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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informat	tion				
For	calend	ar plan year 2010 or fise	cal plan year beginning 0	1/01/201	0	and ending	12/31/2	2010
Α	This ref	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
		turn/report is for:	first return/report	Ē	final retur	n/report		
_		,	an amended return/report	rt 🗏	short plar	n year return/report (less than 12 m	onths)	
_	Chook	box if filing under:	Form 5558		·	extension	,	DFVC program
C	CHECK	box ii iiiiiig under.	special extension (enter	L doscriptio	ı	CATCHSION		_ bi vo program
D	- ut II	Dania Dian Info	<u> </u>	•	,			
	art II		mation—enter all requeste	ed inform	ation		1h	Throp digit
	Name		S, INC. DEFINED BENEFIT	DI ANI			10	Three-digit plan number
OLG	OLIVI	LLARINO NETWORK	O, INC. DEI INED BENET II	LAN				(PN) ▶ 001
							1c	Effective date of plan
								01/01/2005
			lress (employer, if for single-	employer	plan)		2b	Employer Identification Number
SEG	(UENT I	LEARNING NETWORK	.5, INC.				20	(EIN) 01-0608675 Plan sponsor's telephone number
		EN PLACE					20	631-725-6612
SAG	HARB	OR, NY 11963					2d	Business code (see instructions)
_							-	541600
SEC	Plan a UENT I	idministrator's name and LEARNING NETWORK	d address (if same as Plan sp S, INC. 26 f		enter "Same N PLACE	e")	30	Administrator's EIN 01-0608675
				3 HARBO	OR, NY 119	963	3c	Administrator's telephone number
								631-725-6612
4						port filed for this plan, enter the	4b	EIN
	name, i	EIN, and the plan numb	er from the last return/report	. Sponso	or's name		4c	PN
5a	Total	number of participants a	at the beginning of the plan v	ear				2
b							5b	2
С						rear (defined benefit plans do not	0.5	
							. 5c	<u>_</u>
6a	Were	all of the plan's assets	during the plan year invested	d in eligib	le assets?	(See instructions.)		Yes No
b						ndent qualified public accountant (IC		X Yes ☐ No
						ons.)SF and must instead use Form 5		Tes No
Pá	art III	Financial Inform		ot use i	OIIII 3300	or and must mistead use i orm s	500.	
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year
а					. 7a	29389	93	409963
		plan liabilities			. 7b		0	0
С	Net pl	Ian assets (subtract line	7b from line 7a)			29389	93	409963
8		ne, Expenses, and Trans				(a) Amount		(b) Total
а	Contri	ibutions received or received	eivable from:			7625	.0	•
	(1) E	mployers			. 8a(1)	7023		
	. ,	·			, ,		0	
_	(3) O	thers (including rollover	s)		` '	000	0	
b		` ,				3997	0	440000
C		, , ,	, 8a(2), 8a(3), and 8b)		. 8c			116220
d			t rollovers and insurance pre		. 8d		0	
е			ctive distributions (see instru		. 8e		0	
f			ers (salaries, fees, commission	,			0	
g		·		,		15	50	
9 h		•	, 8e, 8f, and 8g)					150
i			ne 8h from line 8c)					116070
i		` , `	see instructions)					

		Form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char-	acteris	stic Co	des in	the instru	uctio	ns:	
b	1A If the	1G 3D 1I e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instru	ction	ıs.	
	4B	s plant provided would be believed, other title applicable would be located beader from title block of high charge	.010110		400 111	aro motro	01101	10.	
art	: V	Compliance Questions							
0		ing the plan year:		Yes	No		A	mount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	We	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С		is the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X				
	or c	lishonesty?	10d		^				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					675
f	Has	s 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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						X Yes	No No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection :	302 of	ERISA?.		Yes	No 📉 No
2	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	otiono	and a	ntor th	o data at	f tha	lottor r	ılina
а		nting the waiverMon							
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г	401				
		er the minimum required contribution for this plan year		1	12b				
_1		er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12c				
a		ative amount)tie in the amount in line 12b. Enter the result (enter a minus sign to the left attitude amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		 F		Γ		Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	of th	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?						Yes	No No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl ch assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1) Name of plan(s):		13	c(2) El	N(s)		13c(3	B) PN(s)
	-								

