

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2024 and ending 06/30/2024

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans 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 the plan is a collectively-bargained plan, check here ▶
- 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 HOANG BUI, M.D., INC., DEFINED BENEFIT PENSION 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) HOANG BUI, M.D., INC. 1310 W. STEWART DRIVE SUITE 305 ORANGE, CA 92868	2b Employer Identification Number (EIN)	33-0962957
	2c Sponsor's telephone number	714-535-2553
	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	0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year.....	5d(1)	0
d(2) Total number of active participants at the end of the plan year.....	5d(2)	0
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.	12/12/2024	HOANG BUI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2024	HOANG BUI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 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	731375	0
b Total plan liabilities	7b		0
c Net plan assets (subtract line 7b from line 7a)	7c	731375	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	50000	
(2) Participants.....	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss).....	8b	85229	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		135229
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	866520	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	84	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		866604
i Net income (loss) (subtract line 8h from line 8c).....	8i		-731375
j Transfers to (from) the plan (see instructions)	8j		

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: 1A 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? Continue to answer "Yes" for any prior year failures until fully corrected. (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	
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** 0

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

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

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)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02/28/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705110A.

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2024 and ending 06/30/2024

▶ **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>HOANG BUI, M.D., INC., DEFINED BENEFIT PENSION 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>HOANG BUI, M.D., INC.</u>	D Employer Identification Number (EIN) <u>33-0962957</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" 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 <u>06</u> Day <u>30</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>811844</u>
	b Actuarial value	2b	<u>811844</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>0</u>	<u>0</u>
	c For active participants	<u>4</u>	<u>745400</u>
	d Total	<u>4</u>	<u>745400</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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>5.30 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>93360</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>93360</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>11/22/2024</u>
	<u>CAROLINE KHACHATURIAN, EA, MSEA</u>	Date
	Type or print name of actuary	<u>23-08300</u>
	<u>MB ACTUARIAL SERVICES</u>	Most recent enrollment number
	Firm name	<u>858-798-3207</u>
	<u>310 S. TWIN OAKS VLY RD #107-266</u>	Telephone number (including area code)
	<u>SAN MARCOS, CA 92078</u>	
	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	0
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	0
10	Interest on line 9 using prior year's actual return of <u>23.72</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)		4124
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>5.30</u> %		0
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		4124
d	Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	108.91 %
15	Adjusted funding target attainment percentage	15	102.69 %
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	107.58 %
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		
09/11/2024	50000	0					
			Totals ▶	18(b)	50000	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	49489
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" 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: 4.93 %	2nd segment: 5.27 %	<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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 93360
b Excess assets, if applicable, but not greater than line 31a			31b 66444
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 26916
	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 26916
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 49489
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 22573
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Actuarial Assumptions and Method

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	Min	Max		
Interest Rates	Seg 1: 4.93%	4.93%	Seg 1: 4.97%	Pre-Retirement: 5.00%
	Seg 2: 5.27%	5.27%	Seg 2: 5.22%	Post-Retirement: 5.00%
	Seg 3: 5.59%	5.26%	Seg 3: 5.37%	
Applicable Date	06/2024	06/2024	N/A	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement				
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	1994 Group Annuity Reserving Mortality - Unisex
Assumed Benefit Form For Funding	100% Lump Sum / 0% Normal Form			
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate	5.30%			
Actuarial Cost Method	The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Change in Actuarial Methods

Prior to 2024, the valuation date was the last day of the plan year. The plan terminated effective June 30, 2024. Because the plan's termination date was before the date that would otherwise have been the valuation date for the plan year, the valuation date for the plan year had to be changed so that it fell within the short plan year pursuant to Regulation §1.430(g)-1(b)(2)(i).

This change is automatically approved under Regulation §1.430(g)-1(b)(2)(iv).

