| Form 5500- | SF Short Form Anr | nual Return/Repor Benefit Plan | t of Small Employee | OMB Nos. 1210-0110 1210-0089 |
|--|---|-----------------------------------|--|---|
| Department of the Treas Internal Revenue Servic | | | 4065 of the Employee Retirement | 2017 |
| Department of Labor Employee Benefits Security Adm | Income Security Act of 19 | | 057(b) and 6058(a) of the Internal | This Form is Open to |
| Pension Benefit Guaranty Cor | Complete all entries | in accordance with the ins | tructions to the Form 5500-SF. | Public Inspection |
| Part I Annual R | eport Identification Information | | | |
| For calendar plan year 20 | 01/0 or fiscal plan year beginning 01/0 | 01/2017 | and ending 12/31/2017 | |
| A This return/report is for | | list of participating e | olan (not multiemployer) (Filers che employer information in accordance | - |
| | a one-participant plan | a foreign plan | | |
| B This return/report is | the first return/report | the final return/repor | t | |
| | an amended return/report | a short plan year ret | urn/report (less than 12 months) | |
| C Check box if filing unc | der: X Form 5558 | automatic extension | DFVC | program |
| | special extension (enter de | escription) | | |
| Part II Basic Pla | In Information—enter all requested | l information | | |
| 1a Name of plan | | | 1b Thr | |
| HEALTHWELL MEDICAL, | PC DEFINED BENEFIT PLAN | | | n number N) ▶ 001 |
| | | | | ective date of plan |
| | · · · · · · · · · · | <u>``</u> | | 01/01/2015 |
| | e (employer, if for a single-employer plan ude room, apt., suite no. and street, or l | | 20 Em (Eli | ployer Identification Number N) 20-1781499 |
| City or town, state or HEALTHWELL MEDICAL F | province, country, and ZIP or foreign p | ostal code (if foreign, see in | structions) | onsor's telephone number 718-445-4902 |
| | | | 2d Bus | siness code (see instructions) |
| 8533 BELL BLVD HOLLIS HILLS, NY 11427 | | | | 621111 |
| 3a Plan administrator's | name and address $\overline{	imes}$ Same $$ as Plan S | ponsor. | 3b Adr | ninistrator's EIN |
| | | | 3c Adr | ninistrator's telephone number |
| 4 If the name and/or E | IN of the plan sponsor or the plan name | has changed since the last | return/report filed for 4b EIN | 1 |
| this plan, enter the p | plan sponsor's name, EIN, the plan nam | 0 | the last return/report. | |
| a Sponsor's namec Plan Name | | | 4d PN | |
| 5a Total number of part | icipants at the beginning of the plan yea | ar | 5a | 1 |
| | icipants at the end of the plan year | | | 2 |
| C Number of participar | nts with account balances as of the end | of the plan year (only define | ed contribution plans 5c | |
| · / | ative participants at the beginning of the | | | 1 |
| ., | ctive participants at the beginning of the ctive participants at the end of the plan | | | 2 |
| ., | nts who terminated employment during | | appofite that ware loss | 2 |
| than 100% vested | | | Je | |
| Under penalties of perjury SB or Schedule MB comp | he late or incomplete filing of this ret y and other penalties set forth in the ins pleted and signed by an enrolled actuar | tructions, I declare that I have | e examined this return/report, inclu | ding, if applicable, a Schedule |
| belief, it is true, correct, aSIGNFiled with aut | na complete. thorized/valid electronic signature. | 07/30/2018 | FEI WANG | |
| HERE | f plan administrator | Date | Enter name of individual signing | n as plan administrator |
| | thorized/valid electronic signature. | 07/30/2018 | FEI WANG | y ao pian aoministrat01 |
| HERE | f employer/plan sponsor | Date | Enter name of individual signing | a as employer or plan sponsor |
| | Act Notice, see the Instructions for Form 5 | | | Form 5500-SF (2017) |

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| | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility | an indepei | ndent qualified public a | accounta | ant (IQ | PA) | | X Yes Xes | No No |
|----|---|----------------------------|---|-----------|---------|---------|------------------|------------|-------|
| с | If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from th | nsurance p | rogram (see ERISA se | ection 40 | 021)? | | Yes 🗙 No | Not determ | |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | of Year | | | (b) End | of Year | |
| a | Total plan assets | 7a | 42 | 25617 | | | | 568037 | |
| b | Total plan liabilities | 7b | | 0 | | | | 0 | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 42 | 25617 | | | | 568037 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) 1 | otal | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 10 | 05036 | | | | | |
| | (2) Participants | 8a(2) | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | | 37384 | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 142420 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 142420 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension $1A$ 1D 3D | feature co | des from the List of Pla | an Char | acteris | stic Co | des in the inst | ructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | cterist | ic Cod | es in the instru | uctions: | |
| Pa | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| а | Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V | | | | | | | | |
| | Program) | • | | 10a | | Х | | | |
| k | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | x | | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | | х | | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | Х | | | |
| e | 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.) | ner person ne or all of | s by an insurance the benefits under | 10u | | x | | | |
| f | | | | 10f | | Х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | | | 10g | | Х | | | |

| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | |
|---|---|-----|--|--|
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | |

