

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 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning <u>09/01/2013</u> and ending <u>08/31/2014</u>			
A	This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan	
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)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan <u>THE WAY INTERNATIONAL FOUNDING EMPLOYEES' RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>08/31/2000</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE WAY INTERNATIONAL</u> <u>19100 EAST SHELBY ROAD</u> <u>NEW KNOXVILLE, OH 45871</u>	2b	Employer Identification Number (EIN) <u>34-4440110</u>
		2c	Sponsor's telephone number <u>419-753-2523</u>
		2d	Business code (see instructions) <u>813000</u>
3a	Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>98</u>
b	Total number of participants at the end of the plan year	5b	<u>98</u>
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	
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	

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.		
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4407561	5864810
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	4407561	5864810
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	889900	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	787935	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1677835
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	194879	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	25707	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		220586
i Net income (loss) (subtract line 8h from line 8c)	8i		1457249
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	1000000
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 line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
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.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust THE WAY INTERNATIONAL	14b Trust's EIN 383311528
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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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 09/01/2013 and ending 08/31/2014

▶ **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>THE WAY INTERNATIONAL FOUNDING EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE WAY INTERNATIONAL</u>	D Employer Identification Number (EIN) <u>34-4440110</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>4407561</u>
b Actuarial value	2b <u>4407561</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>23</u> <u>1931652</u>
b For terminated vested participants.....	3b <u>32</u> <u>1000762</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>2172985</u>
(3) Total active.....	3c(3) <u>43</u> <u>2172985</u>
d Total.....	3d <u>98</u> <u>5105399</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>6.29</u> %
6 Target normal cost	6 <u>58901</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		<u>12/08/2014</u>
Signature of actuary		Date
<u>WILLIAM NAPOLI, JR.</u>		<u>14-00779</u>
Type or print name of actuary		Most recent enrollment number
<u>AMERICAN BENEFIT EVALUATORS, LLC</u>		<u>440-248-9155</u>
Firm name		Telephone number (including area code)
<u>6325 COCHRAN ROAD, SUITE 6</u> <u>OLON, OH 44139</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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

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>12.22</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)		7518
b Interest on (a) using prior year's effective interest rate of <u>7.00</u> % except as otherwise provided (see instructions)		526
c Total available at beginning of current plan year to add to prefunding balance		8044
d Portion of (c) to be added to prefunding balance		8044
12 Other reductions in balances due to elections or deemed elections	0	8044
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	86.33 %
15 Adjusted funding target attainment percentage	15	86.33 %
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	86.13 %
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
12/06/2013	130700	0	07/24/2014	100000	0
01/10/2014	200000	0	08/11/2014	64800	0
03/06/2014	97200	0			
03/10/2014	100000	0			
05/28/2014	100000	0			
06/06/2014	97200	0			
			Totals ►	18(b)	889900
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	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	858972
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	58901
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	697838		299198
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	358099
	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	358099
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	858972
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	500873
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	500873
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	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

**DOL e-file Signature and Filing Authorization
for the 2013 Form 5500**

Name of Plan: **The Way International Founding Employees' Retirement Plan**

EIN / PN: **34-4440110 / 001**

Plan Year Ending: **August 31, 2014**

PART I: Authorization of Practitioner to Electronically Sign and File

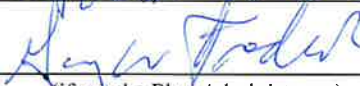
I hereby authorize American Benefit Evaluators, LLC ("ABE") to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 1 of the Form 5500-SF and provide the original of that signature page to ABE before the electronic filing can be initiated;
- ABE will retain a copy of this written authorization in its records;
- ABE will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- ABE shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:  Date: 12/9/14

Employer/Plan Sponsor:  Date: 12/9/14
(if not the Plan Administrator)

PART II Acknowledgement of Receipt of Authorization

On behalf of ABE, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For ABE:  Date: 12-8-2014
(signature and title)

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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 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**2013****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2013 or fiscal plan year beginning 09/01/2013 and ending 08/31/2014

