### 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

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

Revenue Code (the Code).

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to **Public Inspection** 

Part I		Identification Information													
For calend	ar plan year 2014 or fi	iscal plan year beginning 01/01/2	014	and ending 12/	31/2014										
A This ret	turn/report is for:	∡ a single-employer plan		r plan (not multiemployer) ( ployer information in accord											
		a one-participant plan	a foreign plan												
<b>B</b> This retu	urn/report is	X the first return/report	the final return/report	rt											
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)										
C Check	box if filing under:	Form 5558	automatic extension	า	DFVC p	rogram									
	3	special extension (enter descr	ription)												
Part II	Basic Plan Info	ormation—enter all requested int	formation												
1a Name					<b>1b</b> Three-digit	t									
		CASH BALANCE PLAN			plan numb	er									
					(PN) <b>•</b>	002									
					1c Effective d	ate of plan 01/01/2014									
2a Plan s	ponsor's name and ac	ddress; include room or suite numb	er (employer, if for a sing	le-employer plan)	<b>2b</b> Employer I	dentification Number									
ELEMENTS	BATH & BODY, LLC				(EIN)	56-2647842									
4203 EVERG	REEN RD				-	telephone number 00-555-5555									
	D, KY 40014				2d Business of	ode (see instructions)									
						454110									
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor.		<b>3b</b> Administra	tor's EIN									
					3c Administra	tor's telephone number									
					7 Administra	tor 3 telephone number									
		ne plan sponsor has changed since timber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN										
name			the last return/report filed	d for this plan, enter the	4b EIN 4c PN										
name <b>a</b> Spons	, EIN, and the plan nu or's name		· 	· 											
a Spons 5a Total	, EIN, and the plan nu or's name number of participants	mber from the last return/report.			4c PN	1									
a Spons 5a Total a b Total a c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with	s at the beginning of the plan years at the end of the plan year	the plan year (defined be	enefit plans do not	4c PN 5a	1 2									
name a Spons 5a Total b Total c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan year	the plan year (defined be	enefit plans do not	4c PN 5a 5b	1 2									
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name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Schebelief, it is: SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants are of participants with ete this item)	art the beginning of the plan year account balances as of the end of the plan year articipants at the beginning of the plan year articipants at the beginning of the plan year erminated employment during the perminated employmen	the plan year (defined be an year	enefit plans do not enefits that were end unless reasonable cau ve examined this return/report version of this return/report  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a a, and to the best of the best o	applicable, a Schedule of my knowledge and									
name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants are of participants with ete this item)	art the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the portion or incomplete filing of this return the penalties set forth in the instruction digned by an enrolled actuary, applete.  Administrator	the plan year (defined be an year	enefit plans do not enefits that were end unless reasonable cau ve examined this return/report version of this return/report  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a a, and to the best of the best o	applicable, a Schedule of my knowledge and n administrator									
name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE	, EIN, and the plan nu or's name number of participants number of participants are of participants with ete this item)	art the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year erminated employment during the portion or incomplete filing of this return the penalties set forth in the instruction digned by an enrolled actuary, applete.  Administrator	the plan year (defined be an year	enefit plans do not enefits that were end unless reasonable cau ve examined this return/report version of this return/report  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is establisher ort, including, if a a, and to the best of the best o	applicable, a Schedule of my knowledge and n administrator ployer or plan sponsor									

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public accounta	ınt (IQ	(PA)				es [	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	21)?	X	Yes	No	Not de	termin	ed
Par	t III   Financial Information		<u> </u>							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		0700	
	Total plan assets	7a		0				5	0	
	Total plan liabilities	7b		0	+			F	2728	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amazunt		$\dashv$		(b) T		2120	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	697	777						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2	228						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	0005	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	172	277						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f		0						
	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	7277	
i	Net income (loss) (subtract line 8h from line 8c)	8i						5	2728	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Chara	cterist	I		1			
10	During the plan year:				Yes	No		Amour	ıt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X				
	on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X				12	2608
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year _	ruling	l —

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	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 negative amount)			12d			
е	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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

### **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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SF

	File as an attachment to For	11 3300 01 3300-35.			
Foi	r calendar plan year 2014 or fiscal plan year beginning 01/01/2014	and e	nding 12/3	1/2014	
•	Round off amounts to nearest dollar.				
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable cause is establi	shed.		
	Name of plan	<b>B</b> Three	digit		002
ELI	EMENTS BATH & BODY, LLC CASH BALANCE PLAN	plan n	umber (PN)	•	002
_	Diagram	D		ian Nimakan /	FINI\
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EMENTS BATH & BODY, LLC	<b>D</b> Employ	er identificat 56-2647	ion Number (	EIN)
LLI	EMENTO BATTI & BODT, ELO		30 2047	042	
	For states Michael Districts A. Districts D	1		oo	h 500
	Type of plan: X Single Multiple-A Multiple-B F Prior year p	olan size: X 100 or fewe	r 101-50	JU   More t	han 500
Pa	art I Basic Information				
1	Enter the valuation date: Month 12 Day 31 Year	2014			
2	Assets:				
	a Market value		2a		0
	<b>b</b> Actuarial value		2b		0
3	Funding target/participant count breakdown	(1) Number of	(2) Ves	ted Funding	(3) Total Funding
		participants	T	arget	Target
	<b>a</b> For retired participants and beneficiaries receiving payment		0	0	0
	<b>b</b> For terminated vested participants		0	0	0
	C For active participants		2	0	0
	<b>d</b> Total		2	0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	П			
•			4a		
	a Funding target disregarding prescribed at-risk assumptions		-		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading f				
5	Effective interest rate				6.99%
6	Target normal cost		6		37095
Sta	tement by Enrolled Actuary				
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statement				
	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into combination, offer my best estimate of anticipated experience under the plan.	account the experience of the p	olan and reasona	ible expectations)	and such other assumptions, in
Ç	SIGN				
	HERE			05/26/2	015
•	Signature of actuary	<del></del>		Date	
^ ^ 1	-				204
AAI	RON VENOUZIOU  Type or print name of actuary		Moet r	14-022 ecent enrollm	
DEI	, , ,		MOST		
ΥEI	NCERT LTD	<del></del>	Tolonhon		9-0700
735	Firm name 5 N CASS AVENUE		i elepnone	number (Inclu	iding area code)
	STMONT, IL 60559-1100				
	Address of the firm				
f the	e actuary has not fully reflected any regulation or ruling promulgated under the statut	e in completing this sch	edule, check	the box and	see $\square$
	notions		, 00010		

