

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: 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.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** 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 ABBA CARGAN, M.D., L.L.C. CASH BALANCE PLAN		1b Three-digit plan number (PN) ▶	002
		1c Effective date of plan	01/01/2016
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) ABBA CARGAN, M.D., L.L.C. 6 TIMBER ACRES ROAD SPRINGFIELD, NJ 07081		2b Employer Identification Number (EIN)	22-3497658
		2c Sponsor's telephone number	908-233-5000
		2d Business code (see instructions)	621111
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	
5a Total number of participants at the beginning of the plan year.....		5a	4
b Total number of participants at the end of the plan year		5b	2
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	3
d(2) Total number of active participants at the end of the plan year.....		5d(2)	2
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	0

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, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2023	ABBA CARGAN
	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

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

Form 5500-SF (2022)
v.220413

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes 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.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	627756	835809
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	627756	835809
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	208468	
(2) Participants.....	8a(2)	0	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	151	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		208619
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	566	
e Certain deemed and/or corrective distributions (see instructions).....	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	0	
g Other expenses.....	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		566
i Net income (loss) (subtract line 8h from line 8c).....	8i		208053
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 instructions: 1B 1C 3B 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
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	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		90000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
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.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h			
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.....	10i			

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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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 letter ruling granting the waiver.Month Day Year

If 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**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e 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 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 No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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.	<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 01/01/2022 and ending 12/31/2022

▶ **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 <u>ABBA CARGAN, M.D., L.L.C. CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ABBA CARGAN, M.D., L.L.C.</u>	D Employer Identification Number (EIN) <u>22-3497658</u>	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a		<u>627709</u>
b Actuarial value.....	2b		<u>627709</u>
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants.....	<u>1</u>	<u>129</u>	<u>129</u>
c For active participants.....	<u>3</u>	<u>535610</u>	<u>535610</u>
d Total.....	<u>4</u>	<u>535739</u>	<u>535739</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		<u>5.18 %</u>
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a		<u>165043</u>
b Expected plan-related expenses.....	6b		<u>0</u>
c Total (line 6a + line 6b).....	6c		<u>165043</u>

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		
	Signature of actuary	<u>07/24/2023</u>
	<u>MAX DIAZ, EA</u>	Date
	Type or print name of actuary	<u>23-08600</u>
	<u>ABAR RETIREMENT PLAN SERVICES LLC</u>	Most recent enrollment number
	Firm name	<u>973-660-2100</u>
	<u>25B VREELAND ROAD</u> <u>SUITE 103</u> <u>FLORHAM PARK, NJ 07932</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	94119
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	94119
10	Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		51023
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.79</u> %.....		2444
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		53467
	d Portion of (c) to be added to prefunding balance.....		53467
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	147586

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	89.61 %
15	Adjusted funding target attainment percentage	15	117.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/01/2022	7370	0	07/13/2022	15000	0
02/07/2022	7370	0	08/15/2022	25000	0
02/24/2022	7370	0	08/16/2022	10000	0
03/09/2022	7370	0	09/19/2022	10000	0
05/03/2022	7370	0	10/19/2022	20000	0
05/16/2022	20000	0	10/27/2022	15000	0
			Totals ▶	18(b)	18(c)
				208470	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 201366
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
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	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%.....		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		
	c Total available at beginning of current plan year to add to prefunding balance.....		
	d Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	%
15	Adjusted funding target attainment percentage.....	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/17/2023	56620	0					
			Totals ▶	18(b)		18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a
	b Contributions made to avoid restrictions adjusted to valuation date.	19b
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	165043
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 165043

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 165043

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 201366

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	36323
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Attachment to Form 5500, Schedule SB

Abba Cargan, M.D., L.L.C. Cash Balance Plan

EIN/PN: 22-3497658 / 002

Schedule SB, Part V - Actuarial Assumptions / Methods

- a. Mortality: The 2022 Static Mortality Tables (with no projection for mortality improvement) were used. The optional combined tables for small plans were used, separately for male and female lives.
- b. Interest: Benefits were discounted by 4.75% (first segment rate) for payments expected from January 1, 2022 – December 31, 2026, by 5.18% (second segment rate) for payments expected from January 1, 2027 – December 31, 2041, and by 5.92% (third segment rate) for payments expected on or after January 1, 2042. These are the HATFA Segment Rates prescribed by IRC Section 430(h)(2)(C) for the 2022 Plan Year. For calculations under IRC Section 404(o)(2), the following segment rates applied: 0.88%, 2.61% and 3.27%.
- c. Salary Scale: No salary scale was used in the determination of costs and liabilities
- d. Severance of Employment: No discount for severance of employment was included in the determination of costs and liabilities.
- e. Assumed Retirement Age: It was assumed that all employees would retire at their Normal Retirement Age, or in one year if at or past Normal Retirement Age.
- f. Disability Retirement: No discount for disability retirement was included in the determination of costs and liabilities due to the lack of any actuarially subsidized benefit or credible plan experience.
- g. Form of Benefit Payment: It was assumed that there would be a 100% probability of electing lump sum payments.
- h. Actuarial Value of Asset Valuation Method: The fair market value of assets was used.
- i. Expenses: The Target Normal Cost was increased by \$0 to reflect anticipated expenses to be paid from the plan in the current year.
- j. Actuarial Cost Method: The method prescribed by IRC Section 430 was used which determines a minimum required contribution equal to the sum of the plan's Target Normal Cost for the plan year, plus a Shortfall Amortization charge (if any) and Waiver Amortization charge (if any) of a prior funding deficiency.
- k. Interest Crediting Rate: Based on the average of the applicable interest crediting rates during the current and last 4 plan years, which was 5%.

