#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

For calendar plan year 2017 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) (Filers checking this box must attach a a single-employer plan list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number SUNRISE MEDICAL CARE PC DEFINED BENEFIT PENSION PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 26-1236213 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number SUNRISE MEDICAL CARE PC 718-439-8700 2d Business code (see instructions) 762 59TH ST. 6F1 621111 **BROOKLYN, NY 11220** 3b Administrator's EIN **3a** Plan administrator's name and address X Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. **4d** PN Sponsor's name C Plan Name 5a 5a Total number of participants at the beginning of the plan year ...... 5<sub>b</sub> **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) n d(2) Total number of active participants at the end of the plan year ..... Number of participants who terminated employment during the plan year with accrued benefits that were less  $\cap$ Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature 06/19/2018 LISA REN SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date

Date

Signature of employer/plan sponsor

**SIGN HERE** 

Enter name of individual signing as employer or plan sponsor

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<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>										
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year		
a	Total plan assets									
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	48	87441				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Гotal		
a	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	;	31366						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						31366		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	5	18717						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		90						
	Other expenses	. 8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				518807					
<u></u>	i Net income (loss) (subtract line 8h from line 8c)									
J	Transfers to (from) the plan (see instructions)	8j		0						
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		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 V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
C				10c		X				
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused	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.)	s by an insurance the benefits under	10e		Х					
f	f Has the plan failed to provide any benefit when due under the plan?									
g			-	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		X				
i										

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		B 	X	Yes	No			
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month  Day  Year								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
C Enter the amount contributed by the employer to the plan for this plan year									
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	N	lo				
	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 the control of the PBGC?								
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	<b>3c(1)</b> Name of plan(s): 13c(2	EIN(s)		13c(3	) PN(s)				

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

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

## 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).

2017

This Form is Open to Public

Inspection

OMB No. 1210-0110

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

				, 1 110 as t	arr actus		0000 01.			
Fo	or calendar p	olan year 2017	or fiscal plan y	ear beginning 01/	/01/201	7	and end	ding 12/	31/2017	
		amounts to n								
)	Caution: A	A penalty of \$1,	000 will be ass	essed for late filing of	this rep	ort unless reasonable ca	use is establis	ned.		
Α	A Name of plan B Three									
	SUNRISE MEDICAL CARE PC DEFINED BENEFIT PENSION PLAN							umber (PN	N) <b>•</b>	001
С	Plan sponso	or's name as sh	nown on line 2	a of Form 5500 or 5500	)-SF		<b>D</b> Employ	er Identific	cation Number (E	=IN)
_		MEDICAL CAR							36213	,
								20 12	.00210	
Ε	Type of plan	: X Single	Multiple-A	Multiple-B		<b>F</b> Prior year plan size:	X 100 or fewe	r   101	-500 More th	nan 500
	Part I	Basic Infori	mation	· ·					<u> </u>	
1		valuation date		Month 01 Da	ay <u>01</u>	Year 2017				
2	Assets:	valuation date	<u>. ''</u>	WOTHIT De	ay	16ai <u>2011</u>				
-		value						2a		487441
	_						••••••	2b		487441
2							Number of		 ested Funding	(3) Total Funding
3	<b>3</b> Funding target/participant count breakdown (1) Number of participants							(2) (0	Target	Target
	a For retired participants and beneficiaries receiving payment							C	0	0
<b>b</b> For terminated vested participants								1	206	206
	C For active participants							4	477442	477541
	<b>d</b> Total							5	477648	477747
4	If the plai	n is in at-risk st	atus, check the	box and complete line	es (a) ai	nd (b)				
							_	4a		
	_		• .	·		sition rule for plans that h		4b		
						g loading factor		40	'	
5	Effective	interest rate						5		6.14 %
6	Target no	ormal cost						6		0
Sta	-	Enrolled Actua	•	in this calculation of a community		adulas atatamanta and attachma		late and see	unto Fook nuovosiko	d
	accordance wit	th applicable law an	d regulations. In my	opinion, each other assumption		nedules, statements and attachments and attachments on able (taking into account the expension of the expens				
		lier my best estimat	e or anticipated exp	erience under the plan.						
	SIGN									
	HERE								06/08/201	8
			Signa	ature of actuary					Date	
•	JOB H. YAN	G, M.S.P.A.							17-04592	
Type or print name of actuary							Most	recent enrollme		
	YANG'S PEI	NSION CONSU	·						714-451-13	
:	2205 E. CHA	APMAN AVE.	I	Firm name				Telephone	e number (includ	ling area code)
		N, CA 92831								
			Add	lress of the firm			_			
If th	e actuary ha	as not fully refle	cted any regul	ation or ruling promulg	ated un	der the statute in comple	ting this sched	lule, check	the box and se	е П
	ruotiono	•	, ,	٥. ٥		'	-			