Page	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding	Ва	alances							
								(a) (	Carryover balance		(b) F	Prefundi	ng balan	ce
7		•	0 , ,		cable adjustments (line		•			0				0
8					unding requirement (line									
	· · ·									0				0
9										0				0
10	Interest	on line 9	using prior year's	actual ret	turn of%					0				0
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefunding balance:									
	<b>a</b> Prese	nt value	of excess contrib	utions (line	38a from prior year)									0
					Ba over line 38b from prion of the interest rate of									0
	<b>b(2)</b> In	terest or	line 38b from pri	or year Sch	nedule SB, using prior ye	ear's	actual							
														0
			0 0		ear to add to prefunding ba									0
	<b>a</b> Portio	on of (c)	to be added to pre	efunding ba	alance									0
12	Other re	ductions	in balances due	to election	s or deemed elections					0				0
13	Balance	at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line	12	)			0				0
Pa	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	100	.00 %
15	Adjusted	d funding	target attainmen	t percentaç	ge							15	C	.00 %
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement													
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Pá	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18	Contribu	utions ma			ear by employer(s) and	emp	oloyees:							
(M	(a) Date M-DD-Y'		(b) Amount p employer		(c) Amount paid by employees		<b>(a)</b> Dat (MM-DD-Y		(b) Amount paid employer(s)	-	(0	•	nt paid b oyees	У
02	/03/2014			52500		0								
06	/16/2014			17277		0								
							Totals ►	18(b)		69777	18(c)			0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan w	vith	a valuation da	te after th	ne beginning of the	year:				
	<b>a</b> Contr	ibutions	allocated toward	unpaid min	imum required contributi	ions	from prior year	ars		19a				0
	<b>b</b> Contr	ibutions	made to avoid res	trictions a	djusted to valuation date					19b				0
	<b>C</b> Contr	ibutions a	allocated toward mi	nimum req	uired contribution for curre	ent y	ear adjusted to	valuation	n date	19c				73740
20	Quarterl	y contrib	utions and liquidit	y shortfalls	s:								_	
	<b>a</b> Did th	ne plan h	ave a "funding sh	ortfall" for t	the prior year?								Yes	No
	<b>b</b> If line	20a is "	Yes," were require	ed quarterly	y installments for the cur	rent	t year made in	a timely	manner?				Yes	No
	<b>C</b> If line	20a is "	Yes," see instructi	ons and co	omplete the following tab									
		(4) 3			Liquidity shortfall as o	of e	nd of quarter o		· .	1		(4) 4"		
		(1) 18	ST.		(2) 2nd			(3)	3rd			(4) 4th	1	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost						
21	Discou	nt rate:									
	<b>a</b> Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	II yield	curv	e used	
	<b>b</b> Appl	licable month (	enter code)			21b				0	
22	Weight	ted average ret	irement age			22				65	
23	Mortalit	ty table(s) (see	e instructions)	escribed - combined X Pres	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items			<del></del>					
24				tuarial assumptions for the current	plan vear? If "Yes." see	instructions	regarding re	auired			
		-							Yes	X No	
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No	
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No	
27	If the p	lan is subject t	o alternative funding rules, ent	ter applicable code and see instruc	tions regarding	27				<u> </u>	
	attachn	ment				. 21					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years						
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0	
29	Discou	nted employer	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0	
30				ntributions (line 28 minus line 29)		30				0	
			Required Contribution								
31			nd excess assets (see instruct								
			*			31a				27005	
	_		·	line 31a		31b				37095 0	
32		zation installme	<u> </u>	IIIIe 31a	Outstanding Bala		lı	nstallm		0	
32					Outstanding Bail	0		IStallin	CITE	0	
						0				0	
33				ter the date of the ruling letter grar	ting the approval					0	
33				) and the waived amount		33				0	
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				37095	
				Carryover balance	Prefunding bala	nce	To	tal bala	ance		
35	Balanc	es elected for	use to offset funding								
				0		0				0	
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				37095	
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjusted	d to valuation date	37				73740	
38	•		ess contributions for current ye			1					
-						38a				36645	
-	<b>b</b> Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0	
39											
40	-			S	•	40					
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
			de to use PRA 2010 funding re		<u></u>	-					
	a Sche	dule elected	-				2 plus 7 yea	ırs	15	years	
	<b>b</b> Eligib	ole plan year(s	) for which the election in line	41a was made				2010		2011	
42			•			42					
				d over to future plan years		43					

