Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to Public Inspection

Part I		t Identification Information								
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/20	<u>116</u>	and ending 1	2/31/2016					
∆ This ret	urn/report is for:	X a single-employer plan	a multiple-employer plants of participating em	an (not multiemployer) (aployer information in a						
74 THIS TOO	unificipant to for.	a one-participant plan	a foreign plan	,projor miormation in ac						
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	١				
		special extension (enter descrip	otion)							
Part II	Basic Plan Info	ormation—enter all requested info	rmation							
1a Name			······································		1b Three-digit plan number	er				
	WEDIONET O'BET III	ED DENEM PER M			(PN) • 001					
					1c Effective da	ate of plan 01/01/2013				
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal		westions)	2b Employer Id (EIN)	dentification Number 27-2221992				
	MEDICAL PC	uctions)		elephone number 8-686-6889						
020 F0TU CT	REET, 2ND FL			ode (see instructions)						
BROOKLYN,			(521111						
3a Plan a	dministrator's name a		3b Administrat	or's EIN						
					3c Administrat	or's telephone number				
		ne plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b EIN					
name, a Sponso	·	umber from the last return/report.			4c PN					
		s at the beginning of the plan year			5a	3				
		s at the end of the plan year			5b	3				
		account balances as of the end of the			5c					
d(1) Tota	al number of active pa	articipants at the beginning of the pla	n year		5d(1)	3				
		articipants at the end of the plan year			5d(2)					
than '	100% vested	t terminated employment during the p			5e	C				
		or incomplete filing of this return/								
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as polete.								
SIGN		d/valid electronic signature.	06/12/2017	ANDY KUO CHEN HU	J					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	n administrator				
SIGN										
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as em	oloyer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (inc	clude room or suite number	er)	Preparer's telepl	none number				

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b		Yes N									
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	× No	☐ Not d	etermined	
7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Year		
<u>'</u>	Total plan assets	7a		629706				(b) Ella	10215	546	
	Total plan liabilities	7b		0	ı					0	
	Net plan assets (subtract line 7b from line 7a)	7c		629706					10215	546	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal		
а	Contributions received or receivable from:		` ,	357590							
	(1) Employers	8a(1)									
	(2) Participants	8a(2)		0	_						
	(3) Others (including rollovers)	· · · · · · · · · · · · · · · · · · ·									
		Other income (loss)							3918	240	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3910) 4 0	
	to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3918	340	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $1A 1D 3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in t	he instru	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amou	nt	
	Was there a failure to transmit to the plan any participant contribu	tions with	n the time period		100	110	14/7		Allioui		
_	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X					
С				105 10c		X					
d				10d		X					
e	by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X					
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	ne require	d notice or one of the	10i							

Page 3-	1	

Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No		
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No		
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I				
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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 the plan which assets or liabilities were transferred. (See instructions.)										
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information		ı						
14a	Name	of trust			14b Trust's EIN					
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [] "Prior ye test	ear" ADP		
			- □ □ □	Curre ADP t	ent year est	"	N/A			
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit test	□ N/A		
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

ode).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016	and ending	g 12/	31/2016			
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonal	ble cause is established	<u> </u>	T			
A Name of plan	B Three-dig	git				
EVERWELL MEDICAL PC DEFINED BENEFIT PLAN	plan num	ber (PN	1)	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identific	ation Number (E	EIN)		
EVERWELL MEDICAL PC		27-22	21992			
E Type of plan: Single Multiple-A Multiple-B F Prior year plan	size: X 100 or fewer	101	-500 More th	nan 500		
Part I Basic Information						
1 Enter the valuation date: Month 01 Day 01 Year 201	6		ī			
2 Assets:						
a Market value		2a		625123		
b Actuarial value		2b		625123		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Ve	sted Funding Target	(3) Total Funding Target		
a For retired participants and beneficiaries receiving payment	0		0	0		
b For terminated vested participants	0		0	0		
C For active participants	3		676432	676432		
d Total	3		676432	676432		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)						
a Funding target disregarding prescribed at-risk assumptions		4a				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans status for fewer than five consecutive years and disregarding loading factor						
5 Effective interest rate		_		5.96%		
6 Target normal cost		6		251675		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account combination, offer my best estimate of anticipated experience under the plan.						
SIGN HERE			06/05/201	7		
Signature of actuary			Date			
THEODORE ANDERSEN			17-02034	1		
Type or print name of actuary		Most	recent enrollme	nt number		
PENSION ASSOCIATES			203-356-03	806		
Firm name 2001 WEST MAIN STREET SUITE 230 STAMFORD, CT 06902	Те	lephone	e number (includ	ling area code)		
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in c instructions	ompleting this schedule	e, check	the box and se	е		