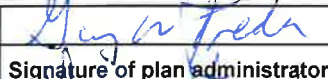
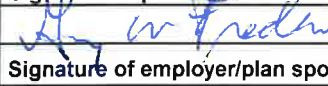
- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan THE WAY INTERNATIONAL FOUNDING EMPLOYEES' RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 08/31/2000
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) THE WAY INTERNATIONAL 19100 EAST SHELBY ROAD US NEW KNOXVILLE OH 45871		2b Employer Identification Number (EIN) 34-4440110
		2c Sponsor's telephone number (419) 753-2523
		2d Business code (see instructions) 813000
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN
a Sponsor's name		4c PN
5a Total number of participants at the beginning of the plan year		5a 98
b Total number of participants at the end of the plan year		5b 98
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5c
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		

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			GARY FREDERICK
	Signature of plan administrator	Date 12/9/14	Enter name of individual signing as plan administrator
SIGN HERE			GARY FREDERICK
	Signature of employer/plan sponsor	Date 12/9/14	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 4,407,561	5,864,810
b	Total plan liabilities	7b 0	0
c	Net plan assets (subtract line 7b from line 7a)	7c 4,407,561	5,864,810
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 889,900	
(2)	Participants	8a(2) 0	
(3)	Others (including rollovers)	8a(3) 0	
b	Other income (loss)	8b 787,935	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1,677,835
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 194,879	
e	Certain deemed and/or corrective distributions (see instructions) ...	8e 0	
f	Administrative service providers (salaries, fees, commissions)	8f 0	
g	Other expenses	8g 25,707	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	220,586
i	Net income (loss) (subtract line 8h from line 8c)	8i	1,457,249
j	Transfers to (from) the plan (see instructions)	8j 0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	1,000,000
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 line 11a below)	☒ Yes ☐ No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	Month _____ Day _____ Year _____
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐ Yes ☒ No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN
THE WAY INTERNATIONAL	38-3311528

2013 Form 5500, Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Sponsor's EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

Schedule of Amortization Bases

Type of Base	Date Created	Initial Base	Initial PV Factor	Years Left	Amortization Payment	Current PV Factor	PV of Remaining Payments
Shortfall	9/1/2008	1,126,281	5.9857	2	188,162	1.9529	367,462
Shortfall	9/1/2009	407,335	5.9421	3	68,551	2.8610	196,124
Shortfall	9/1/2010	328,688	6.0779	4	54,079	3.7263	201,515
Shortfall	9/1/2011	332,687	6.3121	5	52,706	4.5509	239,860
Shortfall	9/1/2012	(658,788)	5.8919	6	(111,812)	5.2929	(591,810)
					251,686		413,151
Shortfall	9/1/2013	284,687	5.9919	7	47,512	5.9919	284,687
Total					\$299,198		\$697,838

Development of Amortization Present Value Factors

Current Segment Rate	Present Value for Number of Years Indicated						
	7	6	5	4	3	2	1
4.94%	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
4.94%	0.9529	0.9529	0.9529	0.9529	0.9529	0.9529	
4.94%	0.9081	0.9081	0.9081	0.9081	0.9081		
4.94%	0.8653	0.8653	0.8653	0.8653			
4.94%	0.8246	0.8246	0.8246				
6.15%	0.7420	0.7420					
6.15%	0.6990						
	5.9919	5.2929	4.5509	3.7263	2.8610	1.9529	1.0000

2013 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Plan Sponsor' EIN: 34-4440110**Plan Number:** 001**Plan Name:** The Way International Founding Employees' Retirement Plan

Age	Retirement Rate	Model Group Count	Number Retiring At Age	Weighted Average Retirement Age
(1)	(2)	(3)	(4)	(5)
				(1) x (4) / 1,000
< 65	0%	1,000	0	0.000
65	100%	1,000	1,000	65.000
			1,000	65.000

2013 Form 5500, Schedule SB, Line 19 – Discounted Employer Contributions

Plan Sponsor' EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

2013 Quarterly Contributions

The minimum required contribution (\$358,099) is calculated assuming the payment was made on the valuation date. Payments made after the valuation date are discounted at the plan's effective interest rate for the year from the payment date back to the valuation date to test if the discounted contributions meet the minimum requirement for the year. The plan's effective interest rate is the single interest rate that would develop the same Funding Target. If quarterly contributions are required, and the quarterly contribution was made after its due date, then the effective interest rate is increased by 5% in determining the discounted value of the quarterly contribution.