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	Filed with authorized/valid electronic signature.	08/29/2011	STEVEN HAINES
HERE	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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

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

2010

Inspection

OMB No. 1210-0110

This Form is Open to Public

							File as	an attachi	ment to Fo	rm 5500 o	r 5500)-SF.						
Fo	r caler	ndar p	lan year 20	10 o	r fiscal plan	yea	r beginning 0°	1/01/2010				and en	ding	12/31/2	010			
•	Rour	d off	amounts t	o ne	arest dollar													
•	Cauti	ion: A	penalty of	\$1,0	00 will be as	ses	ssed for late filing o	of this repo	rt unless re	asonable (cause	is establish	ned.					
	Name QUEN			ETW	ORKS, INC.	DE	FINED BENEFIT F	PLAN			В	Three-di	•	(PN)	•		001	
												p.a		(,				
С	Plan s	nonso	or's name a	s sho	own on line) a	of Form 5500 or 55	00-SF			D	Employer	r Iden	tification	Num	her (F	=IN)	
					ORKS, INC.	<u>-</u> u ·	3.1.6					1-0608675		amounori		1001 (2	,	
E	Гуре с	of plan	: X Single		Multiple-A		Multiple-B	F	Prior yea	r plan size:	X 10	0 or fewer		101-500	N	∕lore th	nan 500	
Р	art I	В	asic Info	rma	ation													
1			valuation c			Mc	onth <u>01</u> [Day <u>01</u>	Ye	ar <u>2010</u>								
2		ets:	varaation c	ato.				<i></i>		21								
_	a		et value											2a				293893
	b													2b				293893
3																(0) [P T	
3		•	• .	•	t count brea				20	(1)	Numb	er of partic	pant	0		(2) 1	Funding Targe	et
	a		•	•			aries receiving pay							0				0
	b					ts.			3b					U				0
	С	For	active parti						0 (4	_								0
		(1)	Non-veste	d be	nefits				<u>`</u>									
		(2)	Vested be	nefits	S					_								273372
		(3)	Total activ	e)				2				273372
	d													2				273372
4	If th	e plar	is at-risk,	chec	k the box ar	d c	omplete items (a) a	and (b)										
	а	Fund	ding target of	disre	garding pres	crit	oed at-risk assumpt	tions						4a				
	b						umptions, but disreve years and disre							4b				
5	Effe		_											5				6.61 %
6	Tar	get no	rmal cost											6				0
	To the laccorda	best of rance with	h applicable la	the int	formation suppli regulations. In r	ny o	this schedule and accompinion, each other assumence under the plan.											
	SIGN IERI														08/	/23/20	011	
					Sign	atu	re of actuary								D	ate		
CAF	RL SH	ALIT													11	1-024	14	
CAF	RL SH	ALIT (& ASSOCIA	TES		rin	name of actuary						M	lost rece		rollme	ent number	
3E (ONC	DECC	STREET,	STE	202	Fir	m name					Т	Teleph	hone nur	mber	(inclu	ding area cod	de)
	EM, N			OIL	202													
					Ad	dre	ss of the firm				_							
If the	actu	ary ha	s not fully r	eflec	ted any rea	ılat	ion or ruling promu	llgated und	der the stat	ute in com	oletina	this sched	lule, c	check the	e box	and s	see	
	uction	-						J			9		, •				-	Ш