### 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

2014

This Form is Open to Public Inspection

Part I		Identification Information		and anding 10%	24/2044						
For calenda	r plan year 2014 or fi	scal plan year beginning 01/01/			31/2014						
A This retu	rn/report is for:	a single-employer plan	a multiple-employer pla of participating employe								
		a one-participant plan	a foreign plan								
B This retu	rn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/	report (less than 12 mo	onths)						
C Check b	ox if filing under:	Form 5558	automatic extension		DFVC pro	gram					
		special extension (enter des	cription)								
Part II	Basic Plan Info	ormation—enter all requested i	nformation								
1a Name o					1b Three-digit						
		CASH BALANCE PLAN			plan number	000					
					(PN) •	002					
1c Effective date of plan 01/01/2014											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Employer Identification Number (EIN) 56-2647842											
	2c Sponsor's telephone number										
4203 EVERG CRESTWOOI					STATE OF THE PROPERTY OF THE PARTY OF THE PA	e (see instructions)					
						4110					
3a Plan ac	lministrator's name a	nd address Same as Plan Spo	nsor.		3b Administrator	SEIN					
4 If the ri	ame and/or EIN of th	ie plan sponsor has changed sinc imber from the last return/report.	e the last return/report filed for	r this plan, enter the	4b EIN						
a Sponso					4c PN						
5a Total r	number of participants	s at the beginning of the plan year	·		5a	1					
b Total r	number of participants	s at the end of the plan year			5b	2					
C Number	er of participants with	account balances as of the end	of the plan year (defined benef	lit plans do not	5c						
		articipants at the beginning of the			5d(1)	1					
d(2) Tot	al number of active p	articipants at the end of the plan y	/ear		5d(2)	- 2					
e Numbe	r of participants that tan 100% vested	terminated employment during the	e plan year with accrued benef	fits that were	5e	(					
Caution: A	nenalty for the late	or incomplete filing of this retu	urn/report will be assessed u	ınless reasonable cau	ise is established.						
Under pena SB or Sche	alties of perium and o	ther penalties set forth in the instrand signed by an enrolled actuary	ructions. I declare that I have e	examined this return/rep	port, including, if ap	plicable, a Schedule					
SIGN	2 1	a him	6-30-15	Tamara T	ivis						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator					
SIGN	2 1	9 1	6-30-15	Tamara T	īvis						
HERE	Signature of error	oyer plan sponsor	Date	Enter name of individ		oyer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address				one number (optional)					
					h .						

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.			X You	es [	No No
		isurance p		21):		163			or der	CITIIII	eu
Par	200 5 W SANTE PARAMA		To a service and the majority		1		1000 WHEELY	21 22			
	Plan Assets and Liabilities		(a) Beginning of Yea	0	-		(b) En	d of		2728	
	Total plan assets	7a		U	+				3	0	
	Total plan liabilities	7b		0	+				5	2728	
	Net plan assets (subtract line 7b from line 7a)	7c		U	+				20	2720	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount		+		(b)	Tota	al		
	(1) Employers	8a(1)	697	77							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0					41		
b	Other income (loss)	8b	2	28							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7	0005	
	Benefits paid (including direct rollovers and insurance premiums	8d	172	77							
	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		0	_		10.40				
	Administrative service providers (salaries, fees, commissions)	8f		0	$\top$						
	Other expenses	8g		0							
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	7277	
	Net income (loss) (subtract line 8h from line 8c)	8i							5	2728	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, oj								100000000000000000000000000000000000000	
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctio	ns:		
	1C										
b	If the plan provides welfare benefits, enter the applicable welfare for $4B$	eature cod	les from the List of Plan Charac	cterist	ic Cod	es in ti	he instru	ction	s:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Aı	noun	t	
а	Was there a failure to transmit to the plan any participant contribu					X					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest			10a							
	on line 10a.)			10b		X					
с	Was the plan covered by a fidelity bond?	Total Control of the		10c		X					
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					1	2608
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	J							
<del></del>	2520.101-3.)			10h							
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require 1-3	d notice or one of the	10i							
Part								_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es X	No
_11a	Enter the unpaid minimum required contribution for current year for	rom Sched	dule SB (Form 5500) line 39			11a		_			_
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			15			L				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.				, and e	enter th Day			letter ear _	rulino	3

	F	orm 5500-SF 2014	Page <b>3</b> - 1				
lf :	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 13.				
b	Enter	the minimum required contribution for this plan year		. 1:	2b		
С	Enter	the amount contributed by the employer to the plan for this plan year		. 1	2c		
d		act the amount in line 12c from the amount in line 12b. Enter the result ( ive amount)		1:	2d		
е	Will th	ne 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 X No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer thi	is year	13	3a		
b		all the plan assets distributed to participants or beneficiaries, transferred		the con	trol 		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plar n assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan	n(s) to			
•	3c(1)	Name of plan(s):		13c(	2) E	IN(s)	13c(3) PN(s)
		Trust Information (optional)		44	L -		
14a	Name	of trust		14	TO	rust's EIN	

### **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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

	File as an attachment to Fol	rm 5500 or 5500-5r.			
For o	calendar plan year 2014 or fiscal plan year beginning 01/01/2014	and end	ng 12/31	/2014	
▶ R	Round off amounts to nearest dollar.				
▶ C	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless re	asonable cause is establish	ed.		
	ame of plan	B Three-dig	git		002
ELE	MENTS BATH & BODY, LLC CASH BALANCE PLAN	plan num	iber (PN)	•	002
C 51		D Employer	Identificatio	an Number /F	INI
	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MENTS BATH & BODY, LLC	Employer	56-26478	on Number (E	iin)
ELEI	MENTS BATH & BODT, LEG		30 2047	742	
		1	T 404 50	0	500
<b>L</b> Ty	ype of plan: X Single Multiple-A Multiple-B F Prior year	plan size: X 100 or fewer	101-50	0 More tha	an 500
Pai	rt I Basic Information				
1	Enter the valuation date: Month 12 Day 31 Yea	ar <u>2014</u>			
2	Assets:		4		
	a Market value		2a		0
	<b>b</b> Actuarial value		2b		0
3	Funding target/participant count breakdown	(1) Number of	(2) Veste	ed Funding	(3) Total Funding
•	Tanung target participant oosh shouldown	participants	Та	rget	Target
	a For retired participants and beneficiaries receiving payment	0		0	
	<b>b</b> For terminated vested participants	0		0	
	C For active participants	2		0	
	d Total	2		0	
				· ·	
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>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading		4b		
5			5		6.99%
	Effective interest rate		6		37095
6	Target normal cost		0		37033
	ement by Enrolled Actuary  on the best of my knowledge, the information supplied in this schedule and accompanying schedules, stateme	ents and attachments if any is compl	ete and accura	ate. Each prescribe	d assumption was applied in
a	ccordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking in	nto account the experience of the plan	and reasonal	ole expectations) a	nd such other assumptions, in
A-10.00	ombination, offer my best estimate of anticipated experience under the plan.				
	IGN				
H	ERE			05/26/20	15
	Signature of actuary			Date	
AAR	ON VENOUZIOU			14-0229	)1
	Type or print name of actuary		Most re	cent enrollme	nt number
PEN	ICERT LTD			630-789	-0700
	Firm name	Т	elephone n	umber (includ	ing area code)
	N CASS AVENUE STMONT, IL 60559-1100				
VVES	5TNION1, IL 00339-1100				
	Address of the firm				
If the	actuary has not fully reflected any regulation or ruling promulgated under the statu	ute in completing this sched	ule, check t	the box and se	ee

