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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12	2/31/2015	
A This ret	urn/report is for:	a single-employer plan		olan (not multiemployer) mployer information in ac	-	
		a one-participant plan	a foreign plan	, ,		,
B This retu	urn/report is	the first return/report	the final return/report		4.)	
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC	program
	· - · - · · ·	special extension (enter descr	. ,			
Part II	l.	rmation—enter all requested inf	formation			
1a Name	•				1b Three-digi	
NW PMRA I	PENSION PLAN				plan numb (PN) ▶	001
					1c Effective d	
					IC Lifective o	01/01/2015
2a Plan si	oonsor's name (emplo	yer, if for a single-employer plan)			2b Employer	Identification Number
Mailing	address (include roor	m, apt., suite no. and street, or P.C			(EIN)	26-2360061
		e, country, and ZIP or foreign post: EHABILITATION ASSOCIATES , IN		ructions)		telephone number 206-518-6081
						code (see instructions)
	VE. SW, STE B1-A				24 24011000	rodo (oco mondonono)
BURIEN, WA	A 98166					621111
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Administra	tor's EIN
		ь .				
					3c Administra	tor's telephone number
		e plan sponsor has changed since	the last return/report filed f	for this plan, enter the	4b EIN	
		mber from the last return/report.			4	
a Sponse	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			5a	1
b Total r	number of participants	at the end of the plan year			5b	1
		account balances as of the end of	. , ,		5c	
	,				5-1/4)	
` '		rticipants at the beginning of the plant	-	i	5d(1)	1
		rticipants at the end of the plan year			5d(2)	1
		terminated employment during the			5e	
		or incomplete filing of this return			ise is establishe	d.
SB or Sche	edule MB completed ar	her penalties set forth in the instructed and signed by an enrolled actuary, a				
belief, it is t	rue, correct, and comp		1	T		
SIGN HERE		/valid electronic signature.	06/21/2016	MICHELLE ZHONG		
	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	n administrator
SIGN						
HERE	Signature of emplo		Date			ployer or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite number	er)	Preparer's telep	hone number

	Form 5500-SF 2015		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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannulf the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccounta	ant (IQ I d use	PA) Form	5500.		Yes No Yes No
		isurarice p	orogram (see LINIOA se	CHOIT 4	021): .		163	<u> </u>	- determined
Pai	t III Financial Information					-			
	Plan Assets and Liabilities		(a) Beginning	of Yea				(b) End of	
	Total plan assets	. 7a			0	_			100000
	Total plan liabilities	. 7b				-			
	Net plan assets (subtract line 7b from line 7a)	7c			0				100000
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tota	al
	Contributions received or receivable from: (1) Employers	8a(1)		100	000				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							100000
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	. 8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f							
	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i							100000
	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in t	the instructio	ons:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instruction	is:
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	Α	mount
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions						
	reported on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	······································		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ			
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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	he require	d notice or one of the	10i					
j	Did the plan trust incur unrelated business taxable income?			10j					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes No
_11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the	he Cod	e or se	ction :	302 of F	FRISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

instructions

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).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