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| Part | VI | Pension Funding Compliance | | | | | | |
|------|-------|---|-----------------|----------------|-----|-----------------------|-------|------|
| 11 | | is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below) | complete Scho | edule S | зB | × | Yes | No |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | 0 |
| 12 | ERI | his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | ode or sectior | n 302 o | f | | Yes | X No |
| а | lf a | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver. | | l enter Day | | of the lett _ Year | | ng |
| lf | you d | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | | | | |
| b | Ente | r the minimum required contribution for this plan year | | 12b | | | | |
| С | Ente | the amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount) | | 12d | | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N | /A |
| Part | VII | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted in any plan year? | | | Yes | XI | No | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC? | ght under the | |] [| Yes | X No | |
| С | | uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.) | ify the plan(s) | to | | | | |
| 1 | 3c(1 |) Name of plan(s): | 13c(2) | EIN(s) | | 13c(| 3) PN | (s) |
| | | | | | | | | |

| | 80U | EDULE SI | D | Single Fr | | or Define | | fi | t Dian | | | OMB | No. 1210-011 | 0 |
|--------|------------------------------------|--|-----------------------------------|--|--------------|-------------------------------------|-----------|----------|--------------|---------|--------|-------------|------------------------|------------------------|
| | | orm 5500) | Б | Single-Em م | | ial Inform | | | l Pian | | | | | |
| | • | ment of the Treasury | | ~ | cluar | | alloi | • | | | | | 2017 | |
| | Intern | al Revenue Service | | This schedule is rec | | | | | | | | | | |
| | | partment of Labor efits Security Admini | istration | Retirement Income S | | Act of 1974 (ERI evenue Code (th | | | on 6059 of t | he | Tł | | is Open to spection | Public |
| | Pension Ber | nefit Guaranty Corpor | ration | | | hment to Form | , | | -SF. | | | 113 | spection | |
| Fo | r calendar p | lan year 2017 o | or fiscal plar | | 1/01/2017 | | | | and ending | 12/3 | 31/201 | 17 | | |
| | | amounts to ne | | | | | | | | | | | | |
| - | | | 00 will be a | assessed for late filing of | this repo | ort unless reasor | nable cau | 1 | established | | | | | |
| | Name of pla | | | ED BENEFIT PLAN | | | | В | Three-dig | | 1 | • | 001 | |
| | | | | | | | | | plan numl | ber (PN |) | • | 001 | |
| | | | | | | | | | | | | | | |
| | • | or's name as she | | 2a of Form 5500 or 550 | 0-SF | | | D | Employer I | | | ` | EIN) | |
| | HEALIHVE | | | | | | | | | 20-178 | 31499 | | | |
| E · | Type of plan | X Single | Multiple-A | A Multiple-B | | F Prior year pla | an size: | × 100 |) or fewer | 101- | 500 | More th | nan 500 | |
| | | Basic Inform | | | | | | | | | | | | |
| 1 | | valuation date: | auon | Month <u>12</u> D | ay <u>31</u> | Year 20 |)17 | | | | | | | |
| 2 | Assets: | valuation date. | | | uy <u> </u> | 1001 <u></u> | | - | | | | | | |
| | a Market | value | | | | | | | | 2a | | | | 473092 |
| | b Actuari | al value | | | | | | | | 2b | | | | 473092 |
| 3 | Funding t | arget/participan | t count brea | akdown | | | · · · | Numb | | . , | | unding | | I Funding |
| | a For reti | red participants | and benefi | ciaries receiving paymer | nt | | • | articipa | | | Targe | et0 | Ta | rget 0 |
| | | | | S | | | | | 0 | | | 0 | | 0 |
| | | | · · | | | | | | 2 | | | 420196 | | 420196 |
| | | | | | | | | | 2 | | | 420196 | | 420196 |
| 4 | | | | the box and complete lin | | | 1 [| | _ | | | 120100 | L | .20100 |
| | | | | ribed at-risk assumption | . , | | L | | | 4a | | | | |
| | - | | 0. | sumptions, but disregard | | | | | | 4b | | | | |
| | | | | onsecutive years and dis | | | | | | | | | | 0/ |
| 5 6 | _ | | | | | | | | | 5 | | | | 5.86 % |
| | 0 | Enrolled Actua | | | | | | | | 0 | | | | 140796 |
| | To the best of r accordance wit | ny knowledge, the in h applicable law and | formation supp regulations. In | lied in this schedule and accomp my opinion, each other assumpt experience under the plan. | | | | | | | | | | |
| | SIGN HERE | | | | | | | | | | | 07/26/201 | 8 | |
| | | | Siç | gnature of actuary | | | | | | | | Date | | |
| Т | HEODORE | ANDERSEN, N | Л.А.А.А., М | SPA | | | | _ | | | | 17-0203 | 4 | |
| | | | Туре о | r print name of actuary | | | | | | Most | recent | t enrollme | nt number | |
| F | PENSION AS | SSOCIATES | | | | | | _ | | | 2 | 03-356-03 | 306 | |
| | 001 WEST | MAIN ST. | | Firm name | | | | | Tel | ephone | numl | per (incluc | ding area co | ode) |
| | UITE 230 TAMFORD | , CT 06902 | | | | | | | | | | | | |
| | | | A | ddress of the firm | | | | | | | | | | |
| | e actuary ha uctions | s not fully reflec | cted any reg | gulation or ruling promulo | gated und | der the statute in | o complet | ting th | is schedule | , check | the b | ox and se | e | |
| Fo | r Paperwor | k Reduction A | ct Notice, s | see the Instructions for | Form 55 | 500 or 5500-SF. | | | | | S | chedule S | SB (Form 5 | 500) 2017 v. 170203 |