Pa	art II	Begir	ning of Year	Carryov	er and Prefunding E	Balances						
_							(a) C	arryover balance		(b) F	refundir	ng balance
7		Ū	• , ,		able adjustments (line 13 fr			0				138061
8			•	•	nding requirement (line 35			0				10707
9	,							0				18727
10					rn of <u>-0.62</u> %			0				-740
11								0				-740
11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38a from prior year)								_			0	
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.34%											
					<u></u>							0
				-	edule SB, using prior year's							0
	<b>C</b> Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balan	ce						0
	<b>d</b> Portion	n of (c) to	be added to prefe	unding bala	ance							0
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				13594
13	Balance	at beginn	ning of current yea	r (line 9 + 1	line 10 + line 11d – line 12)			0				105000
Р	Part III Funding Percentages											
14	14 Funding target attainment percentage											
	15 Adjusted funding target attainment percentage								15	102.02%		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								81.51%			
17	7								%			
	Part IV Contributions and Liquidity Shortfalls											
18	Contribut				ar by employer(s) and emp	oloyees:						
(1)	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount paid employer(s)	d by	(0	Amour emplo	nt paid by
(1)	WINI-DD-1	,	cinployer	(3)	cmpioyees	(IVIIVI DD		ciripioyer(3)	<u> </u>		cripic	<i>y</i> cc3
						Totals ▶	18(b)		0	18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with	a valuation da	ite after the	beginning of the ye	ar:			
	<b>a</b> Contril	butions a	llocated toward ur	npaid minir	num required contributions	from prior yea	ars	19	Эа			0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date								0			
	<b>C</b> Contrib	outions all	ocated toward min	imum requi	ired contribution for current y	ear adjusted to	o valuation da	ate 19	Эс			0
20	-		tions and liquidity									
	<b>a</b> Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes X No
	<b>b</b> If line	20a is "Y	es," were required	quarterly	installments for the current	year made in	a timely ma	anner?			<u> </u>	Yes No
	C If line	20a is "Y	es," see instructio	ns and con	mplete the following table a							
		(1) 1	•		Liquidity shortfall as of e	nd of quarter o					/A\ A+L	
		(1) 1s	l		(2) 2nd		(3)	3rd			(4) 4th	