	r ension be	enent Guaranty Corpo	iation	File as	an attach	nment to Form	5500 or	5500-SF.				
For	calendar	plan year 2015	or fiscal plan y	ear beginning	01/01/2015	5		and endi	ng 12/3	31/2015		
. ▶ı	Round o	ff amounts to n	earest dollar.									
			000 will be ass	essed for late filing	of this rep	ort unless reaso	onable ca		ed.			
	lame of p	olan PENSION PLAN	ı					B Three-dig	,			
INV	PIVIKA	PENSION PLAN						plan num	ber (PN)	•	001	
C P	lan spon	sor's name as s	hown on line 2a	a of Form 5500 or 5	500-SF			D Employer	Identifica	tion Number (E	EIN)	
				TATION ASSOCIAT					26-236	,	,	
E T	ype of pla	n: X Single	Multiple-A	Multiple-B		F Prior year pla	ın size: 🔀	100 or fewer	101-5	00 More th	an 500	
Pa	rt I	Basic Inform					<u>-</u>		<u> </u>			
1		ne valuation date		Month 12	Day31	1 Year 2	2015					
2	Assets:			7101111 <u></u>	<i>Duy</i>	1001		_				
									2a			C
	b Actua	rial value							2b			
3		target/participa						Number of	1	ted Funding	(3) Total Fund	ling
		3 - 1 1 -					pa	rticipants	T	arget	Target	
	a For re	etired participant	s and beneficia	ries receiving paym	nent			0		0		0
	b For te	erminated vested	d participants					0		0		0
	C For a	ctive participants	3					1		0		0
	d Total							1		0		0
4				box and complete				. <u> </u>				
	•			ed at-risk assumption	, ,	` '			4a			
		0 0 0	0.	imptions, but disreg					4b			
				onsecutive years ar					40			
5	Effective	e interest rate							5		6.	.11%
6	Target i	normal cost							6			93331
	-	y Enrolled Actu	•							. =		
а	ccordance v	with applicable law ar	nd regulations. In my	I in this schedule and according opinion, each other assur								
		oner my best estima	ie or anticipated exp	erience under the plan.								
_	IGN											
Н	ERE									05/16/20)16	
			Signa	ture of actuary						Date		
HAI	TAN TU								• • •	14-038		
	IED 001		,, ,	int name of actuary					Most r	ecent enrollme		
ALL	IED CON	ISULTANTS INC		··						909-670		
190	E. ARRO	OW HWY, UNIT		ïrm name				16	elepnone	number (includ	ding area code)	
SAN	I DIMAS,	CA 91773										
								_				
			Addı	ess of the firm								
If the	actuary h	nas not fully refle	ected any regul	ation or ruling prom	ulgated un	nder the statute	in comple	eting this schedu	le, check	the box and s	ее	1

Page	2	-

Schedule SB (Form 5500) 2015

Pa	rt II	Begin	ning of Year	Carryove	er and Prefunding Ba	alances						
							(a)	Carryover balance		(b) l	Prefundi	ng balance
		-	•		cable adjustments (line 13 f	•			0			0
8				•	unding requirement (line 35				0			0
9	Amount	remainir	ng (line 7 minus lir	ne 8)					0			0
10	Interest	on line 9	using prior year's	actual retu	urn of%				0			0
11	Prior yea	ar's exce	ess contributions t	o be added	to prefunding balance:							
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)							0
					a over line 38b from prior ye interest rate of%							0
	b(2) Int	erest on	line 38b from prid	or year Sch	edule SB, using prior year's	actual						
					ar to add to prefunding balar							0
			0 0		, ,							0
	a Portio	n of (c) t	to be added to pre	efunding ba	lance							0
					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 %
			target attainmen								15	100.00 %
16					of determining whether car						16	0.00 %
17	If the cui	rrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d Liquidi	ty Shortfalls							
18			•		ear by employer(s) and emp							
(M	(a) Date M-DD-YY		(b) Amount pa employer((c) Amount paid by employees	(a) [MM-DE)		(b) Amount pai employer(s		(0	c) Amou empl	nt paid by oyees
04	/01/2016			100000	0							
							1				1	
						Totals ▶	18(b)		100000	18(c)		0
19			-		ructions for small plan with							
	_			•	mum required contributions	•	•	-	19a 19b			0
					justed to valuation date			-	-			0
20			utions and liquidit		uired contribution for current y	rear aujustet	ı io valuatlol	ı uale	19c			98520
20				-	ne prior year?				L		Г	Yes X No
			_		installments for the curren							Yes No
					mplete the following table a	-	-		[] 100 140
	• II III IC	_0a 13		ono ana co	Liquidity shortfall as of e			ın year				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Target	et Normal Cost					
21	Discou	unt rate:								
	a Seg	gment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	ld curv	e used	
	b App	licable month (enter code)			. 21b			0	
22	Weigh	ted average ret	tirement age			. 22			62	
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		-		uarial assumptions for the current				ed Yes	X No	
25	Has a	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	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	i	Yes	X No	
27			o alternative funding rules, en	er applicable code and see instru	ctions regarding	27	L			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28			0	
29				d unpaid minimum required contrib		29			0	
30	Rema	ining amount of	funpaid minimum required cor	ntributions (line 28 minus line 29) .		. 30			0	
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	ions):						
	a Targ	et normal cost	(line 6)			. 31a			93331	
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b			0	
32	Amort	ization installme	ents:		Outstanding Bala	ance	Install	ment		
	a Net	shortfall amortiz	zation installment			0			0	
	b Wai	ver amortization	n installment			0			0	
33				ter the date of the ruling letter gra		33			0	
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34			93331	
				Carryover balance	Prefunding bala	nce	Total b	alance		
35			use to offset funding							
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36			93331	
37			•	ontribution for current year adjuste		37			98520	
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)						
	a Tota	ıl (excess, if any	y, of line 37 over line 36)			. 38a			5189	
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	. 38b			0	
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39			0	
40	Unpai	d minimum requ	uired contributions for all years	b		. 40			0	
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010) (See Instructions)				
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sche	edule elected				Г	2 plus 7 years	15	years	
	b Eligi	ble plan year(s) for which the election in line	41a was made			<u>' </u>		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 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