| P | art II | Begir | nning of Year | Carryov | er and Prefunding Bal | lances | | | | | | | |
|----|---------------------------|---------------------|----------------------------|--------------|---|----------------------------|---------------|----------------------------|-------|--------------|-----------------|------------------|--------|
| _ | | | | | | | (a) Ca | arryover balance | | (b) P | refundir | ng bala | ance |
| 7 | | 0 | 0, , | | able adjustments (line 13 from | | | (|) | | | | 0 |
| 8 | | | | , | nding requirement (line 35 fro | | | (|) | | | | 0 |
| 9 | Amount | remaining | g (line 7 minus line | 8) | | | | (|) | | | | 0 |
| 10 | Interest | on line 9 (| using prior year's a | actual retui | rn of <u>5.46 %</u> | | | (|) | | | | 0 |
| 11 | Prior yea | ar's exces | s contributions to | be added t | to prefunding balance: | | | | | | | | |
| | a Prese | nt value o | f excess contributi | ons (line 3 | 88a from prior year) | | | | | | | 13 | 3543 |
| | | | | | a over line 38b from prior year interest rate of 5.17% | | | | | | | | 0 |
| | • • | | | | dule SB, using prior year's ac | ctual | | | | | | | 0 |
| | C Total a | vailable a | t beginning of curre | nt plan yea | ar to add to prefunding balance | | | | | | | 13 | 3543 |
| | d Portio | n of (c) to | be added to prefu | inding bala | ance | | | | | | | | 0 |
| 12 | Other re | ductions i | in balances due to | elections | or deemed elections | | | (|) | | | | 0 |
| | | | | | line 10 + line 11d – line 12) | | | (| | | | | 0 |
| | Part III | | ding Percenta | | | | | | · | | | | |
| | | | - | • | | | | | | | 14 | 1 | 12.58% |
| | - | - | | - | | | | | | | 15 | | 03.11% |
| | Prior yea | ar's fundir | ng percentage for p | ourposes c | of determining whether carryo | ver/prefundir | ng balance | s may be used to | | | 16 | | 13.18% |
| 17 | | 0 | | | less than 70 percent of the fu | | | | | | 17 | | % |
| | Part IV | | tributions and | - | | | , | | | | | · | 70 |
| 18 | Contribu | tions mad | de to the plan for th | ne plan yea | ar by employer(s) and employ | /ees: | | | | | | | |
| (| (a) Dat MM-DD-Y | | (b) Amount pa employer(| | (c) Amount paid by employees | (a) Da (MM-DD-) | | (b) Amount pa employer(| | (c | Amou (emplo | nt paid oyees | by |
| 1 | 2/11/201 | 7 | | 105036 | 0 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | <u> </u> | | | Totals ► | 18(b) | | 10503 | 36 18(c) | | | 0 |
| 19 | Discourt | ad ample | wer contributions | - soo inetri | uctions for small plan with a v | | . , | peginning of the s | | | <u> </u> | | 0 |
| 15 | | | - | | num required contributions fro | | | <u>-</u> | 19a | | | | 0 |
| | _ | | | • | usted to valuation date | | | | 19b | | | | 0 |
| | | | | | red contribution for current year | | | | 19c | | | 10 | 5364 |
| 20 | | | itions and liquidity | | | | | | | | | 10 | |
| -• | | | | | e prior year? | | | | L | | Π | Yes | X No |
| | | | - | | installments for the current ye | | | | | | | Yes | No |
| | C If line | 20a is "Y | es," see instructior | ns and con | nplete the following table as a | pplicable: | | | | | | | |
| | | (4) 4 | | | Liquidity shortfall as of end | of quarter of | · · · · | | | | (4) 41 | | |
| | | (1) 1s ⁻ | t | | (2) 2nd | | (3) 3 | Brd | | (| (4) 4th | <u> </u> | |

