-	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed	d under sections 104 and			2017
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 609 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 55	500-SF.	r ubile inspection
Part I		dentification Information				
For calenda	ar plan year 2017 or fisc	al plan year beginning 01/01/2			2/31/2017	
A This ret	urn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)
	,	a one-participant plan	a foreign plan			
B This retu	Jrn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descr	iption)			
Part II	Basic Plan Infor	mation—enter all requested inf	ormation			
1a Name	•				1b Thre	
PHILIP A. LI	SCIA CPA PC RETIREI	MENT PLAN			plan (PN)	number 001
					()	ctive date of plan
						01/01/2016
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	Box			oyer Identification Number
		, country, and ZIP or foreign posta		ructions)	(EIN)	hsor's telephone number
PHILIP A. LIS	SCIA CPA PC					631-942-4644
					2d Busir	ness code (see instructions)
23 OAKRIDG RIDGE, NY 1		23 OAKRI RIDGE N	DGE CIR Y 11961-2319			541211
	2010					
3a Plan a	dministrator's name and	l address X Same as Plan Spon	isor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
					41	
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b ein	
a Sponse					4d PN	
C Plan N	lame					
5a Total r	number of participants a	t the beginning of the plan year			5a	3
-		it the end of the plan year			5b	3
C Numb	er of participants with a	ccount balances as of the end of t	the plan year (only defined	contribution plans	5c	
	,	icipants at the beginning of the pla			5d(1)	3
			•		5d(2)	
• •		icipants at the end of the plan yea erminated employment during the				3
than '	100% vested				5e	0
		r incomplete filing of this return er penalties set forth in the instruc				
SB or Sche	edule MB completed and	d signed by an enrolled actuary, a				
SIGN	true, correct, and completing filed with authorized/v	ete. alid electronic signature.	10/12/2018	PHILIP LISCIA		
HERE		-			ual signing	as plan administrator
01011	Signature of plan ad	ווווואנומנטו	Date	Enter name of individe	uai siyning	as pian auministrator
SIGN HERE				.		
	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor

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

Form 5500-SF (2017) v.170203

	Were all of the plan's assets during the plan year invested in eligib						X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann		,				
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes X No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this pl	lan yea	r		(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a		90000			217483
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	ç	90000			217483
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	11	10000			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)		47400			
	Other income (loss)	8b		17483			107100
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					127483
u	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					127483
j	Transfers to (from) the plan (see instructions)	8j					
Ра	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A $_{3D}$ $_{3H}$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	tic Cod	es in the instructions:
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)			10a		x	
b	Were there any nonexempt transactions with any party-in-interest						
	reported on line 10a.)			10b		Х	
C				10c	Х		30000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х	

Х

Х

Х

Х

10e

10f

10g

10h

10i

e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

f

h

i,

the plan? (See instructions.)

Has the plan failed to provide any benefit when due under the plan?

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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.....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

r

Г

Page 3- 1

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 Sch	edule S	8B	×	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 section	n 302 c	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.		d enter Da		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	I/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	
	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.)	tify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c	(3) PN	(s)

