Foi	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan						
	rtment of the Treasury rnal Revenue Service	This form is required to be file		4065 of the Employee R	etirement	2018			
	epartment of Labor Benefits Security Administration	<ul> <li>Income Security Act of 1974</li> </ul>		)57(b) and 6058(a) of the		This Form is Open to Public Inspection			
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 55	500-SF.	Public Inspection			
Part I		Identification Information							
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2			2/31/2018 Filora obcok	ing this hav must attach a			
A This re	turn/report is for:	a single-employer plan		mployer information in ac		ing this box must attach a ith the form instructions.)			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report		Irn/report (less than 12 m	onths)				
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC p	rogram			
	Ū	special extension (enter desc				ogram			
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Name					1b Three	e-digit			
ROBERT W	. CRAVEN, M.D., INC.,	P.C. PENSION PLAN & TRUST			•	number			
					(PN)	tive date of plan			
					IC Ellec	01/01/2014			
Mailin	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C		2b Empl (EIN)	oyer Identification Number 91-1735437				
	. CRAVEN, M.D., INC.,	e, country, and ZIP or foreign post P.C.	structions)	2c Spon	sor's telephone number 360-447-3073				
						ess code (see instructions)			
	5 EAST 8TH ST RT ANGELES, WA 98362					621111			
<b>3a</b> Plan a	dministrator's name an	d address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN				
					<b>3c</b> Administrator's telephone number				
1 If the	name and/or EIN of the	plan sponsor or the plan name h	as abangad since the last	raturn/rapart filed for	4b EIN				
		nsor's name, EIN, the plan name a							
<ul><li><b>a</b> Spons</li><li><b>C</b> Plan N</li></ul>	sor's name Name				<b>4d</b> PN				
59 T-+-'		at the beginning of the star war			5a	8			
		at the beginning of the plan year. at the end of the plan year			5a 5b	8			
C Numb	per of participants with a	account balances as of the end of	the plan year (only define	d contribution plans	5c				
	,	ticipants at the beginning of the p			5d(1)	8			
	·	ticipants at the end of the plan ye			5d(2)	8			
• •		terminated employment during the			5e	0			
		or incomplete filing of this return							
Under pen SB or Sche	alties of perjury and oth	ner penalties set forth in the instru nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includii	ng, if applicable, a Schedule			
SIGN		valid electronic signature.	04/02/2019	ROBERT CRAVEN					
HERE	Signature of plan a	č	Date	Enter name of individ	ual signing :	as plan administrator			
SIGN		valid electronic signature.	04/02/2019	ROBERT CRAVEN					
HERE	Signature of employ	Ŭ	Date		ual signing a	as employer or plan sponsor			
For Paperw		e, see the Instructions for Form 5500			Form 5500-SF (2018)				

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	? (See instructions.)					X Yes No		
b	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							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 in							Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	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	l of Year		
а	Total plan assets	7a		83613			(1)	1552515		
b	•	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	158	83613				1552515		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
	Contributions received or receivable from:									
	(1)         Employers         8a(1)         31000									
	(2) Participants	8a(2)								
	(3) Others (including rollovers)									
b	O Other income (loss)         8b         -62098									
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-31098		
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			-					
	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						-31098		
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 $1A  3D$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plar	n Chara	acterist	ic Cod	es in the inst	uctions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
â	Was there a failure to transmit to the plan any participant contribut									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	-	10a		x				
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			100000		

Х

Х

Х

Х

10d

10e

10f

10g

10h

10i

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

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

h 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

i

by fraud or dishonesty?.....

the plan? (See instructions.).....

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c rm 5500) and line 11a below)		edule S	В	×	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 Co ISA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	n 302 of			Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins nting the waiver.		l enter t _ Day		of the le _ Yea		ng
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	3.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ative amount)	eft of a	12d				
e	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	s a resolution to terminate the plan been adopted in any plan year?			X Yes		No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug trol of the PBGC?	ht under the		[	Yes	X No	)
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ch assets or liabilities were transferred. (See instructions.)	fy the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	(s)

