### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **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).

1210-0089 2011

OMB Nos. 1210-0110

This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report X a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SUZANNE R. MEGENITY D.D.S., P.S. CASH BALANCE PLA (PN) ▶ 002 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SUZANNE R. MEGENITY, D.D.S., P.S. 91-1505337 (EIN) 2c Sponsor's telephone number 360-423-4313 1801 1ST AVE, SUITE 2A LONGVIEW, WA 98632 2d Business code (see instructions) 621210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 1801 1ST AVE, SUITE 2A 91-1505337 SUZANNE R. MEGENITY, D.D.S., P.S. LONGVIEW. WA 98632 **3c** Administrator's telephone number 360-423-4313 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **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.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 608545 0 Total plan assets..... 7a 0 0 7b Total plan liabilities..... 608545 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers ..... (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) 30543 **b** Other income (loss)..... 8b 30543 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 636829 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 2259 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 639088 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -608545

8i

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) ......

Form	5500.	-25	201	,

Page <b>Z</b> - 1
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		•	
Part IV	Plan	Chara	cteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

  1A 1C 1I
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)	During the plan year:		Yes	No	ı	mount	
	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		Х	-	<u></u>	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				100000
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		Х			
е	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			
า	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
İ	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					
rt	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					X Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.	ıth					
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г	40h			
	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
t	VII Plan Terminations and Transfers of Assets						
а	Has a resolution to terminate the plan been adopted in any plan year?			X	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				C
)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X Yes	No
;	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)			
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	וף כאי	ISA İS	establ	ished		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					le a Scha	adula

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.	12/12/2012	SUZANNE R. MEGENITY, D.D.S.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	12/12/2012	SUZANNE R. MEGENITY, D.D.S.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## **SCHEDULE SB** (Form 5500)

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

## 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-SE

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For	or calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 10/31/2012												
				, car segiming	01/01/2012			anu en	unig 10/31	12012			
		nd off amounts to n											
	Caut	ion: A penalty of \$1,	000 will be as	sessed for late filing	of this report	unless reaso	nable ca	use is establis	hed.				
A١	lame	of plan						<b>B</b> Three-o	ligit		002		
SUZ	ANN	NE R. MEGENITY D.	D.S., P.S. CA	SH BALANCE PLA				plan nu	mber (PN)	•	702		
		sponsor's name as sh		2a of Form 5500 or 5	500-SF			<b>D</b> Employe	r Identificatio	on Number (EIN)			
SUZ	ANN	NE R. MEGENITY, D.	.D.S., P.S.					91-1505337	•				
Εт	vpe (	of plan: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size:	100 or fewer	101-500	500 More than 500			
			'	<u> </u>		, ,	<u> </u>						
Pa	rt I	Basic Inform											
_1_	Ent	ter the valuation date	:	Month 01	Day01	Year <u>2</u>	012	_					
2	Ass	sets:											
	а	Market value							2a		608539		
	b	Actuarial value							2b		608539		
3	Fur	nding target/participa	nt count break	rdown:			(1) N	lumber of parti	rinante	(2) Funding	Target		
·	_	0 0 1 1		ficiaries receiving pa	o mo o o t	3a	(1)11	difficer of parti	0	(Z) i dildilig	0		
	a			01	•				1		3229		
	b			ts		3b			1		3229		
	С	For active participa	ants:										
		(1) Non-vested be	enefits			3c(1)					0		
		(2) Vested benefi	ts			3c(2)							
		(3) Total active				3c(3)			6				
	d	Total							7	56070			
4		ne plan is in at-risk st											
•		•	•	•	. ,	. ,			4-				
	а	0 0	0 0.	cribed at-risk assum	•				-				
	b			ssumptions, but disr									
				consecutive years ar	•								
5	Effe	ective interest rate							5		5.31 %		
6	Tar	get normal cost							6		0		
		nt by Enrolled Actu	•										
		best of my knowledge, the i											
		nation, offer my best estimat				(9					,		
S	IGI	J											
	ER									11/27/2012			
	LIV	L .	0:					_					
MIC		C. CLINIVAL CON	Signa	ature of actuary						Date			
MIC	IAEI	C. GUNVALSON								11-04266			
			Type or p	rint name of actuary					Most red	cent enrollment nun	nber		
LUR	E BI	ESIKOF LAPIDUS &	CO LLP							612-377-4404			
	Firm name								Telephone n	umber (including ar	ea code)		
		YZATA BLVD							•	, 0	,		
MIN	νΕΑΙ	POLIS, MN 55405											
								_					
		·	Ado	lress of the firm	·	·							
If the	actu	ary has not fully refle	ected any regu	lation or ruling prom	ulgated unde	r the statute i	n comple	eting this sche	dule, check t	he box and see	П		
instru							compi				Ш		