2015

This Form is Open to Public Inspection

F	Part I Annual Repor	t Identification Information						
Fo	r calendar plan year 2015 or t	fiscał plan year beginning		01/01/2015	and ending	1	.2/31/2015	
Α	This return/report is for:			a multiple-employer p a list of participating e a foreign plan				
В	This return/report is:	x the first return/report		the final return/report				
		an amended return/report		a short plan year retu	rn/report (less than 12	months	5)	
С	Check box if filing under:	Form 5558	_ intic	automatic extension			DFVC progra	am
l r	Desig Dien lef	<u> </u>	÷					
-	art II Basic Plan Inf Name of plan	ormation enter all requested	into	rmation		1b	Three-digit	
	NW PMRA Pension Pl	an					plan number	001
	NW FMAA FERSION FI	Lan				10	(PN) ►	001
						10	Effective date of 01/01/2015	or pian
2 a	Mailing Address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street or P.C nce, country, and ZIP or foreign pos	D. Bo	ox) ode (if foreign, see ins	tructions)	2b	Employer Ident (EIN) 26-23	
	*	and Rehabilitation Ass			,	2c	Sponsor's telep	
	-					0.1	(206) 518-	
	16110 8TH AVE. SW,	Ste B1-A				20	Business code 621111	(see instructions)
20	US Burien WA 98166	and address X Same as Plan Sp	0000	or Nama		3h	Administrator's	FIN
Ja	Plan administrator's name	and address A Same as Plan Spi	onsc	n Name		35	Administrators	
						20	A -1	4.1b.a.ab.a.a
						30	Administrators	telephone number
4		he plan sponsor has changed since umber from the last return/report.	the	last return/report filed	for this plan, enter the	4b	EIN	
_a	Sponsor's name					_	PN	
5a	• • •	s at the beginning of the plan year						1
b		s at the end of the plan year				. 51	b	1
С	complete this item)	account balances as of the end of	•••••					
d	Total number of active page	articipants at the beginning of the pla	an y	ear		. 5d	(1)	1
d	(2) Total number of active pa	articipants at the end of the plan yea	ar			. 5d	(2)	1
е		t terminated employment during the				. 5	е	
C	aution: A penalty for the late	e or incomplete filing of this retur	n/re	eport will be assessed	d unless reasonable o	ause is	s established.	
U	nder penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ictio	ns, I declare that I have	e examined this return	report,	including, if appli	cable, a Schedule y knowledge and
				IX 6/21/1/A	Michelle Zhong			
DVD	SIGN SIERE OF THE PARTY OF THE			Data		ual cian	ing as plan admi	injetrator
180	IERE Signature of plan ad	ministrator		Date,	Enter name of individ		iing as pian aum	mistrator
10000	IGN	1900		X 121116	Michelle Zhong	7 7		
	IERE Signature of employ	AV NEC - GAS MUSICIA		Date	Enter name of individ			
Pı	reparer's name (including firm	name, if applicable) and address; i	nclu	ide room or suite numb	per	Prep	arer's telephone	number
						462.5	And the second	
						332		