Pa	rt II	Beginni	ng of Year	Carryove	er and Prefunding	Ва	lances							
								(	a) Carr	yover balance		(b) F	Prefundi	ng balance
7		3		ANTONIO DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR	able adjustments (line						0			0
8			- NOTE - 1888, WALKER WITH BLANCO - 1888; WALKER		nding requirement (line		W1000000				0			0
9	Amount	remaining (	line 7 minus lir	ne 8)							0			0
10	Interest	on line 9 us	ing prior year's	actual retu	rn of%						0			0
11	Prior ye	ar's excess	contributions to	be added	to prefunding balance:									
	<b>a</b> Prese	ent value of e	excess contribu	utions (line 3	38a from prior year)									0
	`´S	chedule SB,	using prior year	ar's effective	a over line 38b from pri e interest rate of		%							0
	<b>b(2)</b> In	iterest on lin	e 38b from prio	or year Sche	edule SB, using prior ye	ear's	actual		-					0
					ar to add to prefunding b		A SECURITY OF THE PROPERTY OF							
														0
	<b>d</b> Portion	on of (c) to b	e added to pre	funding bal	ance					<u> </u>				0
12	Other re	eductions in	balances due	to elections	or deemed elections						0			0
13	Balance	e at beginnin	g of current ye	ar (line 9 +	line 10 + line 11d – line	e 12)					0			0
P	art III	Fundir	ng Percenta	ages										
14	Funding	g target attai	nment percent	age									14	100.00 %
	5 Adjusted funding target attainment percentage													
16	Prior ye current	ar's funding year's fundi	percentage fo	r purposes t	of determining whether	carr	yover/prefur	nding b	alances	s may be used	to reduce		16	100.00 %
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
P	art IV	Contri	butions an	d Liquidi	ty Shortfalls									
18	Contrib	utions made	to the plan for	the plan ye	ear by employer(s) and	emp	loyees:							
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer		(c) Amount paid by employees		(a) Da (MM-DD-			(b) Amount pa employer(		(		int paid by oyees
02	2/03/2014	4		52500		0								
06	6/16/2014	4		17277		0	·							
								1				404.5		
							Totals ▶	18			69777	18(c)		0
19					ructions for small plan						1 (28)(38)			•
					mum required contribu					- 1	19a			0
					justed to valuation date						19b			0
					ired contribution for curr	ent y	ear adjusted	to valua	ation da	ite	19c			73740
20			ons and liquidi	70							L		Г	Vec V No
					ne prior year?									Yes X No
					installments for the cu				iely ma	nner?	г			Yes No
	C If line	e 20a is "Yes	s," see instructi	ons and co	mplete the following tal				plan ::	001				
		(1) 1st			Liquidity shortfall as (2) 2nd	or e	nd or quarter		3) 3rd				(4) 4t	h
		(1) 100			(-,									

Pa	art V Assumptions Used to Determine Funding Target and Target Normal Cost						
21	Disco	ount rate:					
	<b>a</b> Se	gment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used
	<b>b</b> App	plicable month (	(enter code)			21b	0
22	Weigh	hted average ret	tirement age		22	65	
23	Morta	lity table(s) (see	Substitut	е			
Pai	t VI	Miscellane	ous Items				
24			(9)	tuarial assumptions for the curren			
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instruction	s regarding required attac	hment	
				Participants? If "Yes," see instru			
	If the	plan is subject t	to alternative funding rules, en	ter applicable code and see instru	ictions regarding	27	
Pa	rt VII			um Required Contribution			
28	Unpai	id minimum requ	uired contributions for all prior	years		28	0
29		A 150		d unpaid minimum required contri	300 500 500 500 500 500 500 500 500 500	29	0
30	Rema	aining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0
Pai	rt VIII	Minimum	Required Contribution	For Current Year			
31	Targe	et normal cost a	and excess assets (see instruc	tions):			
	<b>a</b> Targ	get normal cost	(line 6)			31a	37095
	<b>b</b> Exc	cess assets, if a	pplicable, but not greater than	line 31a		31b	0
32	Amor	tization installme	ents:		Outstanding Bala	ince	Installment
	a Net	t shortfall amorti	ization installment			0	0
	<b>b</b> Wa	aiver amortization	n installment			0	0
33				nter the date of the ruling letter gra ) and the waived amount.		33	0
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	37095
				Carryover balance	Prefunding balar	nce	Total balance
35			use to offset funding	(	)	0	0
36	Additi	ional cash requi	irement (line 34 minus line 35)			36	37095
	Contr	ributions allocate	ed toward minimum required of	contribution for current year adjust	ed to valuation date	37	73740
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)			
	a Tot	al (excess, if an	ny, of line 37 over line 36)			38a	36645
				prefunding and funding standard		38b	0
39				ear (excess, if any, of line 36 ove		39	0
40	Unpa	id minimum req	uired contributions for all year	S		40	
Pai	rt IX	Pension	Funding Relief Under	Pension Relief Act of 201	0 (See Instructions)	)	
41	If an e	election was ma	ade to use PRA 2010 funding r	elief for this plan:			
	a Sch	nedule elected .					2 plus 7 years  15 years
				41a was made		200	8 2009 2010 2011
42			5401 78 570 FOR THE BOATS			42	
43	3 Excess installment acceleration amount to be carried over to future plan years						