	90L	IEDULE SB	Single Em	ployer Define	d Bor	ofit Plan		OMB	No. 1210-0110
		orm 5500)		ployer Define tuarial Inform					
	•	tment of the Treasury				•			2018
	Inter	nal Revenue Service		ired to be filed under se					
	Employee Be	nefits Security Administration		ecurity Act of 1974 (ERI ernal Revenue Code (th			the		is Open to Public spection
	Pension Be	nefit Guaranty Corporation	File as a	n attachment to Form	5500 or	5500-SF.			
F	or calendar	olan year 2018 or fiscal pla	an year beginning 01/0	01/2018		and ending	g 12/3	31/2018	
		amounts to nearest dol							
	Name of pla		assessed for late filing of th	his report unless reasor	hable cau	_			
~			.C. PENSION PLAN & TRU	JST		B Three-dig plan num		)	001
						plairrian		, ,	
~	Discourse			05		D Family and	Lilia d'Ca	- Cara Nieurale any (I	
C	•	V. CRAVEN, M.D., INC., F	e 2a of Form 5500 or 5500- .C.	-SF		<b>D</b> Employer	91-173	ation Number (I	EIN)
							51-170	55457	
Е	Type of plar	: 🗙 Single 🗌 Multiple	A Multiple-B	F Prior year pla	an size: 🔉	100 or fewer	101-	500 More th	nan 500
	Part I	Basic Information							
1	Enter the	e valuation date:	Month <u>01</u> Day	/ <u>01</u> Year <u>20</u>	)18				
2	Assets:								
	a Market	value		2a		1583614			
		ial value	Nilversia en ef	2b		1583614			
3 Funding target/participant count breakdown (1) Nur partici							. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For ret	ired participants and bene	ficiaries receiving payment			0		0	0
	<b>b</b> For ter	minated vested participan	ts			0		0	0
	<b>C</b> For ac	tive participants				8		1315813	1317909
	<b>d</b> Total .					8		1315813	1317909
4	If the pla	n is in at-risk status, checl	the box and complete lines	s (a) and (b)	[				
			cribed at-risk assumptions.				4a		
			essumptions, but disregardin consecutive years and disre				4b		
5				<u> </u>			5		5.69%
6	Target n	ormal cost					6		77545
St	-	Enrolled Actuary	uliad in this schedule and assessment		d attachman	ata ifany in complete		rata. Fach procesiba	d committee was confied in
	accordance wi		plied in this schedule and accompar n my opinion, each other assumption d experience under the plan.						
	SIGN								
	HERE							03/13/201	19
			ignature of actuary					Date	
	GARY K. RA	AYMOND, MSPA	ar print name of actuary				Mont	17-0865 recent enrollme	
	TRC ACTU		or print name of actuary				NOSU	480-289-34	
			Firm name			Te	lephone		ding area code)
	4545 E. SO MESA, AZ 8	JTHERN AVE., SUITE 10 5206	8						-
			Address of the firm			_			
	ne actuary hat	as not fully reflected any re	egulation or ruling promulga	ted under the statute in	complet	ing this schedule	e, check	the box and se	e
Fo	or Paperwo	rk Reduction Act Notice,	see the Instructions for F	orm 5500 or 5500-SF.				Schedule S	B (Form 5500) 2018 v. 171027