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Plan Provisions

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Plan Effective Date	January 1, 2016
Short Plan Year	From January 1, 2024 to June 30, 2024
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 nearest the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p> <p>Union Employees and Non-Resident Aliens are excluded.</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 65 Completion of 5 years of participation from entry date</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>Group 1: The Corp's President (Class A) 4% of average compensation per credited year of service with a maximum of 50 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years with less than 1,000 hours.</p> <p>Group 2: All Ee's Not In Class A 0.5% of average compensation per credited year of service with a maximum of 50 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years with less than 1,000 hours.</p> <p>The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 3 consecutive years of service from date of entry.</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	<p>The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.</p> <p>Credited years are plan years from the first day of the plan year containing date of entry excluding the following:</p> <p>Years with less than 1,000 hours</p>
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Plan Provisions

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Weighted Average Retirement Age
Short Plan Year: 1/1/2024 to 6/30/2024
Valuation Date: 6/30/2024

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65
Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Actuarial Valuation
Short Plan Year: January 1, 2024 to June 30, 2024
Valuation Date: June 30, 2024

Prepared by
MB Actuarial Services

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Actuarial Certification

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

This report has been prepared for the plan sponsor and his/her professional advisors in accordance with generally accepted actuarial principles and practices and, to the best of my knowledge, fairly reflects the actuarial condition of the Hoang Bui, M.D., Inc., Defined Benefit Pension Plan.


The purpose of this report is to communicate the minimum required and maximum deductible contributions for the plan year. Certain assumptions used in the determination of these values and related amounts such as the Adjusted Funding Target Attainment Percentage (AFTAP), are prescribed by the Internal Revenue Code, Regulations and other official guidance, including the American Rescue Plan of 2021 and the Infrastructure Investment and Jobs Act of 2021. The prescribed mortality table and discount rates were applied in accordance with my understanding of the applicable law and regulations. In my opinion, each other assumption is reasonable both individually and in the aggregate, taking into account the experience of the plan and reasonable expectations and, in combination, offers my best estimate of anticipated experience under the plan. This report, and accompanying schedules describing the actuarial assumptions and methods employed and the principal document provisions on which the valuation is based, are complete and accurate to the best of my knowledge.

In preparing this report I have relied upon employee information provided by the Plan Sponsor and plan asset information provided by the Trustee, both as of the valuation date. In accordance with generally accepted actuarial principles and practices, I have reviewed, but not audited, this information and the data has been found to be of acceptable quality for purposes of this actuarial report.

Future actuarial measurements may differ significantly from the measurements presented in this report due to such factors as plan experience differing from that anticipated, changes in economic or demographic assumptions, and changes in plan provisions or applicable law. Due to the limited scope of this actuarial assignment, no analysis was performed of the potential range of such future measurements. In addition, determinations of the condition of the plan for other purposes, such as satisfying the reporting requirements of the Financial Accounting Standards Board, if any, and measuring the level of funding for plan termination, may require different assumptions and methods and the results may differ significantly from those presented here.

To the best of my knowledge, there is no conflict of interest which would impair, or appear to impair, the objectivity of my work on this assignment. If the information contained in this report is provided to others, the report should be provided in its entirety to limit the risk of misinterpretation. Please contact me if you require additional explanations for any item(s) contained in this report or for any other communications related to my engagement as actuary for the plan.

Certified by:



Caroline Khachaturian

23-08300

Enrollment Number

11/22/2024

Date

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Determination of Minimum Contribution

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

The Minimum Required Contribution to your pension plan is defined in Section 430 of the Internal Revenue Code. A funding deficiency should not be allowed to develop as it is subject to a penalty tax. To prevent a deficiency, your contribution should be at least equal to the minimum deposit shown below, adjusted by the effective interest rate to the date it is actually deposited. The application of the carryover balance and/or prefunding balance is not available if the prior year funding ratio is less than 80%.