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Begir	nning of year o	carryove	er and prefunding ba	lances								
							(a) (	Carryover balance	)	(b)	Prefundi	ng balance		
7		U			cable adjustments (line 13 f				0			0		
8			•	•	funding requirement (line 35				0					
9	Amount	remaini	ng (line 7 minus lir	ne 8)					0			0		
10	Interest	on line 9	o using prior year's	actual ret	turn of1.97%									
11					d to prefunding balance:									
	<b>a</b> Pres	sent valu	e of excess contril	butions (lin	ne 38 from prior year)							41275		
	<b>b</b> Inter	rest on (a	a) using prior year	's effective	e rate of 6.32 % excep	t as				2609				
C Total available at beginning of current plan year to add to prefunding balance												43884		
d Portion of (c) to be added to prefunding balance												0		
12	12 Other reductions in balances due to elections or deemed elections											0		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0		
P	art III	Fun	ding percenta	iges										
14	Funding										14	108.53 %		
15											15	108.53 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									9	16	115.33 %			
17		•			is less than 70 percent of the						17	%		
P	art IV	Con	tributions and	d liauidi	ty shortfalls									
					rear by employer(s) and emp	olovees:								
	(a) Dat	е	(b) Amount pa	aid by	(c) Amount paid by	(a) Da		<b>(b)</b> Amount p		(		nt paid by		
(N	IM-DD-Y	YYY)	employer(	(s)	employees	(MM-DD-	D-YYYY) employer(s)				employees			
						Totals ▶	19/b)		0	19(c)		0		
10	Disass	tod - ··	lover essentitudes		tructions for annul along the		18(b)	no hoginaine e col		18(c)		0		
19		•	•		tructions for small plan with			0 0	19a			0		
	_				nimum required contributions				19b			0		
					djusted to valuation date				19c			0		
20					uired contribution for current y	ear aujusteu	to valuation	Tuale	190					
20		•	outions and liquidit	•	s. the prior year?						Г	Yes X No		
					stallments for the current year						_	Yes No		
				-	•		umery mdf	ıı ı⊽ı :	Γ			] 169   IAO		
	<b>⊍</b> II ∠08	ais res,	see monuctions	anu compi	ete the following table as ap Liquidity shortfall as of e		of this pla	ın vear						
		(1) 19	st		(2) 2nd	5. quartor	(3)	3rd			(4) 4tl	<u> </u>		