Required Contributions		Actual Contributions		Discounted Contributions				
Due Date	Amount	Date	Amount	Days from Val	Days Late	Regular Interest Adj.	Late Interest Adj.	Disc. Contrib.
12/15/2013	80,572	12/6/2013	80,572	96	0	1.016550	1.000000	79,260
3/15/2014	50,128	12/6/2013	50,128	96	0	1.016550	1.000000	49,312
3/15/2014	30,444	1/10/2014	30,444	131	0	1.022652	1.000000	29,770
6/15/2014	80,572	1/10/2014	80,572	131	0	1.022652	1.000000	78,787
9/15/2014	80,572	1/10/2014	80,572	131	0	1.022652	1.000000	78,787
5/15/2015	8,412	1/10/2014	8,412	131	0	1.022652	1.000000	8,226
5/15/2015	45,408	3/6/2014	45,408	186	0	1.032315	1.000000	43,987
5/15/2015	0	3/6/2014	51,792	186	0	1.032315	1.000000	50,171
5/15/2015	0	3/10/2014	100,000	190	0	1.033022	1.000000	96,803
5/15/2015	0	5/28/2014	100,000	269	0	1.047070	1.000000	95,505
5/15/2015	0	6/6/2014	97,200	278	0	1.048683	1.000000	92,688
5/15/2015	0	7/24/2014	100,000	326	0	1.057326	1.000000	94,578
5/15/2015	0	8/11/2014	64,800	344	0	1.060585	1.000000	61,098
	\$376,108		\$889,900					\$858,972

Contributions allocated toward unpaid required contributions from prior years 0

Contributions made to avoid benefit restrictions adjusted to valuation date 0

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date 358,099

Interest adjusted excess contributions 500,873

Effective Interest Rate 6.29% Used to discount contributions from earlier of scheduled due date and actual date paid back to the valuation date.

Interest Rate Reflecting Late Payment 11.69% Used to discount contributions back from actual date paid to schedule due date if not paid by scheduled due date.

Valuation Date 9/1/2013

Note: The column headed "Days From Valuation Date" is the number of days from the valuation date to the earlier of the actual date paid or the scheduled payment date.

2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor's EIN:	34-4440110
Plan Number:	001
Plan Name:	The Way International Founding Employees' Retirement Plan

Definitions

Effective Date	August 31, 2000
Covered Employees	Any employee who was hired before 1987 and who were actively employed on August 1, 2000.
Participation Date	September 1, 2000 for eligible employees.
Benefit service	Number of years and fractions thereof as of September 1, 2000 subject to a maximum of 20 years.
Vesting Service	Equal to elapsed time from date of hire until date of termination, retirement or death.
Normal Retirement Date (NRD)	First of the month coincident with or next following 65 th Birthday or September 1, 2000 if later.
Monthly Pension Benefits	The monthly accrued benefit for this floor benefit plan is equal to

$$\text{Net Benefit} = [(a) \times (b) - (c)] \times (d)$$

Where (a), (b), (c) and (d) are defined below as:

- (a) = \$31.00 times years of Benefit Service.
- (b) = A 2% annual cost-of-living adjustment from September 1, 2000 until the date the Participant terminates employment.
- (c) = An offset based on the annuitized value of the profit sharing account in the 401(k) plan based on 1983 Unisex Group Annuity Mortality and the immediate interest rate assumed by the PBGC in valuing annuity benefit upon a plan termination.
- (d) = The ratio of service at termination to service at the Participant's Normal retirement Age.

2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor's EIN:	34-4440110
Plan Number:	001
Plan Name:	The Way International Founding Employees' Retirement Plan

Eligibility for Benefits

Normal Retirement	Attainment of NRD.
Early Retirement	Retirement before NRD and on or after both attaining age 55 and completing 20 years of vesting service.
Postponed Retirement	Retired after NRD.
Deferred Vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability Retirement	No special benefits are payable.
Pre-retirement survivor annuity coverage	Married participants who were married for the 12-month period immediately prior to the Participant's date of death.
Postretirement survivor annuity coverage	Participants who have terminated employment but are eligible for a Vested Benefit who die prior to commencement of that benefit.