<u>Charges</u>	<u>Valuation Date: 6/30/2024</u>
(a) Target Normal Cost	\$93,360
Assets in excess of Funding Target	\$(66,444)
Total, not less than zero	\$26,916
(b) Shortfall Amortization Payment (outstanding balance \$0 as of 6/30/2024)	\$0
(c) Waiver Amortization Payment (outstanding balance \$0 as of 6/30/2024)	\$0
Total Charges	\$26,916
 <u>Credits</u>	
(d) Available carryover balance	\$0
Interest at effective interest rate of 5.30%	\$0
Total	\$0
(e) Available prefunding balance	\$0
Interest at effective interest rate of 5.30%	\$0
Total	\$0
(f) Pre-contributions \$0	
Pre-contributions adjusted to valuation date	\$0
Discounted contributions deposited after valuation date	\$49,489
Total (f)	\$49,489
Total Credits	\$49,489
 Minimum Balance of Contribution Due as of the end of the year	\$0
 Interest at effective interest rate to 8 1/2 months past the end of the year	\$0
 Additional interest for quarterly payments made after the due date	\$0
 Minimum Balance of Contrib. Due 8 1/2 months past the end of the year	\$0

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Determination of Maximum Deductible Contribution

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

(a)	Minimum contribution due as of the end of the year	\$26,916
(b)	Target Normal Cost	\$95,017
(c)	Funding Target	\$758,603
(d)	Cushion Amount	
(1)	Liability for HCE Benefit Increases in Prior 2 Years	\$0
(2)	Funding Target (c) - (d1)	\$758,603
(3)	50% of Funding Target	\$379,302
(4)	Increase in Funding Target due to salary increases	\$0
(5)	Cushion Amount (d3) + (d4)	\$379,302
(e)	Target Normal Cost + Funding Target + Cushion Amount (b) + (c) + (d5)	\$1,232,922
(f)	At Risk Target Normal Cost	\$0
(g)	At Risk Funding Target	\$0
(h)	At Risk Limit (f) + (g)	\$0
(i)	Greater of (e) and (h)	\$1,232,922
(j)	Actuarial Value of Assets	\$811,844
(k)	Maximum Deductible Contribution - greater of (a) and (i) - (j)	\$421,078

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Shortfall Amortization

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a fifteen year period. Amortization periods are extended one year for plans with required amortization payments during a short plan year. The current plan year is a short plan year.

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
Total			\$0	\$0
Shortfall Amortization Charge (sum of installments, no less than zero):			\$0	

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Short Plan Year Bases
Short Plan Year: 1/1/2024 to 6/30/2024
Valuation Date: 6/30/2024

When a plan has a short plan year, the payments for shortfall bases in effect during the short plan year are prorated, and the difference between the full 12-month payment and the prorated short plan year payment is made in the year following the year in which the base was scheduled to be fully amortized.

<u>Valuation Date</u>	<u>Amortization Period</u>	<u>Number of Future Installments</u>	<u>Final Payment Val Date</u>	<u>Short Plan Year Installment</u>	<u>Final Plan Year Installment</u>	<u>Full Plan Year Installment</u>
Total				\$0	\$0	\$0

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Quarterly Contributions

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Installment Payments

- | | | |
|-----|----------------------------------------------------------------------------------------------------------------|---------|
| (a) | Prior year funding target attainment percentage
Quarterly contributions are not required for this plan year | 107.58% |
| (b) | Amount of each installment payment | \$0 |

Installment Due Dates and Amounts

- | | | | |
|-----|-----------------------|-----------|-----|
| (c) | Installment Payment 1 | 4/15/2024 | \$0 |
| (d) | Installment Payment 2 | 7/15/2024 | \$0 |

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Actuarial Assumptions and Method