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| P | art V | Assumpti | ons Used to Determine | e Funding Target and Tar | get Normal Cost | | | | | | |
|----|-------------------|-------------------|------------------------------------|---|----------------------------|-----------|-------------|-------------|---------|-------|-------|
| 21 | Discount | rate: | | | | | | | | | |
| | a Segm | ent rates: | 1st segment: 4.16% | 2nd segment: 5.72% | 3rd segment: 6.48 % | | | N/A, ful | yield | curve | used |
| | b Applica | able month (er | nter code) | | | 21b | | | 0 | l. | |
| 22 | Weighted | d average retire | ement age | | | 22 | | | 65 | i. | |
| 23 | Mortality | table(s) (see i | instructions) X Pres | cribed - combined | cribed - separate | Substi | tute | | | | |
| Pa | art VI | Miscellane | ous Items | | | | | | | | |
| 24 | Has a ch | ange been ma | de in the non-prescribed actua | arial assumptions for the current p | olan year? If "Yes," see i | nstructio | ns re | garding re | quired | I | |
| | attachme | ent | | | | | | | | Yes | X No |
| 25 | Has a me | ethod change b | been made for the current plar | year? If "Yes," see instructions | regarding required attach | nment | | | | Yes | X No |
| 26 | Is the pla | in required to p | provide a Schedule of Active P | articipants? If "Yes," see instruct | ions regarding required a | attachme | nt | | | Yes | X No |
| 27 | | • | 3 | r applicable code and see instruct | 0 0 | 27 | | | | | |
| Pa | art VII | Reconcilia | ation of Unpaid Minim | um Required Contribution | ns For Prior Years | | | | | | |
| 28 | Unpaid m | ninimum requir | red contributions for all prior ye | ears | | 28 | | | | | 0 |
| 29 | | | | Inpaid minimum required contribu | | 29 | | | | | 0 |
| 30 | Remainir | ng amount of u | Inpaid minimum required conti | ibutions (line 28 minus line 29) | | 30 | | | | | 0 |
| Pa | art VIII | Minimum | Required Contribution | For Current Year | | | | | | | |
| 31 | Target n | ormal cost and | d excess assets (see instructio | ns): | | | | | | | |
| | a Target | normal cost (lii | ne 6) | | | 31a | | | | 140 |)796 |
| | b Excess | s assets, if app | licable, but not greater than lir | ne 31a | | 31b | | | | 52 | 2896 |
| 32 | Amortiza | tion installmen | its: | | Outstanding Bala | ince | | In | stallm | ent | |
| | a Net she | ortfall amortiza | ation installment | | | 0 | | | | | 0 |
| | b Waiver | r amortization i | installment | | | 0 | | | | | 0 |
| 33 | | | | r the date of the ruling letter gran) and the waived amount | | 33 | | | | | |
| 34 | Total fun | ding requireme | ent before reflecting carryover | prefunding balances (lines 31a - | 31b + 32a + 32b - 33) | 34 | | | | 87 | 7900 |
| | | | | Carryover balance | Prefunding balar | nce | | Tot | al bala | ance | |
| 35 | | | se to offset funding | 0 | | 0 | | | | | 0 |
| | • | | | 0 | | 0 | | | | 07 | 0 |
| 36 | | | · · · · | | | 36 | + | | | 87 | 7900 |
| 37 | | | | tribution for current year adjusted | | 37 | | | | 105 | 5364 |
| 38 | Present v | value of excess | s contributions for current year | r (see instructions) | | | | | | | |
| | | | | | | 38a | | | | 17 | 7464 |
| | b Portion | n included in lin | ne 38a attributable to use of pr | efunding and funding standard ca | rryover balances | 38b | | | | | 0 |
| 39 | Unpaid m | ninimum requir | red contribution for current yea | r (excess, if any, of line 36 over li | ne 37) | 39 | _ | | | | 0 |
| 40 | • | | | | | 40 | | | | | 0 |
| Pa | rt IX | Pension | Funding Relief Under I | Pension Relief Act of 201 | 0 (See Instructions | 5) | | | | | |
| 41 | If an elec | tion was made | e to use PRA 2010 funding reli | ef for this plan: | | | | | | | |
| | a Schedu | ule elected | | | | | 2 p | olus 7 yeai | s | 15 y | /ears |
| | b Eligible | e plan year(s) f | for which the election in line 41 | a was made | | 2 | 2008 | 2009 | 2010 | э 🗌 : | 2011 |
| 42 | Amount c | of acceleration | adjustment | | | 42 | | | | | |
| 43 | Excess in | stallment acce | eleration amount to be carried | over to future plan years | | 43 | | | | | |

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| Form 5500-SF Department of the Treasury Internal Revenue Sarvice | Short Form Annual | Return/Repo Benefit Plan | rt of Smali Empl | оуее | OMB Nos. 1210-0110 1210-0089 |
|---|---|--|--|---|--|
| | This form is required to be Retirement income Security A | filed under sections 1 | 04 and 4065 of the Empl | - | 2017 |
| Department of Labor Employee Benefits Security Administral Pension Benefit Guaranty Corporatio | tion the Intr | ernal Revenue Code | nd section 6057(b) and 6 (the Code). | 058(a) of | This Form is Open to Public |
| 100 million and a second s | Complete all entries in acc rt identification Information | ordance with the in | structions to the Form a | 500-SF. | Inspection |
| For calendar plan year 2017 or | | | | | |
| | x a single-employer plan | 01/01/201 | | | 31/2017 |
| A This return/report is for:B This return/report is: | a one-participant plan the first return/report | a foreign plan the final return/rep | ert | n accordanc | ecking this box must attach e with the form instructions.) |
| C Check box if filing under: | an amended return/report | | eturn/report (less than 12 | months) | |
| Check box if ming under: | x Form 5558 | automatic extension | n | [] (| DFVC program |
| Part I Basic Plan Int | | | | <u> </u> | |
| 1a Name of plan | formation enter all requested int | formation | | | |
| | l, PC Defined Benefit Plan | ì | | 1b Thr piar (PN | n number |
| | | | | 1c Effe | ctive date of plan |
| maining Audress (ii)Clude ra | bloyer, if for a single-employer plan) bom, apt., suite no. and street, or P.O. | Box) | | 2b Em | 01/2015 ployer Identification Number |
| Healthwell Medical | ince, country, and ZIP or foreign postal | code (if foreign, see i | nstructions) | (EIN |) 20-1781499 |
| | | | | (71 | nsor's telephone number .8) 445-4902 |
| 8533 Bell Blvd | | | | 2d Bus 621 | iness code (see instructions) |
| US Hollis Hills NY 1142 | 7 | | | | |
| Ua Plan administrator's name a | and address 🔀 Same as Plan Spons | ior | | 3b Adm | inistrator's EIN |
| | | | | 3c Adm | inistrator's telephone number |
| 4 if the name and/or EIN of th this plan, enter the plan spo | ne plan sponsor or the plan name has c onsor's name, EIN, the plan name and | changed since the las | t return/report filed for | 4b EIN | |
| a Sponsor's name | and have and | the plan number from | the last return/report. | | |
| C Plan Name | | | | 4d PN | |
| 5a Total number of participants | at the beginning of the plan year | *** | | | |
| and a second a se | al ure erio of the high vegr | | | <u>5a</u> 5b | 1 |
| | account balances as of the end of the | | | 50 5c | 2 |
| d(1) Total number of active par | ticipants at the beginning of the plan ye | | | ├ ── ─ ┤ - | |
| d(2) Total number of active par | ticipants at the end of the plan year | | | 5d(1) | 1 |
| e Number of participants who t | terminated employment during the plan | Vest with secured by | | 5d(2) | 2 |
| Caution: A penalty for the late | or incomplete filing of this return/re | nort will be - | | 5e | |
| Under penalties of perjury and of SB or Schedule MB completed a pelief, it is true, correct, and com | ther penalties set forth in the instruction nd signed by an enrolled actuary, as w plete. | port will be assesse is, I declare that I have ell as the electronic v | d unless reasonable ca re examined this return/re ersion of this return/report | use is estab port, includir t, and to the | lished. ng, if applicable, a Schedule best of my knowledge and |
| | 6 | ····· | T | | |
| HERE Signature of plan adm | inistrator | 7/3 <i>0/18</i> Date | Fei Wang | | |
| sign | 6 | 7/30/18 | Enter name of individua | l signing as | olan administrator |
| HERE Signature of employer | /plan sponsor | Date | Fei Wang | | |