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

0	Form 5500-SF 2015		Page 2			-			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)						X Yes No
_	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	and condition	ons.)						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must in						_
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pr	ogram (see ERISA section	on 40	21)?		Yes	X No	Not determine
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	313 IF 2	(a) Beginning o	f Yea	ır			(b) End c	f Year
a	Total plan assets	7a			0				100,000
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c			0				100,000
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) To	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	10	00,0	00				
0	(2) Participants	8a(2)				X	le in the		
-	(3) Others (including rollovers)	8a(3)				De Ca			
-	Other income (loss)	8b							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				a.			100,000
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g					TOTAL PARTY		Salt A Page
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		in k	in bega	0			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				0			100,000
j	Transfers to (from) the plan (see instructions)	8j							
b	1A 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:
Pa	rt V Compliance Questions				·				
10	During the plan year:			_	Yes	No	N/A	/	Amount
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	•	•	10a		x	10.0		
b	*			104					
	reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of t	he benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	CHECKSTER STATESTICS	Control of the Contro	10f		х	8390		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		х	TO SHEET		
h	If this is an individual account plan, was there a blackout period? (9				ZARA RAN	
	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 2520.101			10i				í e	
j	Did the plan trust incur unrelated business taxable income?			10j					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X Yes No
11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	ule SB (Form 5500) line 4	0			11a		0
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the (Code	or sec	ction 3	02 of E	RISA?	Yes X No

Form 5500-SF 2015 Page 3-					
(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 ingranting the waiver.		d enter t Day	he date of Ye		ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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 length of the length		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?		Пу	es X N	lo.	
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 broug of the PBGC?				Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) t	0			
13c(1) Name of plan(s):	130	c(2) EIN	(s)	13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊤	rust's EIN		
14c Name of trustee or custodian			rustee or ohone nur		's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan:		☐ Ye	S	☐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas har	sign- sed safe bor thod	ADP.	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401 (2(a)(2)(ii))?		Ye:	5	☐ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	☐ Rai Pei Tes	centage	Avera	age fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		☐ Ye	3	☐ No	
17a Has the Plan been timely amended for all required law changes?		Yes	3	☐ No	☐ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//iinstructions for tax law changes and codes).	Enter the	e applica	ıble code	(Se	e
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the advisory letter, enter the date of that favorable letter / / and the letter's serial numbers.		o a favoi	able IRS	opinion o	
17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / /		e of plar	's last fav	orable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	as been slands)?	☐ Yes	s	☐ No	
19 Were in-service distributions made during the plan year?		Yes	3	□ No	
If Yes, enter amount		19			
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whe	ther or	Yes	;	No	□ N/A

NWPMRADB

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

NW Pain Management And Rehabilitation Associates Inc 26-2360061 / 001 For the plan year 01/01/2015 through 12/31/2015

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.

Discounted Employer Contributions

NW Pain Management And Rehabilitation Associates Inc 26-2360061 / 001

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 12/31/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution Applied to Additional Contribution	04/01/2016 12/31/2015	\$100,000 5.267	5.189	0	0	6.11	0
Applied to MRC	12/31/2015	94,733	93,331	0	0	6.11	0
Totals for Deposited Contribution		\$100,000	\$98,520	\$0	\$0		

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

NW Pain Management And Rehabilitation Associates Inc 26-2360061 / 001

For the plan year 01/01/2015 through 12/31/2015

12/31/2015 Valuation Date:

Funding Method: As prescribed in IRC Section 430

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

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence 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) plan actuarial equivalence interest and mortality

Segment 3

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.39
Segment 2	6 - 20	3.98
Segment 3	> 20	5.00

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -**HATFA** Segment # Year Rate % Segment 1 0 - 5 4.72 Segment 2 6 - 20 6.11

> 20

6.81

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -15C - 2015 Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -183F - 1983 Individual Annuity (female) at 5%

15E - 2015 Applicable Mortality Table for 417(e) (unisex)

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%

> U84 - 1984 Unisex Mortality Table -

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**

NW Pain Management And Rehabilitation Associates Inc 26-2360061 / 001

For the plan year 01/01/2015 through 12/31/2015

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, Part V Summary of Plan Provisions

NW Pain Management And Rehabilitation Associates Inc 26-2360061 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer: Nw Pain Management And Rehabilitation Associates