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1: 4.93%	4.93%	Seg 1: 4.97%	Pre-Retirement: 5.00%
	Seg 2: 5.27%	5.27%	Seg 2: 5.22%	Post-Retirement: 5.00%
	Seg 3: 5.59%	5.26%	Seg 3: 5.37%	
Applicable Date	06/2024	06/2024	N/A	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement				
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	1994 Group Annuity Reserving Mortality - Unisex
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.30%	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Actuarial Assumptions and Method

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Change in Actuarial Methods

Prior to 2024, the valuation date was the last day of the plan year. The plan terminated effective June 30, 2024. Because the plan's termination date was before the date that would otherwise have been the valuation date for the plan year, the valuation date for the plan year had to be changed so that it fell within the short plan year pursuant to Regulation §1.430(g)-1(b)(2)(i).

This change is automatically approved under Regulation §1.430(g)-1(b)(2)(iv).

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Plan Provisions

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Plan Effective Date	January 1, 2016
Short Plan Year	From January 1, 2024 to June 30, 2024
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 nearest the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p> <p>Union Employees and Non-Resident Aliens are excluded.</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 65 Completion of 5 years of participation from entry date</p>
Normal Retirement Benefit	<p>Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:</p> <p>Group 1: The Corp's President (Class A) 4% of average compensation per credited year of service with a maximum of 50 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years with less than 1,000 hours.</p> <p>Group 2: All Ee's Not In Class A 0.5% of average compensation per credited year of service with a maximum of 50 years. Credited years are plan years from the first day of the plan year containing date of entry excluding years with less than 1,000 hours.</p> <p>The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>The benefit is based on average salary during the highest 3 consecutive years of service from date of entry.</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	<p>The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.</p> <p>Credited years are plan years from the first day of the plan year containing date of entry excluding the following:</p> <p>Years with less than 1,000 hours</p>
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Summary of Plan Provisions

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Inactive Employee Census Data
Short Plan Year: 1/1/2024 to 6/30/2024
Valuation Date: 6/30/2024

<u>Employee Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Date of Hire</u>	<u>Annual Compensation</u>	<u>Status</u>	<u>Date of Termination</u>	<u>Commencement Date</u>
Total (0 Employee):				0.00			

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

Present Value Comparison Report
 Actuarial Equivalence: Pre: 5.00% Post: 5.00% 94GAR
 417(e) Segment Rates: (1) 4.97% (2) 5.22% (3) 5.37%
 Short Plan Year: 1/1/2024 to 6/30/2024
 Valuation Date: 6/30/2024
 Proposed Distribution Date: 6/30/2024

<u>Active</u>	<u>Vest</u>	<u>A g e s</u>		<u>Accrued</u>	<u>Actuarial</u>	<u>417(e)</u>	<u>415</u>	<u>Present</u>	<u>Vested</u>
	<u>Pct</u>	<u>Curr</u>	<u>Ret</u>	<u>Benefit</u>	<u>Equiv</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Value of</u>	<u>Present</u>
								<u>Accr. Benefit</u>	<u>Value of</u>
									<u>Accr. Benefit</u>
Bui, Hoang	100.00	60	65	6,953.99	771,140	789,521	2,807,979	789,521	789,521
Bui, Lanchi	100.00	61	65	235.25	27,392	28,157	833,188	28,157	28,157
Gjokaj, Maria	100.00	52	65	329.21	24,709	24,553	1,310,669	24,709	24,709
Morales-Rueda, Adriana	100.00	44	65	201.39	10,231	9,777	871,667	10,231	10,231
Total (4)				7,719.84	833,472	852,008	5,823,503	852,618	852,618

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

PPA Funding Values

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Minimum Funding Segment Rates for 06/2024: 4.93% / 5.27% / 5.59%