Pad	е	2	-	

Part II Beginning of Year Ca					er and Prefunding Ba	alance	s									
	•							(a) C	arryover balance		(b) P	refundir	ng balance			
		-	•		able adjustments (line 13 fro	•			0				0			
8			•	-	nding requirement (line 35 f				0				0			
9	Amount	remaining	g (line 7 minus line	e 8)					0				0			
10	Interest	on line 9 ı	using prior year's	actual retu	rn of%				0				0			
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:											
					38a from prior year)								117721			
	Sc	hedule SI	B, using prior year	's effective	a over line 38b from prior yea e interest rate of6.21	%					7310					
					edule SB, using prior year's a								0			
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balanc	e							125031			
	d Portio	n of (c) to	be added to prefu	unding bala	ance								0			
12	Other re	ductions i	n balances due to	elections	or deemed elections				0				0			
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12) .				0		0					
Р	Part III Funding Percentages															
14 Funding target attainment percentage											14	92.41%				
	15 Adjusted funding target attainment percentage											15	92.41%			
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current										63.48%					
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17	%						
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls											
18	Contribu				ar by employer(s) and emplo	oyees:										
	(a) Dat //M-DD-Y		(b) Amount p employer		(c) Amount paid by		(a) Da -DD-Y		(b) Amount pai	(c	(c) Amount paid by employees					
	3/15/2017		employen	357590	employees 0	(IVIIV	ז -טט- ז	111)	employer(s)		empic	lyees			
	0/10/2011			33.333												
						Tatala		40(%)			40(-)	1				
10	Discount			!		Totals		18(b)		57590	18(c)		0			
19					uctions for small plan with a mum required contributions f					ear: 9a			0			
	_				usted to valuation date		-		-	9b			0			
				_	red contribution for current ye					9c			328201			
20			itions and liquidity		Tod commission for content yo	ai aajaot	00 10 1	aradion a					020201			
-•					e prior year?							X	Yes No			
			_		installments for the current y								Yes X No			
			•	•	nplete the following table as			,								
					Liquidity shortfall as of en			this plan y	/ear							
		(1) 1s			(2) 2nd			(3)	3rd		-	(4) 4th				
			0		0				0		0					

	art V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount rate:									
	a Segment rates: 1st segment: 2nd segment: 3rd segment:									
	4.43% 5.91% 6.65%		N/A, full yield curve used							
	b Applicable month (enter code)	21b	0							
22	Weighted average retirement age	22	66							
23	Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate	Substit	ute							
Pa	art VI Miscellaneous Items									
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see i	nstruction	ns regarding required							
	attachment									
25	Lies a method change have made for the current plan year? If "Voe" are instructions regarding required attack	mont								
	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attack	iiiieiii								
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required a	attachmei	ntYes X No							
27	3	27								
_	attachment									
	art VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years		<u> </u>							
	Unpaid minimum required contributions for all prior years	28	0							
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0							
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0							
Pa	Part VIII Minimum Required Contribution For Current Year									
31	Target normal cost and excess assets (see instructions):									
	a Target normal cost (line 6)	31a	251675							
	b Excess assets, if applicable, but not greater than line 31a	31b	0							
32	Amortization installments: Outstanding Bala	nce	Installment							
	a Net shortfall amortization installment	51309	11246							
	b Waiver amortization installment	0	0							
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval	33	0							
	(Month Day Year) and the waived amount		-							
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	262921							
	Carryover balance Prefunding balar	nce	Total balance							
35	Balances elected for use to offset funding									
	requirement									
	Additional cash requirement (line 34 minus line 35)	36	262921							
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	328201							
38	Present value of excess contributions for current year (see instructions)									
	a Total (excess, if any, of line 37 over line 36)	38a	65280							
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0							
39	· · · · · · · · · · · · · · · · · · ·	39	0							
40	Unpaid minimum required contributions for all years	40	0							
Pa	rt IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions	5)								
41	If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected		2 plus 7 years 15 years							
	b Eligible plan year(s) for which the election in line 41a was made		008 2009 2010 2011							
42	Amount of acceleration adjustment	42								
	Excess installment acceleration amount to be carried over to future plan years	43								
-10	Excess installment accordation amount to be carried over to ratare plan years	-10								