SCHEDULE SB	Single-Empl	oyer Define	d Ben	efit Plan		OMB	No. 1210-0110
(Form 5500)	Act	uarial Inform	nation			-	2017
Department of the Treasury Internal Revenue Service	This schedule is require	ed to be filed under se	ection 104	of the Employe		-	
Department of Labor Employee Benefits Security Administration	Retirement Income Secu	rity Act of 1974 (ERI	SA) and s		. –		is Open to Public
Pension Benefit Guaranty Corporation		al Revenue Code (th attachment to Form	,	500 SE		In	spection
For calendar plan year 2017 or fiscal			5500 OF 5	and ending	12/31/2	2017	
Round off amounts to nearest					5		
Caution: A penalty of \$1,000 will	be assessed for late filing of this	report unless reasor	nable caus	e is established	1.	1	
A Name of plan PHILIP A. LISCIA CPA PC RETIR				B Three-dig	•		
				plan num	ber (PN)	•	001
C Plan sponsor's name as shown on	line 2a of Form 5500 or 5500-SI	=		D Employer	Identificatio	n Number (I	EIN)
PHILIP A. LISCIA CPA PC					46-42485	48	
E Type of plan: X Single 🗌 Multi	ple-A Multiple-B	F Prior year pla	an size: 🗙	100 or fewer	101-500) More th	nan 500
Part I Basic Information	ı						
1 Enter the valuation date:	Month <u>01</u> Day _	01Year _20)17				
2 Assets:							
a Market value					2a		90000
			r		2b		90000
3 Funding target/participant count	breakdown		``'	lumber of ticipants		d Funding get	(3) Total Funding Target
a For retired participants and be	eneficiaries receiving payment			0		0	0
b For terminated vested particip	pants			0		0	0
C For active participants				3		0	93619
				3		0	93619
4 If the plan is in at-risk status, ch	eck the box and complete lines (a) and (b)	·····L				
	rescribed at-risk assumptions				4a		
	k assumptions, but disregarding /e consecutive years and disregation				4b		
5 Effective interest rate					5		5.06 %
6 Target normal cost					6		95458
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulatio combination, offer my best estimate of anticip	ns. In my opinion, each other assumption is						
SIGN HERE						10/10/201	8
	Signature of actuary					Date	
WILLIAM G. PRUSLIN						17-0256	1
Ту	be or print name of actuary				Most rece	ent enrollme	nt number
WILLIAM G. PRUSLIN						609-409-60	004
89 CRESCENT WAY 89	Firm name			Те	lephone nu	mber (incluc	ling area code)
MONROE TWP, NJ 08831							
	Address of the firm	al considera the state of the state of the		a shi a shi shi t			
the actuary has not fully reflected an structions			•	ig this schedule			
For Paperwork Reduction Act Noti	ce, see the Instructions for For	m 5500 or 5500-SF.				Schedule S	B (Form 5500) 2017 v. 170203

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding B	alanc	es							
								(a) Ca	arryover balan	ce	(b)	Prefundi	ng bala	nce
7		•			able adjustments (line 13 fr	•				0				0
8			•	-	nding requirement (line 35 f	•				0				0
9	Amount	remaining	g (line 7 minus line	e 8)						0				0
10	Interest	on line 9 i	using prior year's	actual retur	n of <u>0.00</u> %					0				0
11	Prior yea	r's exces	s contributions to	be added t	o prefunding balance:									
	-				8a from prior year)								2	023
	Scl	nedule SE	B, using prior year	's effective	over line 38b from prior ye interest rate of <u>5.91</u>	<u>%</u>								120
	• •		•		dule SB, using prior year's									0
					r to add to prefunding baland								2	0 143
	d Portio	n of (c) to	be added to prefe	unding bala	ance								2	143
12	Other ree	ductions i	n balances due to	elections	or deemed elections					0				0
13	Balance	at beginn	ing of current yea	r (line 9 + l	ine 10 + line 11d – line 12)					0			2	143
Р	Part III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14	9	93.85%
												. 15	9	93.85%
	Prior yea	ır's fundir	ng percentage for	purposes o	f determining whether carr	yover/pi	efundir	ng balance	es may be used	to red	uce current	16	1(0.00%
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the	funding	target,	enter suc	h percentage.			. 17		%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s) and emp	loyees:								
()	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(M	(a) Da M-DD-Y		(b) Amount employ	•	у	(c) Amou emple	nt paid oyees	by
0	8/07/2017	7		75000										
0	6/22/2018	3		35000										
												- <u>r</u>		
•						Tota	s 🕨	18(b)		110	0000 18(c)			0
19			-		uctions for small plan with a					<u> </u>				
	-				num required contributions		-			19a	-			0
	b Contri	outions m	ade to avoid restr	ictions adju	usted to valuation date					19b				0
				· · ·	red contribution for current ye	ear adju	sted to v	aluation da	ate	19c			10	5369
20	-		tions and liquidity											
			-		e prior year?								Yes	X No
	b If line	20a is "Y	es," were required	l quarterly i	nstallments for the current	year ma	ade in a	a timely ma	anner?				Yes	No
	C If line	20a is "Ye	es," see instructio	ns and com	nplete the following table as									
		(1) 1st	ł		Liquidity shortfall as of er (2) 2nd	nd of qua	arter of		vear 3rd			(4) 4th		
		(1) 15	ι <u> </u>		(2) 2110			(3)	514			(+) 40	1	