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get ı	normal cost					
21	Disco	ount rate:										
	<b>a</b> S	egment rates:	1st segment: 2.06%		2nd segment: 5.25%		3rd segment: 6.32 %		N/A, full yield curve used			
	<b>b</b> A	pplicable month	(enter code)					21b	4			
22								22	65			
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu				
Pa	rt VI	Miscellane	_		<u> </u>		·					
				ed act	uarial assumptions for the co	ırrent	nlan year? If "Yes " see	instructions	s regarding required			
		•	•				•		· · · · · · · · · · · · · · · · · · ·			
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No			
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No			
27			,		nding rules, enter applicable			27				
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years	28				
28	Unpa	0										
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior year (line 19a)								0			
30	Rema	aining amount of	funpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0			
Pa	rt VIII	Minimum	required contribu	tion f	for current year							
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):							
	<b>a</b> Tai	rget normal cost	31a	0								
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0			
32	32 Amortization installments: Outstanding								Installment			
	a Ne	et shortfall amort	ization installment					0	0			
	<b>b</b> W	aiver amortizatio	on installment					0	0			
33					ter the date of the ruling lette			33				
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0			
		<u></u> -			Carryover balance		Prefunding balar	nce	Total balance			
35			use to offset funding			0		0	0			
36								36	0			
37			•		ontribution for current year a			37				
								31	0			
38			ess contributions for curr		,			00				
			•					38a	0			
					prefunding and funding star			38b	0			
39					ear (excess, if any, of line 36		,	39	0			
40								40	0			
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (	see instructions)					
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ırsuant to an alternative amo	ortizati	on schedule:					
	<b>a</b> Sch	nedule elected		·····		····		<u></u> [	2 plus 7 years 15 years			
	<b>b</b> Elig	gible plan year(s)	) for which the election i	n line 4	41a was made			200	8 2009 2010 2011			
42	Amou	int of acceleratio	n adjustment					42				
43	Exces	Amount of acceleration adjustment										

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

Plan: Suzanne R. Megenity D.D.S., P.S. Cash Balance Plan

EIN/PN: 91-1505337/002

Age	Assumed Rate	Weighted Age
65	100.00%	65.0
		65.0

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

# Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan: Suzanne R. Megenity D.D.S., P.S. Cash Balance Plan

EIN/PN: 91-1505337/002

Salary Scale: None

Retirement Assumption: Participants assumed to retire on their Normal

Retirement Date as defined in the Plan

Withdrawal Rates: None

Mortality Table Used: Combined mortality tables for small plans

Assumed Form of Distribution:

Life Annuity 0% Lump Sum 100%

## Schedule SB, Part V Summary of Plan Provisions

Plan: Suzanne R. Megenity D.D.S., P.S. Cash Balance Plan

EIN/PN: 91-1505337/002

#### **Employer and Plan Data**

Initial Effective Date
Plan Year Begins
Plan Year Ends
Valuation Date

January 1, 2003
January 1, 2012
December 31, 2012
January 1, 2012

#### **Eligibility Requirements**

Service One year - 750 hours

Entry Dates Dual Age 21

Excluded Groups Collectively Bargained, Non-Resident Alien, Employees of Affiliated

Employers, and Independent Contractors

#### **Normal Retirement Age**

First of the month following the later of Age 65 and the fifth anniversary of participation.

#### **Retirement Benefits**

Actuarial Equivalent of the Participant's Hypothetical Account Balance.

#### **Hypothetical Account**

A theoretical account that is maintained for each participant. Each account is credited annually with interest at the 30 Year Treasury Bill rate in effect for the fifth month prior to the Plan Year plus contributions based on the schedule in the Plan document.

#### **Vesting**

100% vested upon completion of 3 years of Vesting Service.

#### Death

100% of the Participant's Hypothetical Account.

#### Disability

100% of the Participant's Hypothetical Account.

#### **Plan Amendments**

Plan terminated 3/31/2012.