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost									
21	Discount	rate:								
	<b>a</b> Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used			
	<b>b</b> Applica	able month (er	nter code)			21b	4			
22	Weighted	l average retire	ement age			22	62			
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Preso	cribed - separate	Substitu	ite			
Pa	art VI	Miscellane	ous Items							
24		•		arial assumptions for the current pl	•		· ·			
25	Has a me	thod change b	peen made for the current plar	n year? If "Yes," see instructions re	egarding required attach	ment	Yes X No			
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instruction	ons regarding required a	attachmen	tYes 🛛 No			
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment									
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
28	Unpaid m	inimum requir	ed contributions for all prior ye	ears		28	0			
29				unpaid minimum required contribut		29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)						0			
Pa	Part VIII Minimum Required Contribution For Current Year									
31										
	<b>a</b> Target normal cost (line 6)									
	<b>b</b> Excess assets, if applicable, but not greater than line 31a									
32 Amortization installments: Outstanding Balance						Installment				
	a Net sho	ortfall amortiza	tion installment			95307	23800			
	<b>b</b> Waiver	amortization i	installment			0	0			
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount	ng the approval	33				
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	23800			
				Carryover balance	Prefunding balar	nce	Total balance			
35			se to offset funding	0		23800	23800			
36	Additiona	l cash require	ment (line 34 minus line 35)			36	0			
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	0			
38	Present v	alue of excess	s contributions for current year	r (see instructions)						
			•			38a	0			
	<b>b</b> Portion	included in lin	ne 38a attributable to use of pr	efunding and funding standard car	ryover balances	38b	0			
39	Unpaid m	inimum requir	ed contribution for current yea	ar (excess, if any, of line 36 over lin	ie 37)	39	0			
40	Unpaid m	inimum requir	ed contributions for all years			40	0			
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)				
41	41 If an election was made to use PRA 2010 funding relief for this plan:									
	<b>a</b> Schedu	le elected					2 plus 7 years 15 years			
	<b>b</b> Eligible	plan year(s) f	or which the election in line 41	la was made		20	08 2009 2010 2011			
42	Amount o	f acceleration	adjustment			42				
43	Excess installment acceleration amount to be carried over to future plan years									

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

	For Funding <u>Min</u> <u>Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1: 4.16% 1.52%	Seg 1: 1.47%	Pre-Retirement: 5.50%			
	Seg 2: 5.72% 3.80%	Seg 2: 3.34%	Post-Retirement: 5.50%			
	Seg 3: 6.48% 4.79%	Seg 3: 4.30%				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
<b>Assumed Ret Age</b>	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation			
Post-Retirement						
Mortality	Male-modified RP2000 combined healthy male projected 32 & 24 years Female-modified RP2000 combined healthy female projected 32 & 24 years	2017 Applicable Mortality Table from Notice 2016-50	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F			
<b>Assumed Benefit Form F</b>	For Funding	Normal Form				
Pct Assumed Married	0% assumed married		0% assumed married			
Assumed Spouse's Age	Wives assumed to be the same age as husbands		Wives assumed to be the same age as husbands			
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Inte	erest Rate	6.14%				
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

File as an attachment to Fo	orm 5500 or 5500-SF.	1		
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017	and endin	g ·	12/31/20	17
Round off amounts to nearest dollar.			.5	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable cause is established	d.		
A Name of plan	B Three-dig	git		
SUNRISE MEDICAL CARE PC DEFINED BENEFIT PENSION P	' <sup>⊥AN</sup> plan num	iber (PN	l) <b>&gt;</b>	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	<b>D</b> Employer	Identific	ation Number (E	IN)
				•
SUNRISE MEDICAL CARE PC	26-123621	3 .		·
E Type of plan: X Single Multiple-A Multiple-B	r plan size: 🛛 100 or fewer	101	-500 🔲 More th	an 500
Part   Basic Information				
1 Enter the valuation date: Month 01 Day 01 Year	2017		<del>.</del>	
2 Assets:				e e e e e e e e e e e e e e e e e e e
a Market value		. 2a		487,441
<b>b</b> Actuarial value		2b		487,441
3 Funding target/participant count breakdown	(1) Number of	(2) Ve	sted Funding	(3) Total Funding
	participants	·	Target	Target
a For retired participants and beneficiaries receiving payment			. 0	0
<b>b</b> For terminated vested participants			206	206
C For active participants	· .	-	477,442	477,541
d Total	5	•	477,648	477,747
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		-	A TANK	
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for status for fewer than five consecutive years and disregarding loading factor				
5 Effective interest rate		5		6.14%
6 Target normal cost	***************************************	6		0
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statemen accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into combination, offer my best estimate of anticipated experience under the plan.  SIGN  HERE				d such other assumptions, in
Signature of actuary			Date	
JOB H. YANG, M.S.P.A.		,	1704592	2
Type or print name of actuary YANG'S PENSION CONSULTING, INC.		Most	recent enrollmer	
Firm name		lanhor	number (includi	
2205 E. CHAPMAN AVE.		жерпоп	anumber (moladi	ing alea code)
FULLERTON CA 92831				
Address of the firm	· ·			•
If the actuary has not fully reflected any regulation or ruling promulgated under the statulinstructions	te in completing this schedul	e, check		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500	-SF.		Schedule S	B (Form 5500) 2017