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

2016

This Form is Open to Public Inspection

00000000	calendar plan year 2016 or 1	t Identification information	01/01/2016	and ending	12/31/201	6
For	calendar plan year 2016 or					
Α	This return/report is for:	x a single-employer plan	a list of participating	olan (not multiemployer) e employer information in a		
_		a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nontns)	
С	Check box if filing under:	Form 5558	automatic extension		DFVC pr	rogram
CODE		special extension (enter descrip	otion)			war management of the state of
		ormation enter all requested in	nformation		41	
1a	Name of plan				1b Three-digit plan number	
	Everwell Medical I	PC Defined Benefit Plan			(PN) ▶	001
					1c Effective da 01/01/20	•
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta	. Box) Il code (if foreign, see inst	tructions)		dentification Number -2221992
	Everwell Medical P	· · · · · · · · · · · · · · · · · · ·	,	,		elephone number
				(718) 6		
	839 58th Street, 2	and Fl			2d Business of 621111	ode (see instructions)
	obb both beleet, a		'		021111	
	US Brooklyn NY 11220				1 21	
3a	Plan administrator's name	and address X Same as Plan Spor	nsor		3b Administrat	or's EIN
					3c Administrat	or's telephone number
4		he plan sponsor has changed since the plan sponsor has changed since the last return/report.	ne last return/report filed f	for this plan, enter the	4b EIN	
	Sponsor's name				4c PN	
		s at the beginning of the plan year			5a	3
b	, ,	s at the end of the plan year			5b	3
С	• •	n account balances as of the end of th		,	5c	
d((1) Total number of active pa	articipants at the beginning of the plar	year		5d(1)	3
d((2) Total number of active pa	articipants at the end of the plan year	********************************		5d(2)	3
P		t terminated employment during the p	lan year with accrued ber	nefits that were	Fo	
	less than 100% vested .				5e	0
Ca	aution: A penalty for the lat	e or incomplete filing of this return	/report will be assessed	l unless reasonable car	use is established	l
SE		other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.				
1		tu	6/12/2017	Andy Kuo Chen H	11	
	9			1		
п	Signature of plan ad	11.	Date	Enter name of individua		aministrator
	IGN (in dy	Hu	6/12/2017			
60.000	ERE Signature of employ		Date	Enter name of individua		
	eparer's name (including firm kip this question	name, if applicable) and address (inc	clude room or suite numb	er)	Preparer's teleph Skip this qu	one number estion