Page 3

P	art V	Assumpti	ons Used to Determine	e Funding Target and Targ	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	l yield	curve	used
	b Applica	able month (er	nter code)			21b			0	i -	
22	Weighted	d average retire	ement age			22			64		
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pres	cribed - separate	Subst	itute				
Ра	art VI	Miscellane	ous Items								
24	Has a ch	ange been ma	de in the non-prescribed actua	arial assumptions for the current p	lan year? If "Yes," see i	nstructio	ons re	garding re	quired		
	attachme	ent								Yes	X No
25	Has a me	ethod change b	been made for the current plar	n year? If "Yes," see instructions r	regarding required attach	nment				Yes	X No
26	Is the pla	an required to p	provide a Schedule of Active P	Participants? If "Yes," see instructi	ons regarding required a	attachme	ent			Yes	X No
27		•	3	r applicable code and see instruct	0 0	27					
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contributior	ns For Prior Years						
28	Unpaid m	ninimum requir	red contributions for all prior ye	ears		28					0
29				unpaid minimum required contribu		29					0
30		-		ributions (line 28 minus line 29)		30					0
Pa	art VIII	Minimum	Required Contribution	For Current Year							
			d excess assets (see instructio								
	•					31a	Τ			95	5458
				ne 31a		31b					0
32		tion installmen	-		Outstanding Bala		-	In	stallm	ent	
-						5762	-				946
						0/02					0
33	If a waive	er has been ap	proved for this plan year, ente	er the date of the ruling letter grant) and the waived amount	ing the approval	33					
34	. –		•	/prefunding balances (lines 31a - 3		34				96	6404
				Carryover balance	Prefunding balar	nce		To	tal bala	ance	
35			se to offset funding	0		0					0
26						36	+			06	6404
<u>36</u> 37			· · · ·	ntribution for current year adjusted							
	19c)					37				105	5369
38	Present v	value of excess	s contributions for current year	r (see instructions)							
						38a				3	3965
	b Portion	n included in lin	ne 38a attributable to use of pr	efunding and funding standard ca	rryover balances	38b				3	3965
39	Unpaid m	ninimum requir	red contribution for current yea	ar (excess, if any, of line 36 over li	ne 37)	39					0
40	Unpaid m	ninimum requir	red contributions for all years			40					0
Pa	rt IX	Pension	Funding Relief Under I	Pension Relief Act of 2010) (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	plus 7 yea	s	15 y	/ears
	b Eligible	e plan year(s) f	for which the election in line 41	la was made		2	2008	2009	201	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					

Schedule SB, line 32 -Schedule of Amortization Bases

Philip A. Liscia CPA PC Retirement Plan

46-4248548 / 001

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

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2017	5,762	Shortfall	5,762	7	946
Totals:				\$5,762		\$946