age	2-	1

Pa	art II	Begin	ning of year	carryove	r and prefund	ing ba	lances						
				-	-			(a)	Carryover balance)	(b) F	refundi	ng balance
7		-	•		cable adjustments (•				0			4296
8	Portion (used to	offset prior year's	funding req	uirement (Item 35	from pric	or year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)						0			4296
10	Interest	on item	9 using prior year	s actual ret	turn of 31.03 o	%				0			1333
11					to prefunding bala								
	a Exce	ss contr	ributions (Item 38	from prior y	rear)								4384
	b Inter	est on (a	a) using prior year	's effective	rate of6.39	%							280
					ear to add to prefur								4664
	_		-		alance	•							4664
12					emed elections					0			0
					+ item 10 + item 11					0			10293
	art III		ding percenta				,						
14												14	103.74 %
15					e							15	107.50 %
16					of determining whe					l to reduce			
	-				with			_				16	80.00 %
17	If the cu	rrent val	ue of the assets o	f the plan is	s less than 70 perc	ent of the	e funding ta	rget, enter	such percentage			17	%
P	art IV	Con	tributions and	d liquidit	y shortfalls								
18	Contribu			•	ear by employer(s)	and em	oloyees:						
	(a) Date		(b) Amount pa		(c) Amount pai		(a) [(b) Amount p		(0	•	nt paid by
	IM-DD-Y	YYY)	employer(employees		(MM-DE)-YYYY)	employer	(s)		emplo	oyees
	7/06/2010			40000 11250		0							
	2/15/2010					0							
08	3/03/2011			25000		0							
								1		76050			
							Totals ►	18(b)		76250	18(c)		
19					ructions for small p								
	a Contri	butions	allocated toward u	ınpaid mini	mum required conf	tribution	from prior y	ears		19a			0
	b Contri	butions	made to avoid res	strictions ac	ljusted to valuation	date				19b			0
	C Contri	butions a	allocated toward mi	nimum requ	ired contribution for	current y	ear adjusted	d to valuation	on date	19c			71887
20	Quarterl	y contrib	utions and liquidit	y shortfalls	:								
	a Did th	e plan h	ave a "funding sh	ortfall" for tl	he prior year?							X	Yes No
	b If 20a	is "Yes,	" were required qu	uarterly inst	allments for the cu	rrent yea	ar made in a	timely ma	ınner?		<u></u>	X	Yes No
	C If 20a	is "Yes,	" see instructions	and comple	ete the following tal	ble as ap	oplicable:						
					Liquidity shortfal	ll as of e	nd of Quarte	er of this pl	lan year				
		(1) 1s			(2) 2nd		0	(3)	3rd	0		(4) 4th	
			0				0			0			0

Pa	rt V Assumptio	ons used to determine	funding target and ta	rget n	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items					
24	Has a change been m	nade in the non-prescribed ac	·		•		_ _
25		- h d - f dh d -					<u>_</u>
25		e been made for the current p					
26		o provide a Schedule of Active	•			attacnment	X Yes No
27	1 0	or (and is using) alternative fu	9 / 11			27	
Pa	rt VII Reconcilia	ation of unpaid minim	um required contribu	tions	for prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29		contributions allocated towar				29	0
30		f unpaid minimum required co				30	0
		required contribution					
31		adjusted, if applicable (see ins				31	0
32	Amortization installme		,		Outstanding Bala	ince	Installment
	a Net shortfall amort	tization installment			-	0	0
	b Waiver amortization	on installment				0	0
33		approved for this plan year, er Day Year	•	_	0	33	0
34		ment before reflecting carryov				34	0
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	set funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35	5)			36	0
37		ed toward minimum required o	•	•		37	71887
38	Interest-adjusted exce	ess contributions for current y	ear (see instructions)			. 38	71887
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 3	6 over i	tem 37)	39	0
40	Unpaid minimum requ	uired contribution for all years				40	

