said 12/31/2014; did you mean 12/31/2018?

From: Front Desk <frontdesk@jerrylaicpa.com>

Sent: Thursday, January 5, 2023 10:34 AM

From: Front Desk <frontdesk@jerrylaicpa.com>
Sent: Thursday, January 5, 2023 10:30 AM
To: employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>
Subject: Re: Information request- Plan ID: 797141 000

Hello,

We filed form 5500 for 2015, 2016, and 2017 and it was active.

Did you mean 12/31/2018?

We are the tax advisor.

Also, as per page 65 of the IRS instructions, equitable is required to provide us with a prepared and signed Schedule SB for all applicable years:

'Who Must File: As the first step, the plan administrator of any single-employer defined benefit plan (including a multiple-employer defined benefit plan) that is subject to the minimum funding standards (see Code section 412 and Part 3 of Title I of ERISA) **must obtain a completed Schedule SB (including attachments) that is prepared and signed by the plan's enrolled actuary** as discussed below in the Statement by Enrolled Actuary section. The plan administrator must retain with the plan records the Schedule SB that is **prepared and signed by the plan's actuary.**'

Attached are the IRS instructions for form 5500 for your reference.

Please provide us with a prepared and signed Schedule SB for all applicable years.

Thank you

From: Front Desk
Sent: Wednesday, January 4, 2023 1:19 PM
To: employersponsoredsupport@equitable.com <employersponsoredsupport@equitable.com>
Subject: Information request- Plan ID: 797141 000

ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER (AASCSC)
850 N BIRCH ST
SANTA ANA
CA 92701

EIN: 33-0396096

Hello,

We are in the process of applying for the Department of Labor's Delinquent Filer Voluntary Compliance Program.

We need filled out Form 5500 and a filled out and signed Schedule SB for Plan ID: 797141 000 for the calendar years 2013 - 2022.

Thank you

Good afternoon –

Attached is the 5500 Information for calendar year 2018. Equitable is the service provider, we are not the Plan Administrator. The Plan Sponsor also known as Plan Administrator.

Equitable does not provide or complete this form:

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning _____ and ending _____		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan _____		B Three-digit plan number (PN) ▶ _____
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF _____		D Employer Identification Number (EIN) _____
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500
Part I Basic Information		
1 Enter the valuation date: Month _____ Day _____ Year _____		
2 Assets:		
a Market value		2a
b Actuarial value		2b
3 Funding target/participant count breakdown		
a For retired participants and beneficiaries receiving payment.....		(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
b For terminated vested participants.....		

Thank you,



Equitable
 100 Madison St. Suite 1000 Syracuse, NY 13202
 t. (800) 628.6673 f. (816) 701.4969
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Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN).

From: Front Desk <frontdesk@jerrylaicpa.com>
Sent: Thursday, January 5, 2023 1:35 PM
To: Misco, Nicholas <nicholas.misco@equitable.com>; Sun, Karen <Karen.Sun@equitable.com>; Frey, Tricia <tricia.frey@equitable.com>; AXA Send Secure Bounceback <EquitableSSBB@equitable.com>
Subject: Fw: Information request- Plan ID: 797141 000

EXTERNAL EMAIL (Outside EQH Network): Use caution with links and attachments.

Good morning –

In response to the below request, our records indicate the above Plan was terminated effective 12/31/2014. Any active participant contracts were moved to a frozen plan in 2018. There are no active participants contracts in this Plan; therefore, there is no 5500 Information report for years beyond 2018. Additionally, Equitable does not complete or file the 5500, please contact the IRS or your tax advisor for further assistance.

Thank you,



Equitable

100 Madison St. Suite 1000 Syracuse, NY 13202

t. (800) 628.6673 f. (816) 701.4969

www.equitable.com



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Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN).

From: Front Desk <frontdesk@jerrylaicpa.com>
Sent: Wednesday, January 4, 2023 4:19 PM
To: EmployerSponsoredSupport <Employersponsoredsupport@equitable.com>
Subject: Information request- Plan ID: 797141 000

EXTERNAL EMAIL (Outside EQH Network): Use caution with links and attachments.

ASIAN AMERICAN SENIOR CITIZENS SERVICE CENTER (AASCSC)
850 N BIRCH ST
SANTA ANA
CA 92701

EIN: 33-0396096

Hello,

We are in the process of applying for the Department of Labor's Delinquent Filer Voluntary Compliance Program.

We need filled out Form 5500 and a filled out and signed Schedule SB for Plan ID: 797141 000 for the calendar years 2013 - 2022.

Thank you

This message and any attachments may contain legally privileged and/or sensitive information. Any unapproved disclosure, use or dissemination of this e-mail message or its contents, either in whole or in part, is not permitted. If you are not the intended recipient of this e-mail message, kindly notify the sender and then securely dispose of it.