	SCHEDULE SB	Single-En	volan	er Define	d Ber	nefit Plan		OMB	No. 1210-0110
	(Form 5500) Department of the Treasury Internal Revenue Service	A	ctuar	rial Inforn	natior	ı			2017
No. of Concession, Name	Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation		Security A nternal Re	Act of 1974 (ER evenue Code (th	SA) and ne Code).	section 6059 of t	he -		is Open to Public spection
For	calendar plan year 2017 or fiscal pl			hment to Form	5500 or		- 10/	04/0047	
	Round off amounts to nearest do		/2017			and endi	ng 12/	31/2017	
	caution: A penalty of \$1,000 will be		of this rer	oort unless reas	onable ca	use is establishe	he		
	ame of plan	j.				B Three-dig	·····		
Phi	llip A. Liscia, CPA, PC Retirem	ent Plan				plan num			001
						Contract in			
Ср	an sponsor's name as shown on lir	20.00 of Form 5500 or 55	-00 OF	·····		D - -			
	llip A. Liscia, CPA, PC	ne 2a of Form 5500 of 55	500-5F				Identifica 46-424	tion Number (E 8548	EIN)
E T	rpe of plan: 🔽 Single 🗌 Multiple	e-A 🗍 Multiple-B		F Prior year pla	an size: [100 or fewer	□ 101-5	00	an 500
Pa									
1 1	Enter the valuation date:	1/1/2017		and the second					
2	Assets:	1/1/2017					encourse of literation		
	a Market value						2a		90000
	b Actuarial value						2b		90000
3	Funding target/participant count br				(1)	Number of rticipants	(2) Ves	ted Funding arget	(3) Total Funding Target
	a For retired participants and bene	eficiaries receiving paym	ent			0		0	0
	b For terminated vested participar	nts				0		0	0
	c For active participants					3		0	93619
	d Total					3		0	93619
4	If the plan is in at-risk status, chec	k the box and complete I	lines (a) a	and (b)		Π		CHINE STOLLARS	
	a Funding target disregarding pres	scribed at-risk assumptio	ons				4a		an ann an
	b Funding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disrega	arding tra	insition rule for p	lans that	have been in	44		
5	Effective interest rate						5		5.06 %
6	Target normal cost						6		95458
Te ac cc	ment by Enrolled Actuary the best of my knowledge, the information sub- becordance with applicable law and regulations. mbination, offer my best estimate of anticipate	In my opinion, each other assum	mpanying sc nption is reas	chedules, statements sonable (taking into a	and attachm ccount the e	ents, if any, is comple xperience of the plan	te and accu and reasona	rate. Each prescrib able expectations) a	ed assumption was applied in ind such other assumptions, in
	GN RE Mu	liam Q. V.	noh	N				10/10/201	8
		ignature of actuary						Date	
Wil	liam G. Pruslin							1702561	
Wil	iam G. Pruslin	or print name of actuary						ecent enrollme 609-409-60	
89 (Crescent Way	Firm name				Те	elephone	number (inclue	ling area code)
Мо	nroe Twp	NJ Address of the firm	088	831		-			
nstruc						eting this schedu	le, check		
or Pa	aperwork Reduction Act Notice,	see the instructions for	r Form 55	500 or 5500-SF				Schedul	e SB (Form 5500) 2017