7 Belance at beginning of pior year after applicable adjustments (line 13 from prior year)  8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year')  9 Amount remaining (line 7 minus line 8).  10 Interest on line 9 using prior year's actual return of −0.62%.  10 Interest on line 9 using prior year's actual return of −0.62%.  10 Prior year's excess contributions to be added to prefunding belances  1 Prior year's excess contributions (line 38 from prior year's Schedule 58, using prior year's effective interest rate of €.34%.  1b (1) Interest on line 38b from prior year's actual return of −0.62%.  10 Total available at beginning of current plan year to act to prefunding belance.  10 Total available at beginning of current plan year to act to prefunding belance.  11 Total available at beginning of current year (line 9 + line 10 + line 11d − line 12).  12 Other reduptions in belances due to interictions or deemed elections.  13 Salance at beginning of current year (line 9 + line 10 + line 11d − line 12).  14 Funding larget attainment percentage.  15 Adjusted funding target attainment percentage.  16 Prior year's funding percentages.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, order such percentage.  18 Contributions made to the plan for the plan is less than 70 percent of the funding target, order such percentage.  19 Onter before requirement.  10 (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by employer(s) and employees:  19 Discounted employer currirbutions – see instructions for small plan with a valuation date after the beginning of the year:  19 Discounted employer currirbutions – see instructions for small plan with a valuation date after the beginning of the year:  20 Contributions and closed discovered unpaid eliminum sequired contributions from prior years.  19 Discounted employer currirbutions – see instructions for small plan with a valuation date after the beginning of the year:  21 Onter the pe	P	art II	Begin	ning of Year C	Carryov	er and Prefunding Ba	lances	<u> </u>	·				
year) 0 138, 055  Portion elisted for use to offset prior year's incling requirement (line 38 from prior year)  A nonant remaining (line 7 minus line 6)	_							(a) Carryover balance			(b) Prefunding balance		
year)  A mount remaining (fine 7 minus line 6)  A mount remaining (fine 7 minus line 6)  10	. 7 ——									0		_	138,06
10 Interest on line 9 using prior year's actual return of0.62%	8								·	0			18,72
11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (in e38s from prior year) b(1) Interest on the excess, a ray, of line 38s over the 38s from prior year's Schedule 38s, using prior year's effective interest rate of 5.3.3 % b(2) Interest on time 38b from procyrear Schedule 38s, using prior year's actual return	9	Amount r	emaining	(line 7 minus line	8)					0			119,33
a Present value of excess contributions (line 38s from prior year) b(1) Interest on the excess, if any, of line 38s over line 38b from prior year Schedule 38, using prior year's effective interest reto of 6.3.15% b(2) Interest on line 38b from prior year's Schedule 38, using prior year's actual return.  C Total available at beginning of current plan year to add to prefunding balance.  d Portion of (c) to be added to prefunding balance.  2 Other reductions in belances due to elections or deemed elections  12 Other reductions in belances due to elections or deemed elections  3 Salance at beginning of current pare (line 9 + line 114 − line 119	10	Interest o	n line 9 u	ısing prior year's a	ctual retur	rn of <u>-0.62</u> %			-	0			<del></del> 74
bit   Interest on the excess, if any, of line 38b over line 38b from prior year's Schedule SB, using prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective interest rate of € .34 %. b(2) Interest on line 38b from prior year's effective prior year's actually rate of the season of € .34 %. contributions in balances due to electricises or deemed electrons. contributions and because of the plan is less than 70 percent of the funding target, order such percentage. contributions and be to the plan is less than 70 percent of the funding target, order such percentage. contributions and because of the plan is less than 70 percent of the funding target, order such percentage. contributions and because of the plan is less than 70 percent of the funding target, order such percentage. contributions and because of the plan is less than 70 percent of the funding target, order such percentage. contributions and because of the plan year by employer(s) and employees. contributions and because of the plan is less than 70 percent of the funding target, order such percentage. contributions and because of the plan year by employer(s) and employees. contributions allocated toward unpaid minimum required contributions from prior years. contributions and line and trained and partial line in the plan year of the plan year. contributions allocated toward minimum required contributions for prior years. contributions and toward minimum requir	11	Prior yea	r's exces	s contributions to b	e added t	o prefunding balance:				100		4 4	91.4
Schedule SB, using prior year's effective interest rate of 6 . 3.34%		<b>a</b> Preser	nt value o	f excess contribution	ons (line 3	88a from prior year)							
b12) Interest on line 38h 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.  d Portion of (c) to be added to prefunding balance.  2 Other reductions in balances due to elections or deemed elections.  0 13,594  12 Other reductions in balances due to elections or determining whether 112.  0 105,000  Part III. Funding Percentages  14 Funding Percentages  15 Adjusted funding target attainment percentage.  16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, onter such percentage.  17 If the current value of the sessets of the plan is less than 70 percent of the funding target, onter such percentage.  18 Contributions made to the plan for the plan peer by employee(s) and employees.  19 Other Part IV. Contributions made to the plan for the plan year by employee(s) and employees.  19 Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year.  20 Contributions allocated toward implicit minimum required contributions from prior years.  3 Contributions allocated toward minimum required contributions from prior years.  4 Contributions allocated toward minimum required contributions from prior years.  5 Discounted employer contributions — see instructions for small plan with a valuation date.  19 Discounted employer contributions — see instructions for small plan with a valuation date.  19 Discounted employer contributions — see instructions for small plan with a valuation date.  19 Discounted employer contributions and liquidity shortfalls:  2 Contributions allocated toward minimum required contributions from prior years.  19 Discounted employer contributions and liquidity shortfalls:  2 Contributions allocated toward minimum required contributions from prior years.  19 Discounted employer c													