To:12033561045

6a											
	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						X Yes	No	
	Are you claiming a waiver of the annual examination and report of a		•	untan	(IQP	A)		******	[FF] 700		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						*******	******	XYes	No	
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use Fon	m 5500-SF and must ins	tead	use F	orm 5	500.				
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA sectio	n 402	(1)?	,,,,,,,,	Yes	X No	Not de	termined	
Pε	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır			(b) End o	f Year		
a	Total plan assets	. 7a	6.	29,7	06			THE WALL SET SET SET	1,021,	346	
	Total plan liabilities	. 7ь			0	- 				0	
	Net plan assets (subtract line 7b from line 7a)	. 7c	6:	29,7	06	<u> </u>			1,021,	46	
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) To			
а	Contributions received or receivable from:				~~	94.73 15.36	1960 A		and the second	vim ammura	
	(1) Employers	. 8a(1)	.5:	57,5		10.7				nangij. Takong	
	(2) Participants	. 8a(2)		***************************************	<u> </u>					. 14 1 4 4	
	(3) Others (including rollovers)	8a(3)			0	4.5					
	Other income (loss)	. 8b		34,2			Acres Joseph		***************************************	5	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c		9.4	250				391,8	40	
d	to provide benefits)	. 8d			Q		źrach	ng pilataga (g Pilataga kabur			
e	Certain deemed and/or corrective distributions (see instructions)	- 8e			0	7.14					
f	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0				nna Digearth Seal Seal agaile	**************************************	
	Total expenses (add lines 8d, 8e, 8f, and 8g)				siatium tronisiale	· · · · · · · · · · · · · · · · · · ·		0			
ì	Net income (loss) (subtract line 8h from line 8c)								391,8	40	
ì	Transfers to (from) the plan (see instructions)	. 8j		************	0				er i gerinde se		
_	rt IV Plan Characteristics	<u> </u>						<u> </u>	· · · · · · · · · · · · · · · · · · ·		
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Cl	naract	teristic	: Code	es in the	instructio	ns:		
9a	If the plan provides pension benefits, enter the applicable pension for 1A 1D 3D	eature code	es from the List of Plan Cl	naract	teristic	Code	es in the	instructio	ns:		
	1A 1D 3D										
b	1A 1D 3D If the plan provides welfare benefits, enter the applicable welfare fee										
b	1A 1D 3D If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions				ristic	Codes	in the i	nstruction	\$;		
b	1A 1D 3D If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions During the plan year:	ature codes	s from the List of Plan Cha			Codes		nstruction			
b Pa	1A 1D 3D If the plan provides welfare benefits, enter the applicable welfare fea rt V Compliance Questions During the plan year:	ature codes	s from the List of Plan Cha		ristic	Codes	in the i	nstruction	\$;		
b Pa	1A 1D 3D If the plan provides welfare benefits, enter the applicable welfare fea If V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	ature codes tions within	from the List of Plan Cha the time period luciary Correction		ristic	Codes	in the i	nstruction	\$;		
b Pa	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest.	tions within duntary Fig 7 (Do not in	a from the List of Plan Cha the time period luciary Correction	10a	ristic	No X	in the i	nstruction	\$;		
b Pa	If the plan provides welfare benefits, enter the applicable welfare feather the plan provides welfare benefits, enter the applicable welfare feather to the plan provides the plan year. Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	tions within duntary Fig 7 (Do not in	a from the List of Plan Cha the time period luciary Correction	10a	ristic	No X	in the i	nstruction	\$;		
b Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	ature codes tions within duntary Fic ? (Do not in	the time period luciary Correction	10a	ristic	No X	in the i	nstruction	\$;		
b Ра 10	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	tions within bluntary Fic	the time period luciary Correction	10a	ristic	No X	in the i	nstruction	\$;		
b Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plan in the plan to the plan's by fraud or dishonesty?	tions within bluntary Fic	the time period luciary Correction	10a 10b	ristic	No X X	in the i	nstruction	\$;		
b 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	tions within aluntary Fic	is from the List of Plan Cha the time period luciary Correction aclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c	ristic	No X X	in the i	nstruction	\$;		
Pa 10 a b	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other plan in the plan to the plan's by fraud or dishonesty?	tions within bluntary Fic (Do not in fidelity bonser persons e or all of t	the time period luciary Correction rolude transactions d, that was caused by an insurance he benefits under	10a 10b	ristic	No X X X	in the i	nstruction	\$;		
b Pa 10 a b c d	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature. During the plan year. Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voletogram). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth camer, insurance service, or other organization that provides somethe plan? (See instructions.)	tions withing little state of the state of t	the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c	ristic	No X X X	in the i	nstruction	\$;		
b Pa 10 a b c d	If the plan provides welfare benefits, enter the applicable welfare feature V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth camer, insurance service, or other organization that provides som the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	tions withing luntary Fidelity bonder persons e or all of to sof year elements.	the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	ristic	No x x x x x	in the i	nstruction	\$;		
b Pa 10 a b c d f	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature. During the plan year. Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voletogram). Were there any nonexempt transactions with any party-in-interest reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	tions withing luntary Fidelity bonder persons e or all of the sof year electrons.	the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	ristic	No x x x x x	in the i	nstruction	\$;		
b Pa 10 a b c d f	If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare feature of the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Voletogram) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth camer, insurance service, or other organization that provides somithe plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (tions within pluntary Fidelity bonser personse or all of the sof year elements of year elem	the time period luciary Correction clude transactions d, that was caused by an insurance he benefits under chickens and 29 CFR	10a 10b 10c 10d 10d 10g	ristic	No x x x x x	in the i	nstruction	\$;		