### **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). 2014

This Form is Open to Public Inspection

OMB No. 1210-0110

	▶ File as an attachm	ent to Form 5500 or	5500-SF.		
For	calendar plan year 2014 or fiscal plan year beginning 01/01	/2014	and ending	12/31/20	)14
▶R	ound off amounts to nearest dollar.				
_ <b>&gt;</b> c	aution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable ca	use is established.		
A Na	ame of plan		B Three-digit		
Elem	ments Bath & Body, LLC Cash Balance Plan		plan number	(PN) ▶	002
C PI	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ident	ification Num	nber (EIN)
Rlen	ments Bath & Body, LLC			2647842	,
	neare such a soul, such		30	2017012	
ET	/pe of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer 1	01-500	More than 500
Pa	rt I Basic Information				
1	Enter the valuation date: Month 12 Day 31	Year2014	_		
2	Assets:				
	a Market value			2a	0
	<b>b</b> Actuarial value			2b	0
3	Funding target/participant count breakdown:	(1) Number of	(2) Vested Ft	inding	(3) Total Funding
		participants	Target		Target
	a For retired participants and beneficiaries receiving payment	0		0	0
	<b>b</b> For terminated vested participants	0		0	0
		2		0	0
	C For active participants	2		0	0
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)		The same	
0.50	a Funding target disregarding prescribed at-risk assumptions	25.5		la l	
	b Funding target reflecting at-risk assumptions, but disregarding transit		have been in		
	at-risk status for fewer than five consecutive years and disregarding			1b	
5	Effective interest rate			5	6.99 %
6	Target normal cost			6	37,095
	ement by Enrolled Actuary	* *		20 822 20	
To the	ne best of my knowledge, the information supplied in this schedule and accompanying schedule ordance with applicable law and regulations. In my opinion, each other assumption is reasonable	es, statements and attachment e (taking into account the exp	its, if any, is complete and perience of the plan and rea	accurate. Each pi ascnable expecta	resribed assumption was applied in ations) and such other assumptions, in
comi	bination, offer my best estimate of anticipated experience under the plan.	- 2022	)		×
C. 140 STONE CO.	IGN				
h	ERE			05/26	/2015
	Signature of actuary			D	ate
	Aaron Venouziou			14-02	291
	Type or print name of actuary		M		rollment number
	Pencert LTD			(630) 78	39-0700
	Firm name		Telep	none number	r (including area code)
	735 N Cass Avenue				
	US Westmont IL 60559-1100				
	Address of the firm				
If the	actuary has not fully reflected any regulation or ruling promulgated under	er the statute in compl	eting this schedule.	check the bo	ox and see

Schedule	SB	(Form	5500)	2014

Page 2			-
Pane	-	-	
	Pana	,	1

	TII   Beg					(a) Ca	rryover balance	9	(b)	Prefund	ing balance
7	Balance at be year)	ginning of prior year a	after applica	ble adjustments (line 13 fr	om prior			0			
8		ed for use to offset price				0					
9	Control of the Contro							0			
a management				n of0_0%				0			
11				o prefunding balance:		\$16.43\$E					
	a Present va	lue of excess contribu	itions (line 3	38a from prior year)		The Art of					
			100	over line 38b from prior ye				Ī			
	F 150			interest rate of 0.0							
				dule SB, using prior year's							
		16.		year to add to prefunding b							
12				ance							
				or deemed elections				0			
	EUN SERVICION I		-	ne 10 + line 11d - line 12)	•••••			0			
er server		ınding Percentaç									
14	Funding targe	t attainment percenta	ge					• • • • • • • • • •	•••••	14	100.00
										15	0.00
	current year's	funding requirement		f determining whether carr						16	100.00
17	If the current	value of the assets of	the plan is I	less than 70 percent of the	funding to	irget, enter si	uch percentage			17	
Pa	rt IV Co	ontributions and	Liquidity	/ Shortfalls							
18	Contributions	made to the plan for t	he plan yea	r by employer(s) and emp	•						
	(a) Date			in by chilployer(a) and chilp	loyees:						
(MI)	M-DD-YYYY)	(b) Amount paid employer(s)		(c) Amount paid by employees	(a	Date D-YYYY)	(b) Amoun employ				ount paid by loyees
		employer(s)		(c) Amount paid by	(a (MM-D						
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY)		rer(s)			
	M-DD-YYYY)	employer(s)		(c) Amount paid by	(a (MM-D	D-YYYY) /2014		rer(s)	77	emp	
02/	M-DD-YYYYY)	employer(s)	2,500	(c) Amount paid by	(a (MM-D) 06/16	D-YYYY) /2014  18(b)	employ	17,2	77	emp	loyees
19	M-DD-YYYY)  03/2014  Discounted er	employer(s) 5:	2,500	(c) Amount paid by employees	(a (MM-D) 06/16	D-YYYY) /2014  18(b) date after th	e beginning of	17,2	77	emp	loyees
19	Discounted er a Contribution	employer(s) 5: mployer contributions ns allocated toward ur	- see instru	(c) Amount paid by employees	Totals a valuation from prior	D-YYYY)  /2014  18(b)  date after th years	e beginning of t	69,7 the year.	77	emp	loyees
19	Discounted er a Contribution b Contribution	employer(s) 5: mployer contributions ns allocated toward ur ns made to avoid restr	- see instru	(c) Amount paid by employees  uctions for small plan with a num required contributions issted to valuation date	Totals a valuatior	D-YYYY)  /2014    18(b)   date after the years	e beginning of t	69,7 the year. 19a 19b	77	emp	loyees
19	Discounted er a Contribution c Contribution	employer(s) 52  mployer contributions ns allocated toward ur ns made to avoid restr	- see instrunpaid minim	(c) Amount paid by employees	Totals a valuatior	D-YYYY)  /2014    18(b)   date after the years	e beginning of t	69,7 he year:	77	emp	loyees
19	Discounted er a Contribution C Contribution Quarterly cont	employer(s) 5: mployer contributions ns allocated toward ur ns made to avoid rest ns allocated toward m tributions and liquidity	- see instrunpaid minim rictions adjuinimum required shortfalls:	cctions for small plan with a current contributions asted to valuation date uired contribution for current contribution contribution for current contribution contribut	Totals a valuation from prior	D-YYYY)  /2014  ▶ 18(b)  date after the years	e beginning of t	69,7 he year: 19a 19b 19c	77   18(c	emp	73,74
19	Discounted er a Contribution b Contribution Quarterly contri a Did the plan	employer(s)  52  mployer contributions ns allocated toward ur ns made to avoid restr ns allocated toward m tributions and liquidity n have a "funding sho	- see instrunpaid minim rictions adjuinimum req shortfalls:	(c) Amount paid by employees  actions for small plan with our required contributions asted to valuation date uired contribution for curred prior year?	Totals a valuation from prior	D-YYYY)  /2014  18(b)  date after th years	e beginning of t	69,7 the year. 19a 19b 19c	77   18(c)	)  	73,74 Yes X No
19	Discounted er a Contribution c Contribution Quarterly cont a Did the plan b If line 20a is	employer(s)  52  mployer contributions ns allocated toward ur ns made to avoid restr ns allocated toward m tributions and liquidity n have a "funding shorts s "Yes," were required	- see instru  -	uctions for small plan with aum required contributions usted to valuation date uired contribution for curred e prior year?	Totals a valuatior from prior nt year ad	D-YYYY)  /2014  18(b)  date after the years  justed to value at implying the property of the p	e beginning of t	69,7 the year. 19a 19b 19c	77   18(c	)  	73,74
19	Discounted er a Contribution c Contribution Quarterly cont a Did the plan b If line 20a is	employer(s)  52  mployer contributions ns allocated toward ur ns made to avoid restr ns allocated toward m tributions and liquidity n have a "funding shorts s "Yes," were required	- see instrunpaid minim rictions adjuinimum req shortfalls: rtfall" for the diguarterly ir ins and com	uctions for small plan with a current contribution for current plan year?	Totals a valuation from prior nt year ad year mades applicab	D-YYYY)  /2014  18(b)  date after the years	e beginning of table ation date	69,7 the year. 19a 19b 19c	77   18(c)	)  	73,74 Yes X No
19	Discounted er a Contribution b Contribution C Contribution Quarterly cont a Did the plan b If line 20a is c If line 20a is	employer(s)  52  mployer contributions ns allocated toward ur ns made to avoid restr ns allocated toward m tributions and liquidity n have a "funding shorts s "Yes," were required	- see instrunpaid minim rictions adjuinimum req shortfalls: rtfall" for the diguarterly ir ins and com	uctions for small plan with aum required contributions usted to valuation date uired contribution for curred e prior year?	Totals a valuation from prior nt year ad year mades applicab	D-YYYY)  /2014  18(b)  date after the years	e beginning of table ation date	69,7 the year. 19a 19b 19c	77 18(c)	)  	73,74  Yes X No