Part II Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	94,119
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	94,119
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		51,023
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.79</u> %		2,444
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		53,467
d Portion of (c) to be added to prefunding balance		53,467
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	147,586

Part III Funding Percentages		
14 Funding target attainment percentage	14	89.61 %
15 Adjusted funding target attainment percentage	15	117.16 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/01/2022	7,370	0			
02/07/2022	7,370	0			
02/24/2022	7,370	0			
03/09/2022	7,370	0			
05/03/2022	7,370	0			
05/16/2022	20,000	0			
07/13/2022	15,000	0			
08/15/2022	25,000	0			
08/16/2022	10,000	0			
09/19/2022	10,000	0			
10/19/2022	20,000	0			
10/27/2022	15,000	0			
02/17/2023	56,620	0			
Totals ▶			18(b)	208,470	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	201,366

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	165,043
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	165,043
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	165,043
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	201,366

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	36,323
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)

40 Unpaid minimum required contributions for all years

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Attachment to Form 5500, Schedule SB
ABBA CARGAN, M.D., L.L.C. CASH BALANCE PLAN
EIN/PN: 22-3497658 / 002

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

The Weighted Average Retirement Age is equal to the straight average of the participants' normal retirement ages.

Attachment to Form 5500, Schedule SB

Abba Cargan, M.D., L.L.C. Cash Balance Plan

EIN/PN: 22-3497658 / 002

Schedule SB, Part V - Actuarial Assumptions / Methods

- a. **Mortality:** The 2022 Static Mortality Tables (with no projection for mortality improvement) were used. The optional combined tables for small plans were used, separately for male and female lives.
- b. **Interest:** Benefits were discounted by 4.75% (first segment rate) for payments expected from January 1, 2022 – December 31, 2026, by 5.18% (second segment rate) for payments expected from January 1, 2027 – December 31, 2041, and by 5.92% (third segment rate) for payments expected on or after January 1, 2042. These are the HATFA Segment Rates prescribed by IRC Section 430(h)(2)(C) for the 2022 Plan Year. For calculations under IRC Section 404(o)(2), the following segment rates applied: 0.88%, 2.61% and 3.27%.
- c. **Salary Scale:** No salary scale was used in the determination of costs and liabilities
- d. **Severance of Employment:** No discount for severance of employment was included in the determination of costs and liabilities.
- e. **Assumed Retirement Age:** It was assumed that all employees would retire at their Normal Retirement Age, or in one year if at or past Normal Retirement Age.
- f. **Disability Retirement:** No discount for disability retirement was included in the determination of costs and liabilities due to the lack of any actuarially subsidized benefit or credible plan experience.
- g. **Form of Benefit Payment:** It was assumed that there would be a 100% probability of electing lump sum payments.
- h. **Actuarial Value of Asset Valuation Method:** The fair market value of assets was used.
- i. **Expenses:** The Target Normal Cost was increased by \$0 to reflect anticipated expenses to be paid from the plan in the current year.
- j. **Actuarial Cost Method:** The method prescribed by IRC Section 430 was used which determines a minimum required contribution equal to the sum of the plan's Target Normal Cost for the plan year, plus a Shortfall Amortization charge (if any) and Waiver Amortization charge (if any) of a prior funding deficiency.
- k. **Interest Crediting Rate:** Based on the average of the applicable interest crediting rates during the current and last 4 plan years, which was 5%.