C Total available at beginning of current plan year to add to prefunding belance.  d Portion of (c) to be added to prefunding belance.  0 13,594 31,5		• •					ctual						
d Portion of (c) to be added to prefunding balance													
12 Other reductions in balances due to elections or deemed elections 0 13,594  13 aleance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 105,000  Fartilli Funding Percentages  14 Funding Percentages  15 Adjusted funding target atteinment percentage					. 1			866					
13 Balance at beginning of current year (filine 9 + line 10 + line 11d - line 12)		U Portioi	1 OT (C) TO	be added to pretu	nding bata	ance						·	
Part       Funding Percentages   14   Funding Percentage   15   A   20.05%     15   Adjusted funding target attainment percentage   15   102.02%     16   Prior year's funding premating for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.   16   81.51%     17   If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.   17   %     Part   V   Contributions and Liquidity Shortfalls     18   Contributions made to the plan for the plan year by employer(s) and employees:     (a) Deta	_12	Other red	ductions i	n balances due to	elections	or deemed elections			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
14 Funding target attainment percentage	13	Balance	at beginn	ing of current year	(line 9 + l	line 10 + line 11d – line 12)	·····			0			105,00
15 Adjusted funding target stainment percentage	F	art III	Fun	ding Percenta	ges	<u> </u>	-						<u>-</u> <u>-</u> -
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.  17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.  17 %  ParkIV Contributions and Liquidity Shortfalls  18 Contributions made to the plan for the plan year by employer(s) and employees:  (a) Date (b) Amount paid by employer(s) and employees:  (b) Amount paid by employer(s) emplo	14	Funding	target att	ainment percentag	e			***************************************				14	80.05%
year's funding requirement:	15					<del>`</del>						15	102.029
Part													
18 Contributions made to the plan for the plan year by employer(s) and employees  (MA) Date (MA	17	If the cur	rent valu	e of the assets of t	he plan is	less than 70 percent of the f	unding tar	get, enter su	ch percentage			17	9
(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (d) Amount paid by employer(s) (e) Amoun	F	art IV	Con	tributions and	l Liquid	ity Shortfalls				•			
(MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s) employees    MM-DD-YYYYY   employer(s) employees   employer(s)   employer(s)   employees	18	Contribu	tions mad	de to the plan for th	e plan ye	ar by employer(s) and emplo	yees:		* .				
Totals ► 18(b) 0 18(c) 0  19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 0  b Contributions made to avoid restrictions adjusted to valuation date 19b 0  c Contributions allocated toward minimum required contributions from prior years. 19a 0  c Contributions adjusted to valuation date 19b 0  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0  20 Quarterly contributions and liquidity shortfalls:					1					l by	(c)		
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years	(	VIIVI-UU-Y	111)	employer(	5)	employees	(IVIIVI-D	<i>I</i> U-111)	employer(s)			empi	луссь
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years										-			
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years			•				<del></del>			•			
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years								,				÷.	
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years							<u> </u>						
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years												<del> </del>	•
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years					·			1				•	
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years		•	<del></del>										
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Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years													
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years					• • •						<u>.</u>		· · · · · · · · · · · · · · · · · · ·
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years			• •										
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years													
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years													
a Contributions allocated toward unpaid minimum required contributions from prior years		200		Security California			Totals I	18(b)		.0	18(c)		
Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:  a Contributions allocated toward unpaid minimum required contributions from prior years													
a Contributions allocated toward unpaid minimum required contributions from prior years	**							1 1 2	I	,	10(6)		
b Contributions made to avoid restrictions adjusted to valuation date  c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19					•				- 1			
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
Quarterly contributions and liquidity shortfalls:  a Did the plan have a "funding shortfall" for the prior year?													
a Did the plan have a "funding shortfall" for the prior year?		<b>C</b> Contri	butions al	llocated toward mini	mum requ	ired contribution for current year	ar adjusted	to valuation o	late19	9 <b>c</b>	ualde solal soler	√349kZ\$in;:+62€5	David Salver Salver Service
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No  c If line 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year	20		-					•			167,83		秦新秦斯山
C If line 20a is "Yes," see instructions and complete the following table as applicable:  Liquidity shortfall as of end of quarter of this plan year													Yes X N
Liquidity shortfall as of end of quarter of this plan year		<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	500-54-6-3-3-3-5-4-4-4-0-5-5-4-4-4-0-5-5-4-4-4-0-5-5-4-4-4-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4												
(1) 1st (2) 2nd (3) 3rd (4) 4th							of quarte		·			45	
			(1) 1s	st		(2) 2nd		(3)	3rd		(	4) 4t	<u>.</u> .