#### **SB ACTUARY SIGNATURE**

## **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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

v.012611

Pension Benefit Guaranty Corporation	▶ File as an attachn	nent to Form	5500 or 5	500-SF.						
For calendar plan year 2011 or fiscal p	lan year beginning 01/	01/2012		and endin	and ending 10			10/31/2012		
Round off amounts to nearest do										
Caution: A penalty of \$1,000 will be	e assessed for late filing of this repor	rt unless reaso	т							
A Name of plan				B Three-digi			,	002		
			-	plan numb	er (PN)	P Nyanta		. :		
Suzanne R. Megenity D.I	D.S., P.S. Cash Balanc	e Plan								
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer I	dentificat	ion Number (	EIN)			
Suzanne R. Megenity, D.	.D.S., P.S.			91-1505	337					
E Type of plan: X Single Multiple	e-A Multiple-B	Prior year pla	an size: 🛚	100 or fewer	101-50	00 More t	han 500			
Part I Basic Information										
	Month 1 Day 1	Year	2012							
1 Enter the valuation date: 2 Assets:	Month ⊥ Day ⊥	Teat_						1. 1		
					. 2a		14.574, 4	608,539		
					2b	, .	e said			
3 Funding target/participant count b			(1) Nu	ımber of particip	ants	(2)	Funding Ta	<del></del>		
	peneficiaries receiving payment	3a	(1),13	inser or paraor	0			0		
, ,	ipants	1			1			3,229		
C For active participants:	,		7. 3. 3. 3. 3. 3.							
(1) Non-vested benefits		3c(1)						. 0		
(2) Vested benefits		3c(2)			198			557,476		
, ,					б			557,476		
	\	· · · · · · · · · · · · · · · · · · ·			7			560,705		
4 If the plan is in at-risk status, chec	ck the box and complete lines (a) an	d (b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
a Funding target disregarding	prescribed at-risk assumptions	***************************************			. 4a					
0 0 0	isk assumptions, but disregarding tra				45		1 3 4 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
5 Effective interest rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,			5			5.31 %		
6 Target normal cost			····	***************************************	6.			0		
Statement by Enrolled Actuary					,			7		
	upplied in this schedule and accompanying sche s. In my opinion, each other assumption is reason ted experience under the plan.									
SIGN HERE	MC6					11/27/2	012			
	Signature of actuary			-		Date	<del></del>			
Michael C. Gunvalson	Signature of actuary					11-042	66			
	or print name of actuary				Most r	ecent enrollm		<del></del>		
Lurie Besikof Lapidus &						612) 377				
2501 Wayzata Blvd	Firm name			Te	<del></del>	number (incl		code)		
Måmanana 1 å =	343Y - P**	E405						1.3		
Minneapolis	Address of the firm	5405		-		•				
								·		
If the actuary has not fully reflected any instructions	regulation or ruling promulgated und							rm 55(10) 2011		