Type of Entity - S-Corporation

EIN: 26-2360061 TIN: 47-5668290 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2015 Year end - 12/31/2015 Valuation - 12/31/2015

Top Heavy Years - 2015

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 24

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 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

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

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

20% of average monthly compensation per year of participation

Accrued Benefit - Unit credit based on participation

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) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

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

Maximum 401(a)(17) compensation - \$265,000

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 immediately

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

NW Pain Management And Rehabilitation Associates Inc 26-2360061 / 001

For the plan year 01/01/2015 through 12/31/2015

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.48
Segment 2	6 - 20	3.77
Segment 3	> 20	4.79

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 183F - 1983 Individual Annuity (female)

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).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

File as	an attachme	nt to Form 5500 or	5500-SF.			
For calendar plan year 2015 or fiscal plan year beginning	01/01/		and ending	12/31	/2015	
➤ Round off amounts to nearest dollar,						
Caution: A penalty of \$1,000 will be assessed for late filing	of this report t	ınless reasonable ca	use is established			
A Name of plan			B Three-digit			
NW PMRA Pension Plan	plan numb	er (PN)	>	001		
				第 网络	**	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5	EOO DE		D Employer Ide	entification	Number	(FIN)
			1 /			(=)
NW Pain Management and Rehabilitation Asso	ciates ,	Inc.	26	-236006		
E Type of plan: X Single Multiple-A Multiple-B	F	rior year plan size:[x 100 or fewer]101-500	☐ More	e than 500
Part I Basic Information				12		FI
1 Enter the valuation date: Month 12	Day 31	Year 2015	<u> </u>			
2 Assets:				罐	第二届 的	医多数 放門 生品
a Market value		n eja n ejájú jejn a její á a n ejájé, n e	*******	2a		0
b Actuarial value	Marada pelagrapia	5 0 6 8 6 6 6 6 6 6 6 8 8 8 8 8 8 8 8 8 8	***********	2b		0
3 Funding target/participant count breakdown;		(1) Number of participants	(2) Vested Targ			(3) Total Funding Target
		(111111111111111111111111111111111111111	0	0
a For retired participants and beneficiaries receiving payn	7	(0	0
b For terminated vested participants	- 1				0	0
C For active participants					0	0
d Total			1,000	148	440.27	1985年 · 1984年 · 1985年
4 If the plan is In at-risk status, check the box and complete a Funding target disregarding prescribed at-risk assumption				4a	1 SEE 1853 - 1886	THE SERVICE CONTROLL
			The state of the s			
b Funding target reflecting at-risk assumptions, but disregated at-risk status for fewer than five consecutive years a	garding transit nd disregardin	g loading factor	t Have been in	4b		
5 Effective interest rate	100000000000000000000000000000000000000		*****	5		6.11 %
6 Target normal cost	***********	************		6		93,331
Statement by Enrolled Actuary			111701111111111111111111111111111111111			
To the best of my knowledge, the information supplied in this schedule and accordance with applicable law and regulations. In my opinion, each other assum	ppanying schedule	s, statements and attachme	nts, if any, is complete a	nd accurate. E I reasonable e	ach prestibi	ed assumption was applied in and such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SIGN 1 1 -	7					
HERE to land	1			05	/16/20)16
Signature of actuary					Date	
Hai Tan Tu				14	-03857	
Type or print name of actuary				Most rece	nt enrolin	ment number
Allied Consultants Inc.				(909)	670-0	0188
Firm name			Te	ephone nu	mber (inc	cluding area code)
190 E. Arrow Hwy, Unit D						
	•					
US San Dimas CA 9177 Address of the firm	3		⇒ 8			
		All a statute for a second	eleting this pokadu	la chack ti	ha hay as	nd see
If the actuary has not fully reflected any regulation or ruling prorinstructions	mulgated unde	er the statute in com	pieting this scriedu	ie, check (ie box di	10 556 LJ