Attachment to Form 5500, Schedule SB

Abba Cargan, M.D., L.L.C. Cash Balance Plan

EIN/PN: 22-3497658 / 002

Schedule SB, Part V - Summary Plan Provisions

- a. Eligibility: All employees are eligible for membership in the Plan as of the January 1 or July 1 following their dates of hire. Non-highly compensated employees are excluded from the plan.
- b. Normal Retirement: The later of age 65 or completion of 5 years of Plan participation.
- c. Considered Compensation: Gross pay for the period ending December 31.
- d. Cash Balance Benefits: The value of a Participant's Cash Balance Account shall be determined by crediting the account each year with a Principal Credit and Interest Credit as follows:
- Principal Credit: As defined in the Plan Document
- Interest Credit:
- The Principal Credit is credited at the end of the Plan Year to eligible participants who have at least 1 hour of service during the Plan Year. The current value of the Cash Balance Account shall be the sum of all Principal Credits and Interest Credits as of such determination date.
- e. Standard Retirement Benefit: Value of Cash Balance Account.
- f. Death Benefits: Full value of Cash Balance Account.
- g. Severance Benefits: 100% Immediate Vesting
- h. Timing of Benefit Payments: As soon as administratively feasible following termination of employment.
- i. Disability Benefits: Full value of the Cash Balance Account.
- j. Optional Forms of Benefits: Life annuities with and without guaranteed periods, joint & survivor annuities with spousal survivor benefits equal to 50%, 75% or 100% of the amount payable to the participant and lump sum.
- k. Actuarial Equivalence: Applicable Mortality Table for the period after retirement and 5% interest rate.
- l. Top Heavy: Top heavy minimum benefits will be provided under the Abba Cargan, M.D., L.L.C. Salary Savings Plan.

Significant Events: None

Changes in Plan Provisions: None

Attachment to Form 5500, Schedule SB

Abba Cargan, M.D., L.L.C. Cash Balance Plan

EIN/PN: 22-3497658 / 002

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date</u>	<u>Contribution</u>	<u>Application</u>	<u>Late Quarterly Rate</u>	<u>Effective Rate</u>	<u>Interest Adjusted Contribution</u>
2/1/2022	7,370	1st Quarter	N/A	5.18%	7,338
2/7/2022	7,370	1st Quarter	N/A	5.18%	7,331
2/24/2022	7,370	1st Quarter	N/A	5.18%	7,314
3/9/2022	7,370	1st Quarter	N/A	5.18%	7,299
5/3/2022	2,411	1st Quarter	10.18%	5.18%	2,368
5/3/2022	4,959	2nd Quarter	N/A	5.18%	4,870
5/16/2022	20,000	2nd Quarter	N/A	5.18%	19,622
7/13/2022	6,930	2nd Quarter	N/A	5.18%	6,745
7/13/2022	8,070	3rd Quarter	N/A	5.18%	7,854
8/15/2022	23,819	3rd Quarter	N/A	5.18%	23,079
8/15/2022	1,181	4th Quarter	N/A	5.18%	1,144
8/16/2022	10,000	4th Quarter	N/A	5.18%	9,688
9/19/2022	10,000	4th Quarter	N/A	5.18%	9,643
10/19/2022	10,708	4th Quarter	N/A	5.18%	10,282
10/19/2022	9,292	2022 Plan Year	N/A	5.18%	8,923
10/27/2022	15,000	2022 Plan Year	N/A	5.18%	14,388
2/17/2023	56,620	2022 Plan Year	N/A	5.18%	53,478
Totals	<u>208,468</u>				<u>201,366</u>

Attachment to Form 5500, Schedule SB
ABBA CARGAN, M.D., L.L.C. CASH BALANCE PLAN
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EIN/PN: 22-3497658 / 002

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2/7/2022	7,370	1st Quarter	N/A	5.18%	7,331
2/24/2022	7,370	1st Quarter	N/A	5.18%	7,314
3/9/2022	7,370	1st Quarter	N/A	5.18%	7,299
5/3/2022	2,411	1st Quarter	10.18%	5.18%	7,238
5/16/2022	20,000	2nd Quarter	N/A	5.18%	19,622
7/13/2022	6,930	2nd Quarter	N/A	5.18%	14,599
8/15/2022	23,819	3rd Quarter	N/A	5.18%	24,223
8/16/2022	10,000	4th Quarter	N/A	5.18%	9,688
9/19/2022	10,000	4th Quarter	N/A	5.18%	9,643
10/19/2022	10,708	4th Quarter	N/A	5.18%	19,205
10/27/2022	15,000	2022 Plan Year	N/A	5.18%	14,388
2/17/2023	<u>56,620</u>	2022 Plan Year	N/A	5.18%	<u>53,478</u>
Totals	<u><u>184,967</u></u>				<u><u>201,366</u></u>

Attachment to Form 5500, Schedule SB

Abba Cargan, M.D., L.L.C. Cash Balance Plan

EIN/PN: 22-3497658 / 002

Schedule SB, Part V - Summary Plan Provisions

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- l. Top Heavy: Top heavy minimum benefits will be provided under the Abba Cargan, M.D., L.L.C. Salary Savings Plan.

Significant Events: None

Changes in Plan Provisions: None