<u>Participant Name/Age</u>	<u>BOY Monthly Accrued Benefit</u>	<u>Expected Monthly Accrual in Year</u>	<u>Funding Target</u>	<u>Vested Funding Target</u>	<u>Target Normal Cost</u>	<u>Stat</u>
Bui, Hoang / 60	6,181.32	772.67	691,452	691,452	86,432	A
Bui, Lanchi / 61	209.11	26.14	24,707	24,707	3,089	A
Gjokaj, Maria / 52	290.48	38.73	21,086	21,086	2,812	A
Morales-Rueda, Adr / 44	178.85	22.54	8,155	8,155	1,027	A
Total	6,859.76	860.08	745,400	745,400	93,360	
Total Minimum Funding Values at Valuation Date					838,760	

Plan is funded to a lump sum limited by 415. This funding assumption could result in a target normal cost for a participant with no increase in accrued benefit when there is an increase in the IRC 415 benefit.

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

PPA Funding Values

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Maximum Deductible Segment Rates for 06/2024: 4.93% / 5.27% / 5.26%

<u>Participant Name/Age</u>	<u>BOY Monthly Accrued Benefit</u>	<u>Expected Monthly Accrual in Year</u>	<u>Funding Target</u>	<u>Vested Funding Target</u>	<u>Target Normal Cost</u>	<u>Stat</u>
Bui, Hoang / 60	6,181.32	772.67	702,677	702,677	87,835	A
Bui, Lanchi / 61	209.11	26.14	25,051	25,051	3,131	A
Gjokaj, Maria / 52	290.48	38.73	21,915	21,915	2,922	A
Morales-Rueda, Adr / 44	178.85	22.54	8,960	8,960	1,129	A
Total	6,859.76	860.08	758,603	758,603	95,017	
Total Maximum Values at Valuation Date					853,620	

Plan is funded to a lump sum limited by 415. This funding assumption could result in a target normal cost for a participant with no increase in accrued benefit when there is an increase in the IRC 415 benefit.

Hoang Bui, M.D., Inc., Defined Benefit Pension Plan

PPA Funding Values

Short Plan Year: 1/1/2024 to 6/30/2024

Valuation Date: 6/30/2024

Minimum Funding Segment Rates for 06/2024: 4.93% / 5.27% / 5.59%

Maximum Deductible Segment Rates for 06/2024: 4.93% / 5.27% / 5.26%

(a)	Values as of 6/30/2024	<u>Minimum</u>	<u>Maximum</u>	
(1)	Funding Target	745,400	758,603	
(2)	Target Normal Cost	93,360	95,017	
(b)	Minimum Funding Target as of 6/30/2024	<u>No. of Persons</u>	<u>Vested Benefits</u>	<u>Total Benefits</u>
(1)	Retirees Receiving Payments	0	0	0
(2)	Terminated Vesteds	0	0	0
(3)	Actives	4	745,400	745,400
(4)	Total	4	745,400	745,400

Plan is funded to a lump sum limited by 415. This funding assumption could result in a target normal cost for a participant with no increase in accrued benefit when there is an increase in the IRC 415 benefit.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2024 and ending 06/30/2024

▶ **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 Hoang Bui, M.D., Inc., Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hoang Bui, M.D., Inc.	D Employer Identification Number (EIN) 33-0962957	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" 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 <u>06</u> Day <u>30</u> Year <u>2024</u>	
2	Assets:		
	a Market value.....	2a	811,844
	b Actuarial value	2b	811,844
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants.....	0	0
	c For active participants.....	4	745,400
	d Total	4	745,400
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	5.30%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	93,360
	b Expected plan-related expenses	6b	0
	c Target normal cost.....	6c	93,360

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 Caroline Khachaturian, EA, MSEA Type or print name of actuary	<u>11/22/2024</u> Date <u>2308300</u> Most recent enrollment number <u>858-798-3207</u> Telephone number (including area code)
	MB ACTUARIAL SERVICES Firm name 310 S. TWIN OAKS VLY RD #107 - 266 SAN MARCOS CA 92078 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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<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)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	93,360	
b Excess assets, if applicable, but not greater than line 31a	31b	66,444	
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	26,916	
	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	26,916	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	49,489	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	22,573	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