_		-
P^{2}	aae	

Pa	rt II Be	ginning of Year	Carryove	er and Prefunding Bal	ances							
						(a) (Carryover balance		(b)	Prefundi	ing balance	
7			nning of prior year after applicable adjustments (line 13 from prior 0							0		
8		· ·		ear's funding requirement (line 35 from 0							0	
9		Amount remaining (line 7 minus line 8)						0				
10	Interest on li	ine 9 using prior year'	s actual ret	urn of0.00%						0		
11	Prior year's	s excess contributions to be added to prefunding balance:			. 0					9 - W. HILL		
	a Present v	alue of excess contri	butions (line	e 38a from prior year)								
	` '			3a over line 38b from prior yes ve interest rate of0.00							0	
	` '		m prior year Schedule SB, using prior year's actual									
											0	
		· ·		n year to add to prefunding b								
40				alance		Milliane col 1		0				
13				s or deemed elections - line 10 + line 11d - line 12) .	Section 2011			0			0	
				inte to + line tru - line (2).								
26.00		unding Percenta	7.1.00							14	100.00 %	
14										15	100.00 %	
-				ge of determining whether carry							100.00 /	
10				or determining whether carry						16	0.00 %	
17	If the curren	t value of the assets o	of the plan i	s less than 70 percent of the	funding ta	rget, enter	such percentage	****		17	%	
Pa	rt IV	ontributions an	A. I. Sametali	101								
	il City	onthibutions an	a Liquia	ity Shortfalls								
18				ity Shortfalls ear by employer(s) and empl	oyees:							
		s made to the plan fo	r the plan y aid by		(a	Date	(b) Amoun employ		′		unt paid by loyees	
(M	Contribution (a) Date	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by	ear by employer(s) and empl	(a				/			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a				′			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a				/			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a				,			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a				/			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a				/			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a				/			
(M	Contribution (a) Date M-DD-YYYY)	s made to the plan fo (b) Amount pa employer(s	r the plan y aid by s)	ear by employer(s) and empl	(a (MM-D	D-YYYY)		er(s)		` emp	loyees	
(MI	Contribution (a) Date M-DD-YYYY) /01/2016	s made to the plan fo (b) Amount particular for employer(s) 1	r the plan y aid by s)	ear by employer(s) and empl (c) Amount paid by employees	(a (MM-D	D-YYYY) ▶ 18(b)	émploy	100,0	000 18(c	` emp		
(M	Contribution (a) Date M-DD-YYYY) /01/2016	s made to the plan fo (b) Amount premployer(s) 1	r the plan y aid by s) 00,000	ear by employer(s) and employer(s) and employees employees tructions for small plan with a	Totals	▶ 18(b) date after	the beginning of t	100,0	000 18(c	` emp	loyees	
(MI	Contribution (a) Date M-DD-YYYY) /01/2016 Discounted a Contributi	s made to the plan fo (b) Amount premployer(s) 1 employer contribution ons allocated toward	r the plan y aid by s) 00,000	ear by employer(s) and empl (c) Amount paid by employees tructions for small plan with a imum required contributions	Totals a valuation	▶ 18(b) date after years	the beginning of t	100, (the year:	000 18(c	` emp	o 0	
(MI	Contribution (a) Date M-DD-YYYY) /01/2016 Discounted a Contributi b Contributi	employer contribution ons allocated toward ons made to the plan fo	s see insunpaid min	ear by employer(s) and employer(s) and employees tructions for small plan with a imum required contributions djusted to valuation date	Totals a valuation	▶ 18(b) date after years	the beginning of t	100,0 he year: 19a 19b	000 18(c	` emp	o o	
(M) 04/	Contribution (a) Date M-DD-YYYY) /01/2016 Discounted of a Contributi b Contributi	employer contribution ons allocated toward ons allocated toward	r the plan y aid by s) 00,000 s see ins unpaid min strictions a minimum r	tructions for small plan with a imum required contributions digusted to valuation date	Totals a valuation	▶ 18(b) date after years	the beginning of t	100, (the year:	000 18(c	` emp	o 0	
(MI	Contribution (a) Date M-DD-YYYY) /01/2016 Discounted a Contributi b Contributi C Contributi Quarterly co	employer contribution ons allocated toward ontributions and liquidi	s see insunpaid minimum rety shortfalls	tructions for small plan with a imum required contributions digusted to valuation for curre	Totals a valuation from prior	▶ 18(b) date after years	the beginning of t	100, (he year: 19a 19b 19c	000 18(c	emp	0 0 0 98,520	
(M) 04/	Contribution (a) Date M-DD-YYYY) /01/2016 Discounted of a Contributi b Contributi c Contributi Quarterly co a Did the pl	employer contribution ons allocated toward ontributions and liquidi an have a "funding sh	s see insunpaid minimum rety shortfalls	tructions for small plan with a imum required contributions digusted to valuation date	Totals a valuation from prior	▶ 18(b) date after years usted to va	the beginning of t	100,0 he year: 19a 19b 19c	000 18(c	emp	o o	
(M) 04/	Discounted a Contribution C C Contribution C C C C C C C C C C C C C C C C C C C	employer contribution ons allocated toward ons made to avoid re ons allocated toward intributions and liquidi an have a "funding sh	s see ins unpaid min strictions a minimum rety shortfalls nortfall" for ed quarterly	tructions for small plan with a imum required contributions djusted to valuation date captured contribution for curre the prior year?	Totals a valuation from prior ont year ad	▶ 18(b) date after years usted to va	the beginning of t	100,0 he year: 19a 19b 19c	000 18(c	emp	0 0 0 98,520	
(M) 04/	Discounted a Contribution Con	employer contribution ons allocated toward ons made to avoid re ons allocated toward intributions and liquidi an have a "funding sh	s see ins unpaid min strictions a minimum rety shortfalls nortfall" for ed quarterly	tructions for small plan with a imum required contributions djusted to valuation dateequired contribution for curre is the prior year?	Totals a valuation from prior nt year ad year made	▶ 18(b) date after years usted to va	the beginning of t	100,0 he year: 19a 19b 19c	000 18(c	emp	0 0 98,520 Yes X No Yes No	