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

40 & Up	Avg. Comp	0	0	0	0	0		0	0		0	•		0		0
40,	No. (0	0	0	0	0		0	0		0	0		0		0
35 To 39	Avg. Comp	0	0	0	.0	0		0	0		0	0	n gan	0		0
35	No.		0	0	0	0		0	0		0	0		0		0
30 To 34	Avg. Comp	0	0	0	0	0		0	0		0	0		0		0
30	Zo.	0	0	0	0	0		0	0		0	0		0		0
25 To 29	Avg. Comp	0	0	0	0	0		0	0		0	c		0		0
25.	No.	0	0	0	0	0		0	0		0	0		0		0
20 To 24	Avg. Comp	0	0	0	0	0	-	0	0		0	0		0		0
20.	No.	0	0	0	0	0		0	0		0	0		0		0
15 To 19	Avg. Comp	0	0	0	0	0		0	0		0	0		0	İ	0
15.1	No.		0	0	0	0		0	0		0	0		0		0
To 14	Avg. Comp	0	0	0	0	0		0	0		0	0		0		0
10 T	No.	0	0	0	 0	0		0	0 '		0	0		0		9
5 To 9	Avg. . Comp	0	0	0	0	0		0	0		0	0		0		0
5.7	No.	0	0	0	 0	0		0	 0		Ť	0		0		0
1 To 4	Avg. Comp	0	0	0	0	0		0	0		0	0		0		0
1.1	No.	0	0	0	 0	0		 (0		0	0		0		0
Under 1	Avg. No. Comp	0	0	0	0	0		0	0		0	0		0		0
r _D	Š	0	0	0	 0	0		0	0		0	0		0		0
	Attained Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44		45 to 49	50 to 54		55 to 59	60 to 64	A STATE OF THE STA	65 to 69		70 & Up

Name of plan: Sequent Learning Networks Inc. Defined Benefit Plan Plan sponsor's name: Sequent Learning Networks, Inc.

Plan number: (EIN:

001 01-0608675

Schedule SB, Part V - Statement of Actuarial Assumptions

Pre-retirement mortality: 2010 Optional Combined Mortality Table for small plans

None

0.00%

Market

Lump sum Election Percentage: 100.00%

Actuarial Asset Valuation Method:

Expected increase in compensation:

Pre-retirement turnover:

Name of Plan:

Sequent Learning Networks Inc.

Plan Sponsor's EIN:

01-0608675

Plan Number:

001

Plan Sponsor's Name:

Sequent Learning Networks, Inc.

Schedule SB - Part V - Summary of Plan Provisions

Employer and Plan Data	
Initial effective date	01/01/2005
Plan year begins	01/01/2010
Plan year ends	12/31/2010
Valuation date	01/01/2010
Eligibility Requirements	
Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0
Normal Retirement	
Minimum age	65
Minimum years of service	0
Minimum years of participation	5
Retirement date	1st of month following

Benefits

Pension Formula:

Benefit formula

Type of Formula:

Unit benefit non-integrated

Effective Date:

01/01/2007

Unit type:

Percent

Unit based on:

Participation

Maximum total percent:

75.00%

Tiers based on:

None

First tier:

4.58%

for 1st None

Second tier:

None None for next None for remaining yrs

Third tier:

Maximum credit:

Past years:

3

Future years:

12

Total years:

15

Vesting

Primary
Vesting Schedule
3 year cliff

Secondary
Vesting Schedule
3 year cliff

Name of Plan:

Sequent Learning Networks Inc. Defined Benefit Plan

Plan Sponsor's EIN:

01-0608675

Plan Number:

001

Plan Sponsor's Name:

Sequent Learning Networks, Inc.

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

The weighted average retirement age has been determined by averaging the normal retirement ages for active participants according to the normal retirement age provision of the plan document. Participants who are active past normal retirement age are assumed to retire at the end of the plan year.

Name of Plan:

Sequent Learning Networks Inc. Defined Benefit Plan

Plan Sponsor's EIN:

01-0608675

Plan Number:

001

Plan Sponsor's Name:

Sequent Learning Networks, Inc.