	Forr	n 5500-SF 2016 Page 3 -										
f												
Par	t VI	Pension Funding Compliance										
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 500 and line 11a below)							X	Yes		No
<u>11a</u>		e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line		*****	***	11a						0
12		a defined contribution plan subject to the minimum funding requirements of section 412 of t								Yes	X	No
	******	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							1			
a		ver of the minimum funding standard for a prior year is being amortized in this plan year, se the waiver			ıs, an		er thi Day	e date		letter ar	rulin	g
lf \	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	lîne 1	13.								
b	Enter th	e minimum required contribution for this plan year.	r+++-+	********		12b	_					
C	Enter th	e amount contributed by the employer to the plan for the plan year	*******	RAFRAGRAFI		12c		***************************************				
đ		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to a amount)			- 1	12d						
e	Will the	minimum funding amount reported on line 12d be met by the funding deadline?				Г] \	es 🗀	No	, 🗀	N/A	١
Par	t VII	Plan Terminations and Transfers of Assets										
13a	l Hasar	esolution to terminate the plan been adopted in any plan year?						Yes	X] No	_	
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year				13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?								Yes	X	No	
c		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), i ssets or liabilities were transferred. (See instructions.)	identí	ify the p	olan(s) to						
1		ne of plan(s):		13c	(2) EI	N(s)		I	1:	13c(3) PN(s)		
Par	t VIII	Trust Information - Skip These Questions		***************************************				I			<u> </u>	
14a	Name o	f trust				14t	T ru	ist's El	N		/ Kear	-
140	: Name c	f trustee or custodian	**********	***************************************		14d Trustee or custodian's						
					İ		tele	phone	e num	ber		

Par	LIX]	IRS Compliance Questions - Skip These Questions						*********	**********	**********	***************************************	
15a	ls the p	an a 401(k) plan? If "No," skip b.	******] Ye	:S				Nο	***************************************	***************************************
15b	How did	the plan satisfy the nondiscrimination requirements for employee deferrals under section				sign-		ed be		"Рпо	гyea	ır" ADP
	401(k)() for the plan year? Check all that apply:	*********			fe hai		. #		test		
						urren)P tes		ır.		N/A		
16a	What te	sting method was used to satisfy the coverage requirements under section 410(b) for the p	lan		-	itio			Aver	906		***
	year? C	heck all that apply:	********	L	_ pe tes	rcent; st	age	<u></u>		fit test	L	J N/A
16b		olan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a lan year by combining this plan with any other plan under the permissive aggregation rules			Υe					Nο	***************************************	***************************************
17a	If the pl	in is a master and prototype plan (M&P) or volume submitter plan that received a favorable	********		n lette	rora	dvis	ory let	ber, er	iter the	date:	e of
17b	If the pl	r/	RS, e	nter the	e date	of the	e ma	st rec	ent de	termin	ation	······································
18	Defined Were a	Benefit Plan or Money Purchase Pension Plan Only: ly distributions made during the plan year to an employee who attained age 62 and had no						Yes		No		
19	se <u>rvice'</u> Was an	plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year		**********				Yes		No	***************************************	***************************************
						1						

Schedule SB, line 32 - Schedule of Amortization Bases

Everwell Medical PC Defined Benefit Plan 27-2221992 / 001 For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2015	142,222	Shortfall	126,393	6	23,652
	01/01/2016	-75,084	Shortfall	-75,084	7	-12,406
Totals:				\$51,309		\$11,246

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

Everwell Medical PC Defined Benefit Plan 27-2221992 / 001 For the plan year 01/01/2016 through 12/31/2016

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

Everwell Medical PC Defined Benefit Plan 27-2221992 / 001

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 01/01/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	03/15/2017	\$357,590					
Applied to Additional Contribution	01/01/2016	69,976	65,280	0	0	5.96	0
Applied to MRC	01/01/2016	50,986	47,564	0	0	5.96	0
Applied to Quarterly Contribution	04/15/2016	59,157	52,912	0	59,157	5.96	10.96
Applied to Quarterly Contribution	07/15/2016	59,157	53,522	0	59,157	5.96	10.96
Applied to Quarterly Contribution	10/15/2016	59,157	54,146	0	59,157	5.96	10.96
Applied to Quarterly Contribution	01/15/2017	59,157	54,777	0	59,157	5.96	10.96
Totals for Deposited Contribution		\$357,590	\$328,201	\$0	\$236,628		_

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Everwell Medical PC Defined Benefit Plan 27-2221992 / 001

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 01/01/2016

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

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

Segment #	Year	Rate %
Segment 1	0 - 5	1.41
Segment 2	6 - 20	3.96
Segment 3	> 20	4.97

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) -

Segment #	Year	Rate %
Segment 1	0 - 5	4.43
Segment 2	6 - 20	5.91
Segment 3	> 20	6.65

Pre-Retirement - Mortality Table - None

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

Post-Retirement - Mortality Table - 16C - 2016 Combined - 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 - Applicable Mortality Table - IRC 417(e)(3)