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances							
							<b>(a)</b> C	arryover balance	9	<b>(b)</b> F	refundir	ng balance	
7		0	0 1 3		able adjustments (line 13 fro				0			37034	
8			•	•	nding requirement (line 35 fr				0			0	
9	Amount	remaining	g (line 7 minus line	9 8)					0			37034	
10	Interest of	on line 9 ι	using prior year's a	actual retur	n of <u>5.85</u> %				0			2166	
11	Prior yea	ar's exces	s contributions to	be added t	o prefunding balance:								
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	8a from prior year)							47758	
	<b>b(1)</b> Int Scl	erest on t hedule SI	he excess, if any, 3, using prior year	of line 38a 's effective	over line 38b from prior yea interest rate of <u>5.88</u> 9	ar %						2808	
	<b>b(2)</b> Int	erest on l	ine 38b from prior	year Sche	dule SB, using prior year's a	ictual						2000	
					r to add to prefunding balance	<u> </u>						0	
	_		0 0									50566	
	<b>d</b> Portio	n of (c) to	be added to prefu	unding bala	Ince							50566	
12	Other ree	ductions i	n balances due to	elections	or deemed elections				0			0	
13	<b>3</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)    0								89766				
P	Part III Funding Percentages												
14	14 Funding target attainment percentage									14	113.34%		
15	Adjusted	funding	target attainment p	percentage							15	120.16%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	117.96%			
17	If the cur	rent value	e of the assets of	the plan is	less than 70 percent of the f	unding target	, enter suc	h percentage			17	%	
P	art IV	Con	tributions and	d Liquidi	ity Shortfalls								
18	Contribu	tions mad	de to the plan for t	he plan yea	ar by employer(s) and emplo	yees:							
()	<b>(a)</b> Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	<b>(a)</b> Da (MM-DD-		( <b>b)</b> Amount employe		I by (c) Amount paid employees			
0	07/06/2018	3		3000	0	08/23/201	8		10	00		0	
0	)7/19/2018	3		2500	0	08/31/201	8		20	00		0	
0	)7/26/2018	3		2500	0	09/06/201	8		10	00		0	
C	08/03/2018	3		1000	0	09/12/201	8		10	00		0	
C	08/08/2018	3		2000	0	10/05/201	8		15	00		0	
0	08/20/2018	3		2000	0	10/18/201			10			0	
						Totals Fotals	18(b)		310	00 18(c)		0	
19		•			uctions for small plan with a			т т	-				
					num required contributions f				19a			0	
					usted to valuation date			-	19b			0	
					red contribution for current yea	ar adjusted to	valuation d	ate	19c			29739	
20	-		tions and liquidity										
			-		e prior year?							Yes X No	
	<b>b</b> If line	20a is "Y	es," were required	l quarterly i	nstallments for the current y	ear made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instruction	ns and com	plete the following table as								
	(1) 101				Liquidity shortfall as of end of quarter of this plan year					(4) 4th			
		(1) 1s <sup>-</sup>	L		(2) 2nd		(3)	3rd			<u>, 7)</u> 411		

\_\_\_\_\_

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P	art II	Begin	ning of Year	Carryov	ver and Prefunding Ba	lances							
								<b>(a)</b> C	Carryover balan	се	(b)	Prefundi	ng balance
7		0	0 1 2		able adjustments (line 13 fro	•							
8				•	nding requirement (line 35 fr	•							
9	Amount	remaining	g (line 7 minus line	9 8)									
10	Interest	on line 9 ι	using prior year's	actual retu	rn of%								
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:								
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior year)								
					a over line 38b from prior yea								
	<b>b(2)</b> Int	erest on l	ine 38b from prior	year Sche	edule SB, using prior year's a	ictual							
	<b>C</b> lotal a	available a	t beginning of curre	ent plan yea	ar to add to prefunding balance	·	•						
	<b>d</b> Portio	n of (c) to	be added to prefe	unding bala	ance		••						
12	Other re	ductions i	n balances due to	elections	or deemed elections								
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)								
F	Part III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge								14	%
	15 Adjusted funding target attainment percentage									15	%		
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	-		-		less than 70 percent of the f							17	%
	Part IV				lity Shortfalls								
18			-		ar by employer(s) and emplo	-			<i>a</i> > 4				
(1	<b>(a)</b> Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-E)	) Dat DD-Y		(b) Amoun employ		у (		nt paid by oyees
1	10/24/201	8	. ,	1000	0			,				•	
1	11/01/201	8		3000	0								
1	12/06/201	8		1500	0								
(	03/08/201	9		5000	0								
						Totals	•	18(b)			18(c)		
19	Discoun	ted emplo	over contributions	– see instr	uctions for small plan with a	valuation	date	after the	beginning of th	e year:			
	<b>a</b> Contri	ibutions a	llocated toward ur	npaid minir	num required contributions f	rom prior	years	S		. 19a			
	<b>b</b> Contri	butions m	ade to avoid restr	ictions adj	usted to valuation date					. 19b			
	<b>C</b> Contri	butions all	ocated toward min	imum requi	red contribution for current year	ar adjusted	to v	aluation d	late	. 19c			
20		•	tions and liquidity										
	<b>a</b> Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?								Yes No
	<b>b</b> If line	20a is "Y	es," were required	l quarterly	installments for the current y	ear made	in a	timely m	anner?				Yes No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applicable	e:						
		(4) 4-			Liquidity shortfall as of end	l of quarte	er of t		,			(4) 41	
	(1) 1st (2) 2nd							(3)	3rd			(4) 4th	1
						1							