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Perision Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning	01/01/		5500 or				. / / .	
Round off amounts to nearest dollar.	01/01/	2010		2110	ending	1.	2/31/2	5010
Caution: A penalty of \$1,000 will be assessed for late filing of the	nis report	uniess reas	onable ca	use is establ	shed			
A Name of plan				B Three				
SEQUENT LEARNING NETWORKS, INC. DEFINE	D BENE	FIT PLA	N	1	umber (PI	1)	Þ	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-								
Trail sponsors harne as shown on line 2a of Form 5500 or 5500-	-SF			D Employ	er Identific	ation N	lumber (I	EIN)
SEQUENT LEARNING NETWORKS, INC.				01-0608	675			
E Type of plan: X Single Multiple-A Multiple-B	F	Prior year pla	n size; 🛭	100 or fewe	r 🛮 101	-500	More th	nan 500
Part I Basic Information								
1 Enter the valuation date: Month 01 Day	01	Year_	2010		···		·····	
2 Assets:							~~~~~	7 11 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Market value								293893
b Actuarial value				****************	2b			293893
3 Funding target/participant count breakdown			(1) N	umber of part	icipants		(2) F	unding Target
a For retired participants and beneficiaries receiving payment		1			*******************************	0		0
b For terminated vested participants	**********	3b				0		0
C For active participants:								
(1) Non-vested benefits								0
(2) Vested benefits								273372
(3) Total active		3c(3)				2		273372
d Total		3d				2		273372
4 If the plan is at-risk, check the box and complete items (a) and				l-m-l				
a Funding target disregarding prescribed at-risk assumptions	s		,		4a			
b Funding target reflecting at-risk assumptions, but disregard at-risk for fewer than five consecutive years and disregard	ing loadin	g factor			4b			
5 Effective interest rate	***********	****************			5			6.61%
6 Target normal cost					6			0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompany accordance with applicable law and regulations. In my opinion, each other assumption is combination, offer my best estimate of anticipated experience under the plan.	#rig schedule is reasonable	es, statements a e (taking into ac	nd attachme count the ex	ents, if any, is com penerice of the pi	plete and acc an and reasor	urate Ea iable exp	ch prescribe ectations) a	ed assumption was appked in nd such other assumptions, in
SIGN HERE	La company of the second	19	Season.			08/	23/20	11
Signature of actuary				-			Date	
CARL SHALIT	•••	Y				13	102414	:
Type or print name of actuary ARL SHALIT & ASSOCIATES							enrollmer 745-9	nt number 939
Firm name								ing area code)
5 CONGRESS STREET, STE 202					,	.,,,,,,	,	······································
ALEM MA 01970								
Address of the firm								
the actuary has not fully reflected only so addition as with								
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Pa	ert II I	Begir	nning of year	carryov	er and prefunding b	alances							
יי	Delenano	. 6 1					(a)	Carryover balance	8	(b)	Prefund	ing bak	ance
7	year)	at begii	nhing of prior yea	r after appl	icable adjustments (Item 13	3 from prior			0				400
8				CAMPANA CONTRACTOR OF THE PARTY AND ADDRESS OF	quirement (Item 35 from pr	CONTRACTOR OF THE PROPERTY OF	Maria and an area and an area and an area.	NOV administrada sea como expressiviente del distribuido del distribuido con funço a que que	0	dedgaa praesenga aga siringi sa sisilisi s	والموارث والمعارض المعارض المع	MARKATA CARREST VIC	4296
9					***************************************				0	rind in a principal and a farmani and a same a			4296
10					eturn of 31.03%				0				133
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					year)						Winkerlandstandstandstands	************************	4384
					rate of 6.39%								
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4 / :	runding to	arget a	ttainment percen	tage	*******************************	*****************						10:	3.74%
10	Adjusted 1	unoing) target attainmer	it percentag	ge	***************************************	***************************************				15	10'	7.50%
10	current ye	s runo ar's fu	iing percentage ri nding requiremen	or purposes vi	of determining whether ca	irryover/prefu	nding bala	nces may be used	i to redu	ce	16	0.1	0.00%
17	If the curre	ent val	ue of the assets	of the plan i	s less than 70 percent of th	ne funding ter	oet enter	SUCh Dercentage	***************************************	411-41-41-41-4	17	01	U.UU% %
	irt IV		tributions an				32 411 411		***************************************	***************************************	**	***************************************	7/6
***********					ear by employer(s) and em		······································	······································		***************************************			·····
	(a) Date	AE1 25 1110	(b) Amount p	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	(c) Amount paid by	npioyees:	Fostes	(b) Amount p	a (al les c	etiloritishinasi saaa aaaaaaaa			PROTOCOLONIA MARIENA M
M)	M-DD-YYY	Y)	employer		employees	(MM-DD		employeri		\{	c) Amou empi	int paid oyees	by
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19	Discounte	d aronl	ouse contribution.	<u>زرزززرزز</u> اممامم	ructions for small plan with					U to(c)	Sichia de la companya	AND DESCRIPTION OF THE RESIDENCE	0
					mum required contribution								
					ijusted to valuation date				19a	terturana parameter (p)	andered lanear, in lanear a	41 to 1 to	C
								į,	19b	······································	wiahi.ii		
					ired contribution for current;	year adjusted	to valuation	date	19c		**********	···········	71887
			utions and liquidit						Į.	talani de Malainininininininininininininininininini	,	***************************************	<u> </u>
					he prior year?						X	Yes	No
					allments for the current yes		timely man	ner?			X	Yes	No
	c If 20a is	Yes,"	see instructions	and comple	ete the following table as an		(*-2//45a) 	***************************************	********************		-Newstreen		
		1) 1st	,		Liquidity shortfall as of e	nd of Quarter	***************************************	***************************************					
		1, 1, 31	0		(2) 2nd	0	(3)	9.0	0	· · · · · · · · · · · · · · · · · · ·	(4) 4th		
		***************************************	V			4			V				0