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

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

Everwell Medical PC Defined Benefit Plan 27-2221992 / 001

For the plan year 01/01/2016 through 12/31/2016

Employer: Everwell Medical PC

Type of Entity - S-Corporation

EIN: 27-2221992 TIN: Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2013 Year end - 12/31/2016 Valuation - 01/01/2016

Top Heavy Years - 2014, 2015, 2016

Eligibility: All employees excluding non-resident aliens, 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 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 graded benefit formula below:

Employee Classification Benefit Formula

001 15% of average monthly compensation per year of service beginning year 1

limited to 10 year(s)

002 0.5% of average monthly compensation per year of service beginning year 1

limited to 50 year(s)

minus Floor Offsetminus Floor Offset

Accrued Benefit - Unit credit based on service

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: Provided in another plan

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

<u>Vesting Schedule:</u> 100% vested in 3 years.

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Everwell Medical PC Defined Benefit Plan 27-2221992 / 001

For the plan year 01/01/2016 through 12/31/2016

<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	1.82
Segment 2	6 - 20	4.12
Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

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).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

		▶ File as an attachme	ent to Form 5500 or	5500-SF.			
For	calendar plan year 2016 or fiscal p	olan year beginning 01/01,	/2016	and ending	12/3	31/2016	
ÞF	Round off amounts to nearest do	llar.					
▶ c	caution: A penalty of \$1,000 will b	e assessed for late filing of this report o	unless reasonable ca	use is established			
AN	ame of plan			B Three-digit	:		
Eve	rwell Medical PC Define	ed Benefit Plan		plan numb	er (PN)	. ▶	001
				179			C Alba
C P	lan sponsor's name as shown on l	ne 2a of Form 5500 or 5500-SF		D Employer Ide	entificatio	n Number	(EIN)
Eve	rwell Medical PC			27	7-22219	992	
Ет	ype of plan: X Single Multipl	e-A Multiple-B	Prior year plan size:	X 100 or fewer]101-50	0	re than 500
Pa	rt I Basic Information						
1	Enter the valuation date:	Month 01 Day 01	Year <u>201</u> 6	-			
2	Assets:						
	a Market value				2a		625,123
	b Actuarial value				2b		625,123
3	Funding target/participant count b	oreakdown:	(1) Number of participants	(2) Vested Tarç			(3) Total Funding Target
	a For retired participants and ber	eficiaries receiving payment	0			0	0
		nts	0			0	0
ý	C For active participants	.,,,,,	3		676,432 67		
			3		676,	432	676,432
4		ck the box and complete lines (a) and	(b)				
	a Funding target disregarding pre	scribed at-risk assumptions			4a		
		assumptions, but disregarding transiti		have been in	4b		
5	Effective interest rate				5		5.96 %
6	Target normal cost				6		251,675
To t		plied in this schedule and accompanying schedules n my opinion, each other assumption is reasonable l experience under the plan.					
	IGN ERE	and h	· .		O	06/05/20	017
		Signature of actuary				Date	
	Theodore Anders	en			1	.7-02034	4
	Туре	or print name of actuary			Most red	cent enrollr	ment number
	Pension Associa	tes			(20	3) 356-	0306
		Firm name		Tel	ephone n	number (inc	cluding area code)
	2001 West Main	Street Suite 230				•	
	US Stamford	CT 06902		_			
	ı	Address of the firm					
	actuary has not fully reflected any	regulation or ruling promulgated unde	r the statute in comple	eting this schedule	e, check t	he box an	d see

	Schedule SB (Form 5500) 2016 Page	2		
Pa	rt II Beginning of Year Carryover and Prefunding Balances			
		(a) Carryover balance	(b) Prefundir	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0		
9	Amount remaining (line 7 minus line 8)	0		
10	Interest on line 9 using prior year's actual return of0.00%	0		
11	Prior year's excess contributions to be added to prefunding balance:			
	a Present value of excess contributions (line 38a from prior year)			117,72
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.21 %			7,31
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return			
	c Total available at beginning of current plan year to add to prefunding balance .			125,03
	d Portion of (c) to be added to prefunding balance			
12	Other reductions in balances due to elections or deemed elections	0		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0		
Pa	nrt III Funding Percentages			
14	Funding target attainment percentage	•••••	14	92.41
	Adjusted funding target attainment percentage		15	92.41
40				