Relation of the princing of prior year after applicable adjustments (line 13 from prior year)   0   0   0   0   0   0   0   0   0	Pa	art II Begir	ning of year	carryove	er and prefunding bal	ances							,	
Portion electated for use to offset prior year's stunding requirement (line 35 from prior year)							· (a) (	Carryover balance		(b) F	refund	ing balan	ce:	
Part IV	7		•		,	•			0				0	
10 Interest on line 9 using prior year's actual return of (1, 97) %.  11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38 from prior year).  b Interest on (a) using prior year's effective rate of 6,32% except as otherwise provided (see instructions).  c Total available at beginning of current plan year to add to profunding balance.  c Total available at beginning of current plan year to add to profunding balance.  c Total available at beginning of current plan year to add to profunding balance.  c Total available at beginning of current plan year to add to profunding balance.  c Total available at beginning of current plan year to add to profunding balance.  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at beginning of current year (line 9 + line 10 + line 11d - line 12).  c Total available at the profunding balances may be used to reduce current year's funding precentage.  15 Adjusted funding larget attainment percentage.  16 15 108.53 %  17 16 the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  17 18 the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  (a) Date (b) Amount paid by (c) Amount paid by (d) Amount paid by employer(s) employer(s) employer(s) employer(s) employer(s) employer(s) employer(s) employer(s) employer(s) employer(s	8-			-	• • •				0				0	
11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38 from prior year).  b Interest on (a) Jusing prof year's effective rate of6.32 % except as otherwise provided (see instructions).  c Total available at beginning of current plan year to add to profunding balance.  d Portion of (c) to be added to prefunding balance.  d Portion of (c) to be added to prefunding balance.  12 Other reductions in balances due to elections or deemed elections.  0 0 0 0  13 Balance at beginning of current year (line 9 + line 10 + line 11d − line 12).  0 0 0  Part III Funding percentages  14 108.53 %  15 Adjusted funding target attainment percentage  15 Adjusted funding target attainment percentage.  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 Interest value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) (c) Amount paid by employer(s) (d) Amount paid by employer(s) (e) Amount paid by employer(s) (e) Amount paid by employer(s) (e) Amount paid by employer(s) (f) Amount paid by employ	9	Amount remaini	ng (line 7 minus lir	ne 8)					0				0	
b Interest on (a) using prior year's effective rate of 6 .32 % except as otherwise provided (see instructions).	10	Interest on line 9	9 using prior year's	actual reti	urn of (1.97) %									
b Interest on (a) using prior year's effective rate of 6.32% except as otherwise provided (see instructions).  2,609 C Total available at beginning of current plan year to add to prefunding balance.  43,884 d Portion of (c) to be added to prefunding balance.  0 0 0 12 Other reductions in balances due to elections or deemed elections.  0 0 0 13 Balance at beginning of current year (jine 9 + line 10 + line 11d - line 12).  0 0 0 14 Funding stripet attainment percentage.  14 Funding stripet attainment percentage.  15 10 8.53 % 15 Adjusted funding larget attainment percentage.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to raduce current year sunding requirement.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 Contributions and liquidity shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) employer(s) employer(s) employer(s) employer(s) employer(s)  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.  19 Discounted employer contributions and liquidity shortfalls  20 Cutartery contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  10 Cutartery contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  10 Liquidity shortfall as of end of quarter of this plan year	11	Prior year's exce	ess contributions t	o be added	to prefunding balance:									
otherwise provided (see instructions)				-								4	1, 275	
d Portion of (c) to be added to prefunding balances.  12 Other reductions in balances due to elections or deemed elections.  3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).  4 Funding target attainment percentages.  14 108.53 %  15 Adjusted funding target attainment percentage.  15 Adjusted funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year s' funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  18 Contributions and liquidity shortfalls  18 Contributions and to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) and employees:  (b) Amount paid by employer(s) (c) Amount paid by employer(s) (MM-DD-YYYY) employer(s) (mmployees)  (a) Date (b) Amount paid by employer(s) (mmployees) (mmployer(s)) (mmployees)  (b) Amount paid by employer(s) (mmployees) (mm		<b>b</b> Interest on (a otherwise pr	a) using prior year ovided (see instru	's effective ctions)	rate of 6.32% excep	t as				n F	2,609			
12 Other reductions in balances due to elections or deemed elections		C Total available	e at beginning of c	ırrent plan y	year to add to prefunding bala	nce						4	3,884	
13   Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)   0   0		<b>d</b> Portion of (c	) to be added to p	refunding b	palance	***********					. 0			
Part III Funding percentages  14 Funding target attainment percentage	12	12 Other reductions in balances due to elections or deemed elections											0	
14 Funding target attainment percentage	13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)											0		
14 Funding target attainment percentage	Р	art III Fun	ding percenta	iges					'	-		та,		
16   Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.	14	Funding target a	attainment percent	age	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						14	108.	53 %	
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   1.15.33 %	15	Adjusted funding	g target attainmen	t percentaç	je					4	15	108	53.%	
Part IV Contributions and liquidity shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by (c) Amount paid by (d) Am	16	•	0.		•			•			16	115.	33 %	
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) and employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY)   (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	17	If the current val	lue of the assets o	f the plan i	s less than 70 percent of the	funding ta	rget, enter s	such percentage			17		%	
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) and employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (mM-DD-YYYY)   (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYY) (mM-DD-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	Р	art IV Cor	ntributions an	d liauidi	tv shortfalls						****			
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees  Totals • 18(b) 0 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 0  Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year? 19a 19c 0  b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? 19c 19c 19c 19c 19c 19c 19c 19c 19c 19c	18		10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			loyees:		*						
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.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b  0  C Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c  0  19c  0  19c  19c  0  19c  19c	(N									(0				
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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.  b Contributions made to avoid restrictions adjusted to valuation date.  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19b  0  C Contributions allocated toward minimum required contribution for current year adjusted to valuation date.  19c  0  20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?  b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  C If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year								, , , , , ,						
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b Contributions made to avoid restrictions adjusted to valuation date	19	Discounted emp	oloyer contribution	s – see ins	tructions for small plan with	a valuation	date after th	he beginning of the y	ear:					
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Contributions	allocated toward	unpaid min	imum required contributions	from prior	years		19a				0	
Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?		<b>b</b> Contributions	made to avoid re	strictions a	djusted to valuation date	.,,			19b				0	
a Did the plan have a "funding shortfall" for the prior year?  b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  c If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year		<b>c</b> Contributions	allocated toward m	inimum req	uired contribution for current y	ear adjuste	d to valuation	n date	19c				0	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  C If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year	20	Quarterly contri	butions and liquidi	ty shortfalls	3:								<u> </u>	
C If 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year		a Did the plan I	have a "funding sh	ortfall" for t	the prior year?			. ,				Yes	X No	
Liquidity shortfall as of end of quarter of this plan year		<b>b</b> If 20a is "Yes	," were required q	uarterly ins	tallments for the current yea	ır made in	a timely mar	ner?				Yes	No	
		<b>c</b> If 20a is "Yes	," see instructions	and compl	lete the following table as ar	plicable:					er .			
(1) 1st (2) 2nd (3) 3rd (4) 4th						nd of quart					4: 6 2 6: 10			
l l		(1) 1	st		(2) 2nd		(3)	3rd		··	(4) 4	tr:		