Monthly Benefits Paid Upon the Following Events

Normal Retirement	Monthly pension benefit determined as of NRD
Early Retirement	Monthly pension benefit determined as of date of early retirement. Pension is reduced actuarially for each month that commencement of benefits precedes NRD. Actuarial adjustments are based on a 7.00% interest rate and the 1983 Unisex Group Annuity mortality table.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.
Termination With deferred vested benefit	Monthly pension benefit determined as of termination date, payable at age 65.
Pre-retirement survivor annuity coverage	50% of the monthly pension benefit, determined at later of the date of death or 55 th birthday date, actuarially reduced for early commencement. Benefit commences at the later of the participant's death or the date the participant would have been age 55 and is paid for the lifetime of the spouse. Actuarially reduced benefits are payable as of the first of the month following the date of death.

2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor's EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

Forms of Payment Pre-retirement spouse benefits and benefits for single participants are payable on a single life annuity basis. Retirement benefits for married Participants are paid on a 50 J&S form, without actuarial reduction for the form of payment.

Maximum on Benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Maximum on Benefits and Pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The Plan provides for increasing the dollar limits automatically as such changes become effective.

Provisions Effective After Valuation Date

No future plan provisions were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Plan Provisions Since Prior Year

There have been no changes in plan provisions since the last valuation.

2013 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Sponsor's EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

Actuarial Assumptions

Economic Assumptions

Interest Rates

▪	Discount rate	—	First 5 years	4.94%
		—	Next 15 years	6.15%
		—	Thereafter	6.76%
▪	Return on P/S Offset Account			7.50%
▪	PBGC Initial Annuity Interest Rate at Retirement			5.00%

Annual rates of increase in

▪	Annual compensation	N/A
▪	Future Social Security wage bases	N/A
▪	Indexed limits on compensation and benefits	N/A

Demographic Assumptions

▪	Mortality		
	—	Healthy lives	Tables 1 & 2
	—	Disabled lives	Tables 3 & 4
▪	Disability		None Assumed
▪	Termination		None Assumed
▪	Retirement		Age 65
▪	Form of payment at retirement		
	—	% electing monthly life benefit	100%
	—	% electing lump sum benefit	0%
▪	Percent married		Based on Current Status
▪	Difference in Age of Spouse and Participant		Based on Current Status
▪	Administrative Expenses		None
▪	Benefits Not Valued		The benefits valued included all those summarized in the Summary of Plan Provisions.

2013 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Sponsor's EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

Actuarial Methods

- Target Normal cost and Funding Target Unit Credit

- Actuarial value of assets The market value of assets including accrued contributions

Changes in Assumptions and Methods Since Last Year

		Prior Year	Current Year
▪ Interest Rates	- First 5 years	5.54%	4.94%
	- Next 15 years	6.85%	6.15%
	- Thereafter	7.52%	6.76%
▪ Healthy Life Mortality		RP2000 Combined Projected for 2012 Valuations	RP2000 Combined Projected for 2013 Valuations

2013 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Sponsor's EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

Age	Healthy Mortality		Disabled Mortality	
	Male	Female	Male	Female
	Table 1	Table 2	Table 3	Table 4
30	0.000386	0.000199	0.030661	0.014843
31	0.000434	0.000245	0.031331	0.015473
32	0.000488	0.000280	0.032006	0.016103
33	0.000548	0.000306	0.032689	0.016604
34	0.000610	0.000328	0.033405	0.017121
35	0.000672	0.000348	0.034184	0.017654
36	0.000731	0.000367	0.034981	0.018204
37	0.000786	0.000384	0.035796	0.018770
38	0.000815	0.000403	0.036634	0.019355
39	0.000839	0.000424	0.037493	0.019957
40	0.000862	0.000462	0.038373	0.020579
41	0.000887	0.000507	0.039272	0.021219
42	0.000918	0.000558	0.040189	0.021880
43	0.000956	0.000614	0.041122	0.022561
44	0.001003	0.000674	0.042071	0.023263
45	0.001059	0.000716	0.043033	0.023988
46	0.001113	0.000758	0.044007	0.024734
47	0.001174	0.000801	0.044993	0.025504
48	0.001241	0.000871	0.045989	0.026298
49	0.001314	0.000950	0.046993	0.027117
50	0.001396	0.001068	0.048004	0.027961
51	0.001458	0.001192	0.049021	0.028832
52	0.001553	0.001375	0.050042	0.029730
53	0.001711	0.001594	0.051067	0.030655
54	0.001890	0.001854	0.052093	0.031609
55	0.002235	0.002205	0.053120	0.032594
56	0.002709	0.002658	0.054144	0.033608
57	0.003125	0.003076	0.055089	0.034655
58	0.003622	0.003477	0.056068	0.035733
59	0.004112	0.003946	0.057080	0.036846
60	0.004700	0.004502	0.058118	0.037993
61	0.005508	0.005196	0.059172	0.039176
62	0.006329	0.005966	0.060232	0.040395
63	0.007442	0.006874	0.061303	0.041653
64	0.008416	0.007759	0.062429	0.042950
65	0.009536	0.008750	0.063669	0.044287