Pi	art V Assumption	ons Used To Determine	<b>Funding Target and Targ</b>	et Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)			21b	0
22	Weighted average re	tirement age			22	65
23	Mortality table(s) (see	e instructions)	escribed - combined X Pres	scribed - separate	Substitu	te
Pa	rt VI Miscellane	ous items				
24			uarial assumptions for the current	3 15		ns regarding required Yes 🗵 No
25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment .	···· Yes ☒ No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmer	ntX Yes No
27			ter applicable code and see instru		27	
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years		
28	Unpaid minimum req	uired contributions for all prior	years		28	0
29	Discounted employer	r contributions allocated toward	unpaid minimum required contrib	outions from prior years	29	0
30			ntributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruct	ions):			
	a Target normal cost	(line 6)			31a	37,095
			line 31a		31b	0
32	Amortization installm	ents:		Outstanding Bala	ance	Installment
	a Net shortfall amorti	ization installment			0	0
	<b>b</b> Waiver amortizatio	n installment			0	0
33			ter the date of the ruling letter gra	nting the approval		
			) and the waived amount .		33	0
34	Total funding requiren	nent before reflecting carryover/	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	37,095
			Carryover balance	Prefunding Bala	ince	Total balance
35	Balances elected for requirement	use to offset funding	0		0	0
36	Additional cash requi	irement (line 34 minus line 35)			36	37,095
37			ontribution for current year adjuste	Total Call Control Con	37	73,740
38	Present value of exce	ess contributions for current ye	ar (see instructions)			
	and the state of t				38a	36,645
			prefunding and funding standard of		38b	0
39			ear (excess, if any, of line 36 over		39	0
					40	
111 11 11 11 11			Pension Relief Act of 2010		)	
41	If an election was mad	de to use PRA 2010 funding re	lief for this plan:			
	a Schedule elected.		******		🗆	2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s	s) for which the election in line	41a was made		. 200	09 2010 2011 2012
42	Amount of acceleration	n adjustment	********		42	
43	Excess installment ac	celeration amount to be carried	d over to future plan years		43	

# Schedule SB, line 26 - Schedule of Active Participant Data

Elements Bath & Body Cash Balance Plan 56-2647842/002 For the plan year 01/01/2014 through 12/31/2014

#### **Years of Credited Service**

Attained	Under 1	1 to 4	5 to 9	10 to	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.		
Under												
25												
25 to												
29												
30 to												
34												
35 to 39												
40 to												
44		1	1									
45 to												
49												
50 to												
54												
55 to												
59	П					1				1	1	2.5
60 to												
64												
65 to												
69												
70 &												
up												

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

Elements Bath & Body Cash Balance Plan 56-2647842 / 002 For the plan year 01/01/2014 through 12/31/2014

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

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

#### Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

Valuation Date:

12/31/2014

**Funding Method:** 

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.20
Segment 2	6 - 20	4.10
Segment 3	> 20	5.20

Segment rates as permitted under IF HATFA		
Segment #	Year	Rate %
Segment 1	0 - 5	4.99
Segment 2	6 - 20	6.32

> 20

6.99

Pre-Retirement - Mortality Table -

None

Turnover/Disability -None

None

Salary Scale -Interest Credit Rate -

Current Yrs - 4% Projected Yrs - 4%

Expense Load -Ancillary Ben Load - None None

Post-Retirement - Mortality Table -

14A - 2014 Funding Target - Annuitant - IRC 430(h)(3)(A)

Segment 3

Cost of Living -

#### **Asset Valuation Method:**

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

## Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, line 19 - Discounted Employer Contributions

## Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014 Valuation Date: 12/31/2014

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	02/03/2014	\$52,500					
Applied to Additional Contribution	12/31/2014	17,610	18,723	0	0	6.99	0
Applied to MRC	12/31/2014	34,890	37,095	0	0	6.99	0
Deposited Contribution	06/16/2014	\$17,277					
Applied to Additional Contribution	12/31/2014	17,277	17,922	0	0	6.99	0
Totals for Deposited Contribution		\$69,777	\$73,740	\$0	\$0		

# Schedule SB, Part V Summary of Plan Provisions

#### Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

Elements Bath & Body, LLC.