Date

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

Page 2

X Yes No

| | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno | nd conditio | ons.) | ••••• | •••••• | , , | | X Yes No | D |
|----|---|--------------|-----------------------------|--------------|---------|--------|----------|-------------------|-----|
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA sectio | n 402 | 21)? | [| Yes | | ned |
| | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC pr | emium filing for this year | | | | | (See instructions | .) |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of | Yea | r | | | (b) End of Year | |
| a | Total plan assets | 7a | 42 | 5,6 | 17 | | | 568,037 | |
| b | Total plan liabilities | 7b | | | 0 | | | 0 | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 42 | 5,6 | 17 | | | 568,037 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | | (b) Total | |
| | Contributions received or receivable from: | 0-(1) | 10 | 5 0 | 26 | | | | |
| | (1) Employers | 8a(1) | 10 | 5,0 | 30 | | | | |
| | (2) Participants | 8a(2) | | | | | | | _ |
| | (3) Others (including rollovers) | 8a(3) | 2 | 7 2 | 0.4 | | | | _ |
| | Other income (loss) | 8b | 3 | 7,3 | 84 | | | | _ |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | 142,420 | _ |
| | to provide benefits) | 8d | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 142,420 | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| | rt IV Plan Characteristics | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension fe | eature cod | es from the List of Plan Cl | harac | teristi | c Cod | es in th | e instructions: | |
| -+ | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fea | ature code | s from the List of Plan Cha | aracte | eristic | Code | s in the | instructions: | |
| | | | | | | | | | |
| Pa | rt V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | Amount | |
| а | Was there a failure to transmit to the plan any participant contribu | | | | | | | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's Vo | oluntary Fig | | | | v | | | |
| | Program) | 2 (Do pot i | | 10a | | X | | | |
| b | reported on line 10a.) | • | | 10b | | x | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | x | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity bor | nd, that was caused | 10d | | x | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | ner person | s by an insurance | | | | | | |
| | carrier, insurance service, or other organization that provides som the plan? (See instructions.) | | | 10e | | x | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 1 0 f | | х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | 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 2520.101 | | | 10i | | | | | |
| | | | | | | 1 | | | |

Form 5500-SF 2017

Page **3 -**

| Part | : VI | Pension Funding Compliance | | | | | | | |
|------|----------|---|----------------|---------|-----|----------|----------------|--------|----|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below) | | | SB | x | Yes [| | No |
| 11a | Enter t | he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | ••••• | 11a | | | | | 0 |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the C | | on 302 | of | | Yes [| x I | No |
| | | es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | 1 | | |
| а | | iver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver | structions, a | nd ente | | e of the | | ruling | 1 |
| lf y | ou com | pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | | | | | |
| b | Enter t | he minimum required contribution for this plan year | | 12b | | | | | |
| С | Enter t | he amount contributed by the employer to the plan for the plan year | | 12c | | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the remount) | e left of a | 12d | | | | | |
| е | Will the | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes |] No | | N/A | |
| Part | : VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Yes | X | No | | |
| _ | If "Yes | " enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC? | 0 | | | Yes | X N | lo | |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden assets or liabilities were transferred. (See instructions.) | tify the plan(| s) to | | | | | |
| 1: | 3c(1) Na | ame of plan(s): | 13c(2) El | N(s) | | 13 | c(3) PN | ۱(s) | |
| | | | | | | | | | |

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

Healthwell Medical PC Defined Benefit Plan 20-1781499 / 001 For the plan year 01/01/2017 through 12/31/2017

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

Healthwell Medical PC Defined Benefit Plan

20-1781499 / 001

For the plan year 01/01/2017 through 12/31/2017

Valuation Date: 12/31/2017

| | Date | Amount | Adjusted Contribution | Adjusted Prior Year Contribution | Adjusted Quarterly | Effective Rate | Penalty Rate |
|------------------------------------|------------|-----------|--------------------------|--|-----------------------|-------------------|-----------------|
| Deposited Contribution | 12/11/2017 | \$105,036 | | | | | |
| Applied to Additional Contribution | 12/31/2017 | 17,410 | 17,464 | 0 | 0 | 5.86 | 0 |
| Applied to MRC | 12/31/2017 | 87,626 | 87,900 | 0 | 0 | 5.86 | 0 |
| Totals for Deposited Contribution | | \$105,036 | \$105,364 | \$0 | \$0 | | |

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Healthwell Medical PC Defined Benefit Plan