	art V Assumpt	ions Used to Determine	Funding Target and Tar	get Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 4 . 1 6 %	2nd segment: 5.72 %	3rd segment: 6.48%		☐ N/A, full yi	eld curve used
	<b>b</b> Applicable month (e	enter code)			21b		4
22	Weighted average reti	rement age			22		62
23	Mortality table(s) (see	instructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	te	
R	art VI Miscellane	eous Items					
24	· ·		arial assumptions for the current p	•			
25	Has a method change	been made for the current plan	year? If "Yes," see instructions	egarding required attach	ment		Yes X No
26	is the plan required to	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ttachment		Yes X No
27			applicable code and see instruct		27		
P	art VII Reconcil	iation of Unpaid Minimu	ım Required Contributior	s For Prior Years			
28	Unpaid minimum requ	ired contributions for all prior ye	ears		28		0
29			inpaid minimum required contribu		29		0
30	Remaining amount of	30	-	0			
Pi	art VIII   Minimum	Required Contribution	For Current Year			."	
31	Target normal cost ar	nd excess assets (see instructio	ns):				
	a Target normal cost (	31a		0			
	<b>b</b> Excess assets, if ap	31b		. 0			
32	Amortization installme	•		Outstanding Bala	nce	Insta	allment
	a Net shortfall amortiz	ration installment			5,307		23,800
			.,	<u> </u>	0		0
33		pproved for this plan year, ente Day Year	r the date of the ruling letter gran ) and the waived amount		33		
34	Total funding requiren	nent before reflecting carryover	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34		23,800
			Carryover balance	Prefunding balar	nce	Total	balance
35		use to offset funding	(	)	23,800		23,800
36	Additional cash requir	ement (line 34 minus line 35)			- 36		.0.
37			tribution for current year adjusted		37		0
38	Present value of exce	ss contributions for current year	(see instructions)				
	a Total (excess, if any	, of line 37 over line 36)			38a		0
	<b>b</b> Portion included in I	ine 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b		. 0
39	Unpaid minimum requ	ired contribution for current yea	r (excess, if any, of line 36 over li	ne 37)	39		0
40	Unpaid minimum requ	ired contributions for all years.			40		. 0
Pa	rt IX Pension	Funding Relief Under I	Pension Relief Act of 201	O (See Instructions	;)		
41	If an election was mad	de to use PRA 2010 funding reli	ef for this plan:			·	
	a Schedule elected				<u>_</u>	2 plus 7 years	15 years
	<b>b</b> Eligible plan year(s)	) for which the election in line 4	a was made		200	08 2009 2	2010 2011
42	Amount of acceleratio	n adjustment			42		
43	3 Excess installment acceleration amount to be carried over to future plan years						

Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

Plan Effective Date January 1, 2010

Plan Year From January 1, 2017 to December 31, 2017

**Eligibility** All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion

of the following requirements:

1 year of service Minimum age 18

**Normal Retirement Age**All participants are eligible to retire with their full retirement

benefit on the later of the following:

Attainment of age 62

Completion of 5 years of participation from entry date

**Normal Retirement Benefit**Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Group 1:

0 (zero) percent of compensation for all eligible participants

Group 2:

0 (zero) percent of compensation for all eligible participants

The maximum monthly benefit is the lesser of \$17,916.66 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire.

**Normal Form of Benefit** A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit, calculated based on

average salary on the calculation date. The numerator of the fraction is equal to the participant's credited years earned on the

calculation date, and the denominator is equal to the

participant's total projected credited years at normal retirement.

Credited years are plan years from the first day of the plan year

containing date of entry excluding the following:

Years with less than 1 hour of service

**Termination Benefit** Upon termination for any reason other than death or retirement

a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the

following vesting schedule:

<u>Credited Years</u> <u>Vested Percent</u>

Summary of Plan Provisions Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date Years with less than 1,000 hours

**Top-Heavy Minimum Benefit** Top-heavy minimum benefits are provided under another plan of

the employer

**Top-Heavy Status** A plan is top-heavy if over 60% of the value of all accrued

benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the

company. This plan is currently top-heavy.

**Death Benefit** Actuarial Equivalent of the accrued benefit earned to date of

death

Shortfall Amortization Plan Year: 1/1/2017 to 12/31/2017 Valuation Date: 1/1/2017

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

Valuation Date	Amortization <u>Method</u>	Number of Future <u>Installments</u>	<u>Installment</u>	Value of Future <u>Installments</u>
01/01/2012	7-year	2	\$3,493	\$6,846
01/01/2013	7-year	3	\$10,286	\$29,643
01/01/2015	7-year	5	\$(1,762)	\$(8,136)
01/01/2016	7-year	6	\$6,711	\$36,061
01/01/2017	7-year	7	<u>\$5,072</u>	\$30,893
Total			\$23,800	\$95,307