Type of Entity - Limited Liability Company (LLC) taxed as C-Corp

EIN: 56-2647842 TIN: 61-1729474 Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2014 Year end - 12/31/2014 Valuation - 12/31/2014

Eligibility: All employees excluding non-resident aliens, non-highly compensated employees, members of an excluded

class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - Classification Pay Credit Formula

A \$52,000 - Tammy Tivis
B \$18,000 - Michael Tivis

C 2% of compensation - All Other Employees

D 2% of compensation
E 2% of compensation
F 2% of compensation

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form: Life Annuity
Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

# Schedule SB, Part V Summary of Plan Provisions

## Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

#### Actuarial Equivalence:

Pre-Retirement - Interest -

5% None

Mortality Table -

Post-Retirement - Interest - 5%

Mortality Table - R94 - 1994 Group Annuity Reserving

#### 5500-SF Electronic Filing Authorization

Plan Name: Elements Bath & Body, LLC Cash Balance Plan

EIN/PN: 56-2647842/002

Plan Year: 01/01/2014 - 12/31/2014

I hereby authorize The Lafayette Life Insurance Company to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Dlan Administrator

\_\_\_\_

6-30-15

Plan Sponspr

(sign)

6-30-15

(date)

# Schedule SB, Part V Summary of Plan Provisions

## Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

Elements Bath & Body, LLC.

Type of Entity - Limited Liability Company (LLC) taxed as C-Corp

EIN: 56-2647842 TIN: 61-1729474 Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2014 Year end - 12/31/2014 Valuation - 12/31/2014

Eligibility: All employees excluding non-resident aliens, non-highly compensated employees, members of an excluded

class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.

Pay Credits - Classification Pay Credit Formula

A \$52,000 - Tammy Tivis
B \$18,000 - Michael Tivis

C 2% of compensation - All Other Employees

D 2% of compensation
E 2% of compensation
F 2% of compensation

Accrued Benefit - Hypothetical Account Balance

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

**Optional Forms:** 

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form: Life Annuity

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% vested in 3 years.

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: Based on the Hypothetical Account Balance.

# **Schedule SB, Part V Summary of Plan Provisions**

## Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - R94 - 1994 Group Annuity Reserving

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

### **Elements Bath & Body Cash Balance Plan** 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

Valuation Date: 12/31/2014

As prescribed in IRC Section 430 **Funding Method:** 

Age - Eligibility age at last birthday and other ages at last birthday

Prospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.20
Segment 2	6 - 20	4.10
Segment 3	> 20	5.20

Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) -HATFA

Segment #	Year	Rate %
Segment 1	0 - 5	4.99
Segment 2	6 - 20	6.32
Segment 3	> 20	6.99

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None

Interest Credit Rate -Current Yrs - 4% Projected Yrs - 4%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -14A - 2014 Funding Target - Annuitant - IRC 430(h)(3)(A)

> Cost of Living -None

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:** 

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5% Post-Retirement - Interest -8.5%

> Mortality Table -U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

## Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014

### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, line 26 - Schedule of Active Participant Data

Elements Bath & Body Cash Balance Plan 56-2647842/002

For the plan year 01/01/2014 through 12/31/2014

#### **Years of Credited Service**

Attained	Inder 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Age Under 25	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
25 to 29											
30 to 34											
35 to 39											
40 to 44		1	1								
45 to 49											
50 to 54											
55 to 59											
60 to 64											
65 to											
69 70 & up											

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

Elements Bath & Body Cash Balance Plan 56-2647842 / 002
For the plan year 01/01/2014 through 12/31/2014

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 - Discounted Employer Contributions

# Elements Bath & Body Cash Balance Plan 56-2647842 / 002

For the plan year 01/01/2014 through 12/31/2014 Valuation Date: 12/31/2014

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	02/03/2014	\$52,500					
Applied to Additional Contribution	12/31/2014	17,610	18,723	0	0	6.99	0
Applied to MRC	12/31/2014	34,890	37,095	0	0	6.99	0
Deposited Contribution	06/16/2014	\$17,277					
Applied to Additional Contribution	12/31/2014	17,277	17,922	0	0	6.99	0
Totals for Deposited Contribution		\$69,777	\$73,740	\$0	\$0		