B (Form 5500) 2017

Schedule SB (Form 5500) 2017

Page **2 -** 1

Pa	art II Begii	nning of Year	Carryove	er and Prefunding B	alances						
_		- 101 HT 10				(a) C	arryover balance		(b) P	refundi	ng balance
7	Balance at begi vear)	nning of prior yea	r after applic	able adjustments (line 13	from prior		0				0
8				Inding requirement (line 35							
	prior year)		mor years it	inding requirement (line 38	o from		0				0
9							0				0
10	Interest on line	9 using prior year	's actual retu	ırn of0_%			0				0
11	Prior year's exc	ess contributions	to be added	to prefunding balance:							
	a Present value	e of excess contrib	outions (line	38a from prior year)				b)			2023
	b(1) Interest of Schedule	n the excess, if ar SB, using prior ye	ny, of line 38 ear's effective	a over line 38b from prior ye interest rate of <u>5.91</u> %.	/ear						100
				edule SB, using prior year	2						120
	return	at beginning of ou		ar to add to prefunding bala							0
				- <u>-</u>							2143
	······································			ance							2143
			and the second se	or deemed elections			0				0
1012424	以前的1000000000000000000000000000000000000	nning of current y	ear (line 9 +	line 10 + line 11d – line 12	2)		0				2143
	and the second	ding Percent									
										14	93.85 %
		g target attainmer								15	93.85 %
	current year's fu	inding requirement	<u>nt</u>	of determining whether ca						16	100.00 %
17	If the current val	lue of the assets	of the plan is	less than 70 percent of th	e funding tar	get, enter si	uch percentage			17	%
1		tributions an	and the second se								
18			and the second se	ar by employer(s) and em	ployees:						
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer	aid by	(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid I employer(s)	ру	(c)		nt paid by
States of the local division of the local di	/7/2017		75000	0			employer(s)			emplo	yees
6/	/22/2018		35000	0							
					,						
			and the second second		Totals 🕨	18(b)	110	000 1	18(c)		0
19	Discounted emp	loyer contribution	s – see instr	uctions for small plan with	a valuation o	late after the					
				num required contributions							0
	b Contributions	made to avoid res	strictions adj	usted to valuation date				b			0
	c Contributions a	allocated toward m	inimum requi	red contribution for current y	ear adjusted	to valuation o	date 19	c			105369
20		outions and liquidi									
	a Did the plan h	ave a "funding sh	ortfall" for th	e prior year?						Π	Yes 🕢 No
				installments for the current						П	Yes No
				nplete the following table a				and a second		<u> </u>	
				Liquidity shortfall as of e			year				
	<u>(1)</u> 1s	ot 0		(2) 2nd 0		(3) 3	Brd		(4	4) 4th	
		U		U	1		0				

b Applicable month (enter code)	Yes 🕢 M
4.16 % 5.72 % 0.00 optimized provided pro	0 64 Yes / N Yes / N O 0
22 Veighted average retirement age	64 Yes / M Yes / M Yes / M Yes / M 0 0
23 Morality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment. 27 Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Upaid minimum required contributions of all prior years 28 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 31 Target normal cost and excess assets (see instructions): 31a 34 Target normal cost (line 6) 31a 35 Anortization installment 0 33 If a waiver hasbeen approved for this plan year, enter the date of the ruling let	quired Qres Qr Yes Qr Qres Qr Yes Qr 0 0
23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous Items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment. 27 Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Upaid minimum required contributions for all prior years 28 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 31 Target normal cost and excess assets (see instructions): 31a 34 Target normal cost (line 6) 31a 35 Amortization installment 0 33 If a waiver has been approved for this plan year, enter the date of the ruling	Yes / N Yes / N Yes / N Yes / N 0 0
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215 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 226 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 227 It the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. 27 237 Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 239 Unpaid minimum required contributions for all prior years 28 239 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 300 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 308 Part VIII Minimum Required Contribution For Current Year 311 Target normal cost and excess assets (see instructions): 31a 312 Amortization installments: 31a 313 Discoust and excess assets (see instructions): 31a 314 Discoust and excess assets (see instructions): 31a 315 Amortization installments: 0 316 Discoust and excess assets (see instructions): 31a 317 If a waiver has been approved for this plan year, enter the da	Yes / N Yes / N Yes / N Yes / N 0 0
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29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	0
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32 Amortization installments: Outstanding Balance Installments: a Net shortfall amortization installment	95458
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() and the waived amount	0
Carryover balance Prefunding balance Tota	
Carryover balance Prefunding balance Tota	96404
5 Balances elected for use to offset funding	al balance
	0
6 Additional cash requirement (line 34 minus line 35)	96404
7 Contributions allocated toward minimum required contribution for current year adjusted to valuation date 37	105369
8 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	8965
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b	8965
9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	0
0 Unpaid minimum required contributions for all years	0
art IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)	
1 If an election was made to use PRA 2010 funding relief for this plan:	
b Eligible plan year(s) for which the election in line 41a was made	
2 Amount of acceleration adjustment	2010 2011
3 Excess installment acceleration amount to be carried over to future plan years 42	