20-1781499 / 001

For the plan year 01/01/2017 through 12/31/2017

| | • | , | | | | |
|---------------------------------|--|-----------------------------------|-----------------|---|----------------|-----------|
| Valuation Date: | 12/31/2017 | | | | | |
| Funding Method: | As prescribed in IR | | | | | |
| Age | - Eligibility age at las | st birthday and | d other ages | at last birthday | | |
| Retrospective Compensation | - Highest 3 consecu | tive years of s | service | | | |
| | - Assumed form of p | • | | Annuity | | |
| | | 4 . Y | | | (0,),), 0 | |
| Interest Rates | Segment rates for permitted under IR | the Valuation D C 430(h)(2)(C) | Jate as | Segment rates as permitted under IF HATFA | | |
| | Segment # | Year | Rate % | Segment # | Year | Rate % |
| | Segment 1 | 0 - 5 | 1.79 | Segment 1 | 0 - 5 | 4.16 |
| | Segment 2 | 6 - 20 | 3.70 | Segment 2 | 6 - 20 | 5.72 |
| | Segment 3 | > 20 | 4.56 | Segment 3 | > 20 | 6.48 |
| Pre-Retirement - | Mortality Table - | None | | | | |
| | Early Retirement T | able - None | | | | |
| | Turnover Table - | None | | | | |
| | Disability Table - | None | | | | |
| | Salary Scale - | None | | | | |
| | Expense Load - | None | | | | |
| | Ancillary Ben Load | - None | | | | |
| Post-Retirement - | Mortality Table - | 17C - 2 | 2017 Combir | ned | | |
| | Cost of Living - | None | | | | |
| Asset Valuation Method: | Fair market value o | of assets adju | sted for cont | ributions under IR0 | C 430(g)(4) | |
| Discrimination Test Assumption | | | | | | |
| HCE Determination - | | - | | | | |
| Otherwise Excludable - | Otherwise Excluda | ble HCEs are | e included wit | h the Not Otherwis | se Excludable | employees |
| 410(b)/401(a)(4) Testing: | | | | | | |
| Pre-Retirement - | Interest - | 8.5% | | | | |
| Post-Retirement - | | 8.5% | | | | |
| | Mortality Table - | U84 - 1984 | Unisex | | | |
| Permissively Aggregated Plans - | Tested as a Single | Plan | | | | |
| Compensation - | Use average comp | ensation to c | alculate the b | enefit accrual rate | (annual meth | iod) |
| Testing Age - | Normal retirement | age or attaine | ed age, if olde | er | | |
| Testing Service - | Separate benefiting | g service for [| DC and for D | B for Accrued-to-D | ate Method | |
| Normal Form for MVAR - | Joint with 50% Sur | vivor Benefits | 5 | | | |
| 401(a)(26) Testing: | | | | | | |
| Compensation - | Use current compe | ensation to ca | Iculate the be | enefit accrual rate | for 401(a)(26) | |
| Testing Age - | Normal retirement | age or attaine | ed age, if olde | er | | |
| | | | - | | | |

Schedule SB, Part V Summary of Plan Provisions

Healthwell Medical PC Defined Benefit Plan

20-1781499 / 001

For the plan year 01/01/2017 through 12/31/2017

| Employer: Type of Entity - | | 7-4344611 Plan #: 001 Plan Type: Defined Benefit | | | | |
|-------------------------------|---|--|--|--|--|--|
| <u>Dates:</u> | Effective - 01/01/2015 Year end - 12/31/2017 Valuation - 12/31/2017 Top Heavy Years - 2016, 2017 | | | | | |
| 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 Be | enefit accrual - 500 Vesting - 1000 | | | | |
| Plan Entry - | First day of 1st or 7th month | of plan year on or next following eligibility satisfaction | | | | |
| | Attainment of age 62 and cor Not provided | npletion of 10 years of participation | | | | |
| Average Compensation: | Highest 3 consecutive years | of service | | | | |
| Top Heavy Minimum Benefit - | Highest 5 consecutive top he | avy years of participation | | | | |
| Plan Benefits: Retirement - | Derived from the graded ben | efit formula below rounded to the nearest dollar: | | | | |
| | Employee Classification | Benefit Formula | | | | |
| | 001 10% of average compensation per year of service before 12/31/2016 beginn year 1 limited to 3 year(s) plus 2% of average compensation per year of service beginning year 4 limited to 10 year(s) minus Floor Offset | | | | | |
| | 002 | 0.5% of average monthly compensation per year of service beginning year 1 limited to 50 year(s) minus Floor Offset | | | | |
| Accrued Benefit - | Unit credit based on service. Service prior to 01/01/2014 is excluded | | | | | |
| | 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 | | | | | |
| Early Retirement - | None | | | | | |
| Death Benefit - | Present Value of Accrued Be | nefit | | | | |
| Disability Benefit - | None | | | | | |
| Top Heavy Minimum: | Provided in another plan | | | | | |
| IRS Limitations: | 415 Limits - Percent: 100 Dollar: \$215,000 | | | | | |
| | Maximum 401(a)(17) comper | nsation - \$270,000 | | | | |
| Normal Form: | Life Annuity | | | | | |
| Optional Forms: | Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit | | | | | |

Schedule SB, Part V Summary of Plan Provisions

Healthwell Medical PC Defined Benefit Plan

20-1781499 / 001

For the plan year 01/01/2017 through 12/31/2017

 Years
 Percent

 0-1
 0%

 2
 20%

 3
 40%

 4
 60%

 5
 80%

 6
 100%

Service is calculated using all years of service

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

<u>417(e):</u>

Interest Rates -Segment #YearsRate %Segment 10 - 52.04Segment 26 - 204.03Segment 3> 204.82