Notes: Table 1 RP2000 Male Combined Mortality Table Projected for 2013 Valuations by Scale AA
Table 2 RP2000 Female Combined Mortality Table Projected for 2013 Valuations by Scale AA
Table 3 Male disabled life mortality table for individuals becoming disabled after 1994 and meeting the requirements for Social Security disability benefits as set forth in Rev Rul 96-7
Table 4 Female disabled life mortality table for individuals becoming disabled after 1994 and meeting the requirements for Social Security disability benefits as set forth in Rev Rul 96-7

2013 Form 5500, Schedule SB, Line 26 – Schedule of Active Participant Data

Plan Sponsor' EIN: 34-4440110
Plan Number: 001
Plan Name: The Way International Founding Employees' Retirement Plan

Schedule of Active Participants as of 9/1/2013

Number of Participants by Completed Years of Service

Age Last Birthday	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40& Up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	1	0	0	0	0	1
50-54	0	0	0	0	0	1	1	0	0	0	2
55-59	0	0	0	0	0	6	6	0	0	0	12
60-64	0	0	0	0	0	8	9	8	0	0	25
65-69	0	0	0	0	0	0	1	2	0	0	3
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	16	17	10	0	0	43

Average Age:

60.8

Average Service:

31.7

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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).

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**For calendar plan year 2013 or fiscal plan year beginning 09/01/2013 and ending 08/31/2014

► 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**THE WAY INTERNATIONAL FOUNDING EMPLOYEES' RETIREMENT PLAN****B** Three-digit

plan number (PN) ►

001**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**THE WAY INTERNATIONAL****D** Employer Identification Number (EIN)**34-4440110****E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 09 Day 01 Year 2013**2** Assets:

a Market value	2a	4,407,561
b Actuarial value	2b	4,407,561

3 Funding target/participant count breakdown:

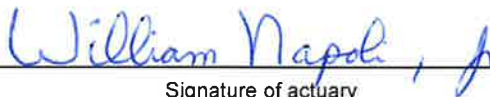
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 23	1,931,652
b For terminated vested participants	3b 32	1,000,762
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	2,172,985
(3) Total active	3c(3) 43	2,172,985
d Total	3d 98	5,105,399

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** **6.29 %****6** Target normal cost **6** **58,901****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

William Napoli, Jr.

Type or print name of actuary

American Benefit Evaluators, LLC

Firm name

6325 Cochran Road, Suite 6**US Solon****OH 44139**

Address of the firm

12/08/2014

Date

14-00779

Most recent enrollment number

(440) 248-9155

Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v.130118

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>12.22%</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)		7,518
b Interest on (a) using prior year's effective interest rate of <u>7.00%</u> except as otherwise provided (see instructions)		526
c Total available at beginning of current plan year to add to prefunding balance ..		8,044
d Portion of (c) to be added to prefunding balance		8,044
12 Other reductions in balances due to elections or deemed elections	0	8,044
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	86.33 %
15 Adjusted funding target attainment percentage	15	86.33 %
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	86.13 %
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
12/06/2013	130,700				
01/10/2014	200,000				
03/06/2014	97,200				
03/10/2014	100,000				
05/28/2014	100,000				
06/06/2014	97,200				
07/24/2014	100,000				
08/11/2014	64,800				
Totals ▶ 18(b)				889,900	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	858,972

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:

1st segment:

4.94 %

2nd segment:

6.15 %

3rd segment:

6.76 %

☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

58,901

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

697,838

299,198

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**

0

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

358,099

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** 358,099**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

858,972

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

500,873

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

500,873

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****Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**