Page 3

P	Part V	Assumpti	ions Used to	Determine	Funding	Target and Ta	arget Nori	mal Cost				
21	Discour	t rate:										
	<b>a</b> Segn	nent rates:	1st seç	gment: 3.92%	2r	nd segment: 5.52 %		3rd segment: 6.29 %		N/A, full yield curve used		
	<b>b</b> Appli	cable month (er	nter code)						21b	0		
22	Weighte	ed average retir	rement age						22	62		
23	Mortality	/ table(s) (see	instructions)	Prior regulation	: [	Prescribed - cor	mbined	Prescribed	I - separat	e Substitute		
				Current regulati	on: X	Prescribed - cor	mbined	Prescribed	l - separat	e Substitute		
Pa	art VI	Miscellane	ous Items									
24		-	•							regarding required		
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
27	27       If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding       27											
Pa	art VII					ed Contributio						
28	Unpaid	minimum requi	red contributions	for all prior yea	irs				28	0		
29						um required contril			29	0		
30	Remain	ing amount of ι	unpaid minimum	required contrib	outions (line	28 minus line 29)			30	0		
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target	normal cost and	d excess assets	(see instruction	s):							
	a Target	normal cost (li	ine 6)						31a	77545		
				greater than line	91a				31b	77545		
32	Amortiz	ation installmer	nts:				Ou	tstanding Bala	nce	Installment		
									0	0		
									0	0		
33						the ruling letter gra e waived amount .			33			
34	Total fu	nding requirem				alances (lines 31a		+ 32b - 33)	34	0		
					Carry	over balance	Pr	efunding balan	се	Total balance		
35			se to offset fundi	-								
36	Addition	al cash require	ement (line 34 mi	nus line 35)					36	0		
37						urrent year adjuste			37	29739		
38	38 Present value of excess contributions for current year (see instructions)											
	a Total	excess, if any,	of line 37 over li	ne 36)					38a	29739		
	<b>b</b> Portio	n included in lir	ne 38a attributab	le to use of pre	funding and	funding standard	carryover ba	lances	38b	0		
39	Unpaid	minimum requi	red contribution	for current year	(excess, if a	any, of line 36 over	r line 37)		39	0		
40									40	0		
	rt IX					elief Act of 20	10 (See Ir	nstructions	)			
41	If an ele	ction was made	e to use PRA 20	10 funding relief	for this plar	ו:						
	a Scheo	lule elected								2 plus 7 years 15 years		
	<b>b</b> Eligib	e plan year(s) f	for which the ele	ction in line 41a	was made				200	08 2009 2010 2011		