P.	art V Assumptions	used to determine f	unding target and t	arget n	ormal cost		
21	Discount rate:		3 - 3 - 3	u got it	Olitica COSt	· · · · · · · · · · · · · · · · · · ·	
	a Segment rates:	1st segment: 4 . 60%	2nd segment: 6.65%		3rd segment: 6 . 76%	,	N/A, full yield curve used
	b Applicable month (enter	er code)	1**************************************			21b	
_22	Weighted average retirem	ent age				22	6
_23	Mortality table(s) (see ins	tructions) X Pre	scribed - combined		cribed - separate	Substitu	
Pa	rt VI Miscellaneous	items					
24				**********			Yes 🕅 No
25	Has a method change bee	en made for the current pla	an year? If "Yes," see inst	ructions r	egarding required attac	hment	Yes X No
26	Is the plan required to pro	vide a Schedule of Active	Participants? If "Yes," see	e in structio	ons regarding required	attachment	X Yes No
27	If the plan is eligible for (a regarding attachment	nd is using) alternative fun	ding rules, enter applicab	le code ar	nd see instructions	27	
Pa	į	n of unpaid minimu				<u> </u>	
28	Unpaid minimum required					28	
29	Discounted employer cont (Item 19a)	ributions allocated toward	unpaid minimum required	l contribut	ions from prior years	29	
30	Remaining amount of unp					30	
1	rt VIII Minimum req			· · · · · · · · · · · · · · · · · · ·		 	
31	Target normal cost, adjust					31	
32	Amortization installments:				Outstanding Bale	L	Installment
	a Net shortfall amortization	on installment	***************************************			0	
	b Waiver amortization ins			£_		0	
33	If a waiver has been appro (Month Day	ved for this plan year, enti	er the date of the ruling le	tter grantii	ng the approval	33	1
34	Total funding requirement item 33)	before reflecting carryover	/prefunding balances (ite	m 31 + ìte	m 32a + item 32b –	34	1
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offset fur	nding requirement		0		0	
36	Additional cash requiremen	nt (item 34 minus item 35)		,		36	
	Contributions allocated tow (Item 19c)	vard minimum required cor	ntribution for current year	adiusted t	o valuation date	37	7188
38	Interest-adjusted excess co					38	7188
39	Unpaid minimum required					39	, 100
40	Unpaid minimum required					40	