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

| Pre-Retirement - | Interest - | 5% |
|-------------------|-------------------|---|
| | Mortality Table - | None |
| Post-Retirement - | Interest - | 5% |
| | Mortality Table - | 17E - 2017 Applicable Mortality Table for 417(e) (unisex) |

| SCHEDULE SB | Single-Employe | r Defined Rer | nofit Plan | | OMB No. 1210-0110 | |
|---|---|---|---|------------------------------------|--|--|
| (Form 5500) Department of the Treasury Internal Revenue Service | Actuaria | yer Defined Benefit Plan | | | | |
| Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | This schedule is required to be f Retirement Income Security Act o Internal Rever | Form is Open to Public Inspection | | | | |
| For calendar plan year 2017 or fiscal plan | ► File as an attachme lan year beginning 01/01 | | | 12/31/2 | 017 | |
| ▶ Round off amounts to nearest do | | <u>/</u> | und chung | 12/ 31/2 | 017 | |
| Caution: A penalty of \$1,000 will be | e assessed for late filing of this report | unless reasonable ca | use is established. | | | |
| A Name of plan | | | B Three-digit | | | |
| Healthwell Medical, PC Def: | ined Benefit Plan | | plan number (| PN) ▶ 001 | | |
| | | | | | | |
| C Plan sponsor's name as shown on lin | ne 2a of Form 5500 or 5500-SF | | D Employer Identi | fication Nur | nber (FIN) | |
| Healthwell Medical PC | | | | 781499 | | |
| | lowerstation 2010. | | 201 | /01499 | | |
| E Type of plan: x Single Multiple | -A 🛄 Multiple-B 🛛 🖌 🖡 | Prior year plan size: | 100 or fewer | 01-500 | More than 500 | |
| Part I Basic Information | | , | | | | |
| 1 Enter the valuation date: | Month 12 Day 31 | Year 2017 | | | | |
| 2 Assets: | | | = | | | |
| a Market value | | | | 2a | 473,092 | |
| b Actuarial value | | | | 2b | 473,092 | |
| 3 Funding target/participant count be | reakdown: | (1) Number of participants | (2) Vested Fu Target | nding | (3) Total Funding Target | |
| a For retired participants and bene | eficiaries receiving payment | 0 | | 0 | C | |
| b For terminated vested participar | nts | 0 | | 0 | C | |
| c For active participants | | 2 | | 420,196 | 420,196 | |
| | | 2 | | 420,196 | 420,196 | |
| 4 If the plan is in at-risk status, chec | k the box and complete lines (a) and | (b) | | | | |
| a Funding target disregarding pres | scribed at-risk assumptions | •••••• | | a | | |
| at-risk status for fewer than fi | assumptions, but disregarding transit ve consecutive years and disregardin | | 4 | b | | |
| - | | | | 5 | 5.86 % | |
| | ····· | ••••••• | | S | 140,796 | |
| Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated of | my opinion, each other assumption is reasonable | s, statements and attachmen 9 (taking into account the exp | ts, if any, is complete and a erience of the plan and reas | ccurate. Each p sonable expecta | presribed assumption was applied in ations) and such other assumptions, in | |
| SIGN HERE | TL O | | | 07/26 | 5/2018 | |
| | ignature of actuary | | | D | Date | |
| Theodore Anderse | n, M.A.A.A., MSPA | | | 17-02 | 034 | |
| ,, | or print name of actuary | | Mc | | rollment number | |
| Pension Associat | :es | ***** | | (203) 35 | and | |
| 2001 West Main S | Firm name t. | | Teleph | one numbei | r (including area code) | |
| Suite 230 US Stamford | CT 06902 | | | | | |
| | Address of the firm | | | | | |
| If the actuary has not fully reflected any r instructions | regulation or ruling promulgated unde | er the statute in comple | eting this schedule, c | heck the bo | ox and see | |