### **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

2014

OMB No. 1210-0110

This Form is Open to Public

Inspection

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachme	nt to Form 5500 or	5500-SF.							
For calendar plan year 2014 or fiscal plan year beginning 01/01/	2014	and ending	12/31/2	2014					
▶ Round off amounts to nearest dollar.									
► Caution: A penalty of \$1,000 will be assessed for late filing of this report to	unless reasonable ca	use is established.							
A Name of plan	<b>B</b> Three-digit								
Elements Bath & Body, LLC Cash Balance Plan	plan numbe	r (PN)	002						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer ide	ntification Nu	mber (EIN)					
Elements Bath & Body, LLC	56-	-2647842							
E Type of plan: X Single Multiple-A Multiple-B F	Prior year plan size:	K 100 or fewer	101-500	More than 500					
Part I Basic Information									
1 Enter the valuation date: Month 12 Day 31	Year 2014								
2 Assets:									
a Market value	*********		2a	C					
<b>b</b> Actuarial value	•••••		2b						
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested F		(3) Total Funding Target					
a For retired participants and beneficiaries receiving payment	0	-	0	C					
<b>b</b> For terminated vested participants	0		0						
C For active participants	2		0	C					
<b>d</b> Total	2		0	C					
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>b</b> Funding target reflecting at-risk assumptions, but disregarding transition at-risk status for fewer than five consecutive years and disregarding		have been in	4b						
5 Effective interest rate			5	6.99 %					
6 Target normal cost	*****************		6	37,095					
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	, statements and attachmen (taking into account the exp	ats, if any, is complete and represented the plan and r	d accurate, Each	presribed assumption was applied in tations) and such other assumptions, in					
SIGN HERE			05/2	6/2015					
Signature of actuary		<del> </del>		Date					
Aaron Venouziou			14-0	2291					
Type or print name of actuary Most recent enrollment number  Pencert LTD (630) 789-0700									
Firm name		Tele		er (including area code)					
735 N Cass Avenue									
US Westmont IL 60559-1100									
Address of the firm									
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	the statute in compl	eting this schedule	, check the b	oox and see					

Schedule	SB I	(Form	5500	2014

Page 2

Pa	rt (i 📗 E	eginning of Year	Carryov	er and Prefunding Bal	ances							
					.,	(a)	Carryover balance		(b)	Prefund	ling 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	
9											0	
10	Interest or	line 9 using prior year	's actual re	turn of0_0%				0			0	
11	Prior year	s excess contributions	to be adde	d to prefunding balance:								
	a Presen	t value of excess contr	ibutions (lir	e 38a from prior year)		ar (8.75) (8.				·	0	
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of0.00 %									0		
				hedule SB, using prior year's							0	
	C Total a	vailable at beginning of	current pla	an year to add to prefunding b	alance .						0	
				palance		3 (A (S)(G)					0	
12				s or deemed elections				0			0	
13	Balance a	beginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0	•		0	
Pa	rt III	Funding Percent	ages				······					
14	Funding ta	rget attainment percer	tage							14	100.00 %	
				ge						15	0.00 %	
	Prior year'	s funding percentage for	or purposes	s of determining whether carry	/over/pret	unding bala	ances may be used t	to redi	ıce	16		
17											100.00 %	
as of training	www.namenamenamen	<del></del>	***	is less than 70 percent of the	tunaing t	arget, ente	r such percentage	• • • • •	••••••	17	%	
F241 524 W. Gallar	rt IV	Contributions an										
18	(a) Date	ons made to the plan for (b) Amount p		ear by employer(s) and emple (c) Amount paid by	,	a) Date	(b) Amount r	sold by		(n) Amn		
(MI	M-DD-YYY	(b) Amount p employer(		employees		a) Date (b) Amount paid by DD-YYYY) employer(s)			′		ount paid by loyees	
02/	03/2014		52,500		06/1	6/2014 17,277			277			
					<u> </u>							
-10/1000/0/2000			**************************************		2					1		
	A 10 MES 155				Totals			69,7			0	
19				structions for small plan with a								
							19a			0		
				djusted to valuation date				19b			0	
				required contribution for curre	nt year ac	ljusted to v	aluation date	19c	Statements (see a)	endátkiron-zak s	73,740	
20 Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?												
	_	-		•						····· ∟	Yes X No	
				ly installments for the current	•		ıy manner?		•••••	···· L	_ Yes	
	C If line 2	va is "Yes," see instruc	tions and c	omplete the following table as Liquidity shortfall as of end			an vear					
		1) 1st		(2) 2nd	or quarte	(3)	3rd			(4) 41	:h	
										<del></del>		

Pi	art V Assumptio	ons Used To Determine	Funding Target and Targ	jet Normal Cost					
	Discount rate:								
	a Segment rates:	4.99 % 6.32 % 6.99				N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)			21b	0			
22	Weighted average re	tirement age		22	65				
23	Mortality table(s) (see	e instructions)	escribed - combined X Pre	scribed - separate	Substitu	te			
Pa	rt VI Miscellane	ous items							
24	Has a change been r	made in the non-prescribed act	uarial assumptions for the curren	t plan year? If "Yes," see	instruction	ns regarding required			
						Yes 🕱 No			
25	Has a method chang	e been made for the current pla	an year? If "Yes," see instructions	regarding required atta	chment	Yes 🗓 No			
26	ls the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachmer	ntX Yes No			
27			er applicable code and see instru		27				
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years					
28	Unpaid minimum req	uired contributions for all prior	years		28	0			
29	Discounted employer	r contributions allocated toward	unpaid minimum required contrib	outions from prior years	29	0			
30			tributions (line 28 minus line 29)		30	0			
Pa	rt VIII Minimum	<b>Required Contribution</b>	For Current Year			•			
31	Target normal cost a	nd excess assets (see instructi	ons):						
	a Target normal cost	(line 6)			31a	37,095			
			ine 31a		31b	0			
32	Amortization installm	ents:		Outstanding Bala	ance	Installment			
	a Net shortfall amorti	zation installment			0	0			
	<b>b</b> Waiver amortizatio	n installment			0	0			
33	If a waiver has been	approved for this plan year, ent	er the date of the ruling letter gra	nting the approval	22				
	(Month	Day Year	) and the waived amount .		33	0			
34	Total funding requiren	nent before reflecting carryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	37,095			
			Carryover balance	Prefunding Bala	nce	Total balance			
35	Balances elected for	use to offset funding							
			0		0	0			
36	Additional cash requi	rement (line 34 minus line 35)			36	37,095			
37			entribution for current year adjuste		37	73,740			
32		ess contributions for current year				73,740			
					38a	36,645			
			prefunding and funding standard of		38b	30,043			
39		····			39	0			
40									
.cs.774940532	et ét tratación transmission		ension Relief Act of 2010						
HORIZON N	Sursus Contractor			(occ mandenona)	<del>/</del>				
		de to use PRA 2010 funding reli			<del></del>	10-1			
	a Schedule elected								
						9 2010 2011 2012			
					42				
43	Excess installment ac	celeration amount to be carried	over to future plan years		43				