	iri v   Assumptioi	ns used to determine i	unding target and target	normai cost			
21							
	a Segment rates:	1st segment: 2.06 %	2nd segment: 5.25 %	3rd segment: 6.32 %		N/A, full yield curve used	
	<b>b</b> Applicable month	(enter code)			21b	4	
22	Weighted average retirement age				22	65	
Pa	Part VI Miscellaneous items  Prescribed - combined Prescribed - separate Substitute						
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment						
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attack					المسا ليسا	
	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required atta						
27					27	103 [2] 100	
Part VII Reconciliation of unpaid minimum required contributions for prior years							
28			·		-28		
29						V	
	(line 19a)				29	0	
511,60	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 6)				31a	0	
	<b>b</b> Excess assets, if applicable, but not greater than 31a				31b	. 0	
32	Amortization installments:			Outstanding Bala	nce	installment	
	a Net shortfall amortization installment				. c	O	
	b Waiver amortization installment				C	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	A STATE OF THE STA	
34	Total funding requiren	nent before reflecting carryove	r/prefunding balances (lines 31a	ı - 31b + 32a + 32b - 33)	34	0	
·			Carryover balance	Prefunding bala	nce	Total balance	
35		use to offset funding	-	0	. 0	0	
36	Additional cash requirement (line 34 minus line 35)				36	0	
37					37	· · · · · · · · · · · · · · · · · · ·	
38	Present value of excess contributions for current year (see instructions)						
	a Total (excess, if any, of line 37 over line 36)				38a	0	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b	· · ·	
39					39	0	
40					40	0	
Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)							
4 1 0000	41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:						
	a Schedule elected						
	b Eligible plan year(s) for which the election in line 41a was made						
42	Amount of acceleration adjustment				42	and the second s	
43	Excess installment acceleration amount to be carried over to future plan years				43		