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

Schedule SB (Form 5500) 2017 v. 170203

| Page 2 | |
|--------|--|
|--------|--|

| Pa | rt II Be | ginning of Year Carryov | er and Prefunding Bala | ances | | | | | | |
|---------------------------------|---|--|--|-------------|---------------|-----------------------|----------|-----------|---------|--------------|
| | | | | | (a) (| Carryover balance | | (b) | Prefund | ing balance |
| 7 | Balance at b | eginning of prior year after app | licable adjustments (line 13 fro | om prior | | | 0 | | | 0 |
| 8 | | ted for use to offset prior year's | | | | | 0 | | | 0 |
| 9 | | aining (line 7 minus line 8) | | | | | 0 | | | 0 |
| 10 | | ne 9 using prior year's actual re | | | | | 0 | | | 0 |
| 11 | | excess contributions to be adde | | •••• | | | 0 | | | |
| | • | value of excess contributions (lir | | | | | ľ | | | 13,543 |
| | b(1) Interes | st on the excess, if any, of line 3 | 38a over line 38b from prior ye | ar | | | | | | , |
| | Sched | lule SB, using prior year's effect | tive interest rate of 5.17 | <u>%</u> | | | | | | 0 |
| | | st on line 38b from prior year So | | | | | | | | |
| | | | | | | | | | | 0 |
| | | ilable at beginning of current pla | | | | | | | | 13,543 |
| 40 | | f (c) to be added to prefunding t | | | | | | | | 0 |
| | | tions in balances due to election beginning of current year (line 9 | | | | | 0 | | | 0 |
| | | | | | | | Ű | | | |
| | | unding Percentages pet attainment percentage | | | | | | | 14 | 112.58 % |
| | | iding target attainment percentage | | | | | | | 15 | 103.11 % |
| - | | funding percentage for purpose | | | | | | | 16 | |
| | current year | 's funding requirement | | ••••• | | •••••• | | | | 113.18 % |
| | | t value of the assets of the plan | | funding ta | arget, enter | such percentage | •••• | •••• | 17 | % |
| | | Contributions and Liquid | | | | | | | | |
| 18 | Contribution (a) Date | s made to the plan for the plan (b) Amount paid by | year by employer(s) and employer (c) Amount paid by | - | a) Date | (b) Amount | hooid by | . 1 | (a) Ama | ount paid by |
| (M | (a) Date M-DD-YYYY) | employer(s) | employees | | DD-YYYY) | (b) Amount employe | | ' | | loyees |
| 12/ | /11/2017 | 105,036 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Totals | ► 18(b) | | 105,0 |)36 18(c) |) | 0 |
| 19 | Discounted | employer contributions see in | structions for small plan with a | a valuation | n date after | the beginning of th | | | 1 | |
| | | ons allocated toward unpaid mi | | | | г | 19a | | | 0 |
| | b Contributi | ons made to avoid restrictions a | adjusted to valuation date | ••••• | ••••• | | 19b | | | 0 |
| | c Contributi | ons allocated toward minimum | required contribution for currer | nt year ac | ljusted to va | aluation date 🕠 | 19c | | | 105,364 |
| 20 | Quarterly co | ntributions and liquidity shortfal | ls: | | | | | | | |
| | a Did the plan have a "funding shortfall" for the prior year? No | | | | | | | | | |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | | | | | | | |
| | C If line 20a | is "Yes," see instructions and o | | | | | | | | |
| Liquidity shortfall as of end o | | | | | | | | | (4) 4 | h |
| | | (1) 1st (2) 2nd (3) 3rd | | | | | | | | |

Page 3

| Pa | rt V | Assumptio | ons Used To Determine | Funding Target and Targ | et Normal Cost | | | |
|---|---|---------------------|---------------------------------------|--|------------------------|----------------|----------------------------|--|
| 21 | Disco | ount rate: | | | | | | |
| | a Se | egment rates: | 1st segment: 4.16 % | 2nd segment: 5.72 % | 3rd segment: 6.48 % | | N/A, full yield curve used | |
| | b Ar | plicable month | 21b | 0 | | | | |
| 22 | | | | •••• | | 22 | 65 | |
| 23 | | ality table(s) (see | | | scribed - separate |] Substitu | | |
| | | | , | | | | | |
| _ | rt VI | Miscellane | | | | | | |
| 24 | | - | | tuarial assumptions for the current | | | | |
| 25 | | | | | | | | |
| | | | | an year? If "Yes," see instructions | | | | |
| 26 | | • | • | Participants? If "Yes," see instruc | | attachmer | nt •••••• Yes X No | |
| 27 | | | • | ter applicable code and see instru | | 27 | | |
| De | | | | | | | | |
| | rt VII | | • | Im Required Contribution | | | | |
| 28 | | | · · · · · · · · · · · · · · · · · · · | years | | 28 | 0 | |
| 29 | | | | d unpaid minimum required contrik | | 29 | 0 | |
| 30 | | | | ntributions (line 28 minus line 29) | | 30 | 0 | |
| | 't VIII | | Required Contribution | | | | | |
| | | | • | | | | | |
| 31 | | | ind excess assets (see instruct | • | | 210 | 140 706 | |
| | | - | | · · · · · · · · · · · · · · · · · · · | | 31a | 140,796 | |
| | | | | line 31a • • • • • • • • • • • • • • • • • • • | | 31b | 52,896 | |
| | | tization installm | | | Outstanding Bala | | Installment | |
| | | | | ••••• | | 0 | 0 | |
| | | | | ••••• | | 0 | 0 | |
| 33 | | | | <pre>iter the date of the ruling letter gra) and the waived amount .</pre> | | 33 | | |
| 34 | Total | funding requirer | ment before reflecting carryover | /prefunding balances (lines 31a - 3 | 1b + 32a + 32b - 33) | 34 | 87,900 | |
| | | | | Carryover balance | Prefunding Bala | nce | Total balance | |
| 35 | Balar | nces elected for | use to offset funding | | | | | |
| | requi | rement | | 0 | | 0 | 0 | |
| 36 | Addit | ional cash requi | irement (line 34 minus line 35) | | | 36 | 87,900 | |
| 37 | 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | | | 37 | 105,364 | |
| 38 | Prese | | ess contributions for current ye | | | | | |
| | a Tot | al (excess, if an | ny, of line 37 over line 36) | · · · · · · · · · · · · · · · · · · · | | 38a | 17,464 | |
| | | | | prefunding and funding standard o | | 38b | 0 | |
| 39 | | | | ear (excess, if any, of line 36 over | | 39 | 0 | |
| 40 | Unpa | id minimum rea | uired contributions for all vears | · · · · · · · · · · · · · · · · · · · | | 40 | 0 | |
| 40 Unpaid minimum required contributions for all years 40 0 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 40 0 | | | | | | | | |
| 41 If an election was made to use PRA 2010 funding relief for this plan: | | | | | | | | |
| | a Schedule elected | | | | | | | |
| | b Elig | jible plan year(s | s) for which the election in line | 41a was made | ••••• | . 200 | 08 2009 2010 2011 | |
| 42 | Amou | nt of acceleratio | on adjustment | ••••• | | 42 | | |
| 43 | Exces | s installment ac | celeration amount to be carried | d over to future plan years | | 43 | | |