	's funding percentage for purpose ear's funding requirement					16	63.48 %
17 If the curr	ent value of the assets of the plan	is less than 70 percent of the	e funding target, enter	such percentage	•••••	17	9/
Part IV	Contributions and Liquid	dity Shortfalls					
18 Contributi	ons made to the plan for the plan	year by employer(s) and emp	oloyees:				
(a) Date (MM-DD-YYY	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amour employ			mount paid by mployees
03/15/2017	357,590						
						_	
						+	
			Totals ► 18(b)		357,590	18(c)	0
19 Discounte	ed employer contributions see in:	structions for small plan with	a valuation date after	the beginning of the			
a Contrib	outions allocated toward unpaid mi	nimum required contributions	s from prior years	• • • • • • • • • • • • • • • • • • • •	19a		C
b Contrib	outions made to avoid restrictions a	adjusted to valuation date .	•••••		19b		0
c Contrib	outions allocated toward minimum	required contribution for curre	ent year adjusted to va	aluation date	19c		328,201
20 Quarterly	contributions and liquidity shortfall	s:					
a Did the	plan have a "funding shortfall" for	the prior year?	• • • • • • • • • • • • • • • • • • • •		•••••		X Yes No
b If line 2	20a is "Yes," were required quarter	ly installments for the curren	t year made in a timely	y manner?	•••••		Yes X No

Liquidity shortfall as of end of quarter of this plan year

3rd

(4)

4th

C If line 20a is "Yes," see instructions and complete the following table as applicable:

2nd

(1) 1st

Pa	art V Assumpti	ions Used To Determin	e Funding Target and Targ	jet Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	, D	N/A, full yield curve used
	b Applicable month	n (enter code)			21b	0
22	Weighted average r	etirement age			22	66
23	Mortality table(s) (se	ee instructions) X P	Prescribed - combined Prescribed Prescribed - Prescribed Prescribe	scribed - separate	Substitu	te
Pa	rt VI Miscellan	eous items				
24	Has a change been	made in the non-prescribed ac	ctuarial assumptions for the current	plan year? If "Yes," see	instructions	s regarding required
25	Has a method chan	ge been made for the current p	plan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
26	Is the plan required	to provide a Schedule of Activ	e Participants? If "Yes," see instruc	tions regarding required	attachmen	Yes X No
27			nter applicable code and see instruc		27	
Pa	rt VII Reconcil	liation of Unpaid Minim	um Required Contribution	s For Prior Years		
28	Unpaid minimum re	quired contributions for all prio	r years		28	0
29	' '		rd unpaid minimum required contrib	' '	29	0
30	Remaining amount	of unpaid minimum required co	ontributions (line 28 minus line 29)		30	0
Pa	rt VIII Minimum	n Required Contribution	n For Current Year			
31	Target normal cost	and excess assets (see instruc	etions):			
	a Target normal cos	st (line 6)			31a	251,675
	_		n line 31a		31b	0
32	Amortization installr	ments:		Outstanding Bala	ance	Installment
	a Net shortfall amor	tization installment	• • • • • • • • • • • • • • • • • • • •		51,309	11,246
	b Waiver amortization	on installment			0	0
33	If a waiver has beer (Month		nter the date of the ruling letter gran) and the waived amount .		33	0
24			· · · · · · · · · · · · · · · · · · ·		24	
	l otal funding require	ement before reflecting carryove	er/prefunding balances (lines 31a - 3 Carryover balance	16 + 32a + 32b - 33) Prefunding Bala	34	262,921 Total balance
			Carryover barance	Prefutitioning Bala	ince	Total balance
35		r use to offset funding				
36)		36	262,921
37			contribution for current year adjuste			202/321
			• • • • • • • • • • • • • • • • • •		37	328,201
38	Present value of exc	cess contributions for current y	ear (see instructions)			
	a Total (excess, if a	ny, of line 37 over line 36)	• • • • • • • • • • • • • • • • • • • •		38a	65,280
	b Portion included in	n line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b	0
_39	Unpaid minimum re	quired contribution for current	year (excess, if any, of line 36 over	line 37)	39	0
40	Unpaid minimum re	quired contributions for all year	rs		40	0
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions	5)	
41	If an election was ma	ade to use PRA 2010 funding r	elief for this plan:			
	a Schedule elected					
	b Eligible plan year((s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42	Amount of acceleration	on adjustment	• • • • • • • • • • • • • • • • • • • •		42	-
43	Excess installment a	cceleration amount to be carrie	ed over to future plan years		43	