Pa	art V Assumption	ons Used To Determine	e Funding Target and Targ	et Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	0	N/A, full yield curve used	
	b Applicable month	(enter code)			21b	0	
22	2 Weighted average retirement age					62	
23	Mortality table(s) (see			scribed - separate	Substitu	ite	
Pa	rt VI Miscellane	ous items					
	700 E/2010	made in the non-prescribed a	ctuarial assumptions for the current	plan year? If "Yes." see	instruction	ns regarding required	
25			plan year? If "Yes," see instructions				
26			e Participants? If "Yes," see instruc				
27			nter applicable code and see instru				
					27		
Pa	rt VII Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years			
28	Unpaid minimum req	uired contributions for all prio	r years		28	0	
29	Discounted employer	r contributions allocated towar	rd unpaid minimum required contrib	outions from prior years	29		
						0	
30	Remaining amount o	f unpaid minimum required co	ontributions (line 28 minus line 29)	• <u>* * * * * * * * * * * * * * * * * * *</u>	30	0	
Pai	rt VIII Minimum	Required Contribution	n For Current Year				
31	Target normal cost a	nd excess assets (see instruc	ctions):			15	
	a Target normal cost	(line 6)			31a	93,331	
	b Excess assets, if a	pplicable, but not greater than	n line 31a		31b	0	
32	Amortization installm	ents:		Outstanding Bala	ance	Installment	
					0	0	
					0	0	
			nter the date of the ruling letter gra	nting the approval			
33) and the waived amount.		33	0	
34			r/prefunding balances (lines 31a - 3		34	93,331	
	Total fariality roquires	ment bolote removing early eve	Carryover balance	Prefunding Bala		Total balance	
35	Balances elected for requirement	use to offset funding	·	-			
36		# 3Ws		1 12 10 10 10 20 20 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	36	93,331	
36 Additional cash requirement (line 34 minus line 35)					37	98,520	
				<u> </u>		30,320	
		ess contributions for current y			38a	5 100	
	THE CONTRACT OF THE PARTY OF TH					5,189	
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b						
39			year (excess, if any, of line 36 over		39	0	
40 Por			Pension Relief Act of 2010		40	0	
A1 A241				(See Instructions	,		
		de to use PRA 2010 funding r					
_	Arrest 1911 17	W.				2 plus 7 years 15 years	
		···	41a was made			08 2009 2010 2011	
			3 X X X X X X X X X X X X X X X X X X X		42		
43	Excess installment ac	celeration amount to be carrie	ed over to future plan years		43		