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Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	f Small Employe	e	OMB Nos. 1210-0110 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104 a	nd 4065 of the Employee		2018
Department of Labor Imployee Benelits Security Administration	Retirement Income Security A the In	ct of 1974 (ERISA), and s ternal Revenue Code (the	ection 6057(b) and 6058(a) Code).	of This Fo	orm is Open to Public
Pension Bonelit Guaranty Corporation	- Complete all ontries in ac	cordance with the instru	tions to the Form 6500-S	SF.	Inspection
	Identification Information				
ʻcəlendar plan year 2018 or fise	cal plan year beginning	01/01/2018	and ending	12/31/201	
This return/report is for: This return/report is:	x       a single-employer plan         a one-participant plan         the first return/report         an amended return/report	a list of participating e a foreign plan the final return/report	an (not multiomployer) (Fit mployer information in acc n/report (less than 12 mon	ordance with the	s box must atlach ; form instructions.)
Check box if filing under:	☐ Form 5558 ☐ special extension (enter descri	automatic extension		DFVC pr	ogram
art II Basic Plan Info	rmation enter all requested i				
1. Name of plan				1b Three-digit plan numbe	er i i
Robert W. Cravon, M	(.D., Inc., P.C. Pensio)	i Pran & trust		(PN) ►	001
:				1c Effective da 01/01/2	
Mailing Address (Include root	yer, if for a single-employer plan) m, apt., suite no, and street, or P.C	. Box)		2b Employer l	dentification Number -1735437
City or town, state or provinc Robert W. Craven, M	e, country, and ZIP or foreign post I.D., Inc., P.C.	al code (if foreign, see inst	uctions)		elephone number
			-		ode (see instructions)
315 East 8th St				621111	(
US Port Angeles WA 98362				AI	
Plan administrator's name ar	nd address 🛄 Same as Plan Spo	nşor		3b Administra	or's EIN
				3c Administra	tor's telephone number
If the name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last n	urn/report filed for	4b EIN	
Sponsor's name	sor's name, EIN, the plan name at	to the plant humber nom a		4d PN .	N
: Plan Name					
	at the beginning of the plan year			5a	
	at the end of the plan year account balances as of the end of t			5b 5c	
complete this item)		******	·····		
	licipants at the beginning of the pla			5d(1) 5d(2)	8 
Number of participants who t	ticipants at the end of the plan yea terminated employment during the	plan year with accrued be	efits that were	5e	 O.
	or incomplete fjihig of this retur			n le ostablicher	
nder penalties of perilum and of	her penalties set forth in the instrund signed by appendixed actuary, a	ctions, I declare that I have	examined this return/repo	rt, including, if a	pplicable, a Schedule
sign Anna	$A \sim -$	4/2/19	Kobert II	) Chrave	en, MD
HERE Signaturo (plan and	ilifistrator	Date 14/2/19	Entername of individual	. / !	
SIGN HERE Signature Allenneter	Avan sponsor	$- \frac{4}{2}$	Enter name of individual :		╧┶╗┷╁╌╧─────┈╵┉
	Notice, see the instructions for I			<u> </u>	Form 5500-SF (201
	and the the transference in t				v.1710
;					

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
b	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	XYes No
С		_
		(See instructions.)
P	Part III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,583,613	1,552,515
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1,583,613	1,552,515
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	31,000	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	(62,098)	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		(31,098)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		(31,098)
j	Transfers to (from) the plan (see instructions)	8j		
Ρ	art IV Plan Characteristics			

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

# Part 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 contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
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				

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)				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 c	of		Yes	x	No	
а	a 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 DayYear									
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 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) <b>12d</b>										
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 i	resolution to terminate the plan been adopted in any plan year?		2	Yes		No			
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year		13a					0	
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0			í es	х	No		
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	s) to						
1:	<b>3c(1)</b> Na	ame of plan(s):	13c(2) El	IN(s)		13	i <b>c(3)</b> F	PN(s)		

# ROBERT W. CRAVEN, M.D. INC. P.C. PENSION PLAN & TRUST

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

Plan Effective Date	January 1, 2004
Plan Year	From January 1, 2018 to December 31, 2018
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 21
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: Group 2 receives a benefit of 0.5% of compensation for a maximum of 10 years of service including the year preceding the effective date.
	Employees not included in the Group(s) above: 1.75% of average compensation per credited year of service with a maximum of 25 years. Credited years are plan years from date of hire excluding years before January 1, 1999 and years with less than 1,000 hours.
	The maximum monthly benefit is the lesser of \$18,333.30 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.
Early Retirement Age	Attainment of age 55 Completion of 5
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
	Credited years are plan years from date of hire excluding the following:

### ROBERT W. CRAVEN, M.D. INC. P.C. PENSION PLAN & TRUST

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

> Years before January 1, 1999 Years with less than 1,000 hours

it 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:

Credited Years	Vested Percent
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

**Termination Benefit** 

	SCH	EDULE SB		Single-E	mploy	yer Define	d Be	ne	fit Plan			OMB N	lo. 1210-0110	
	(Fc	(Form 5500) Actuarial Information 2018								2018				
		nent of the Treasury I Revenue Service		This schodule is r	auirod to	ha filad undar a	notion 1	04 0	f the Employe			-		
		artment of Labor efits Security Administra	tion	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 This Form is Open to Pul									c	
		efit Guaranty Corporatio				Revenue Code (th		<i>,</i>	~~~~			Ins	spection	
For	r calendar p	an year 2018 or f	scal plan ve		s an atta 01/01/20	chment to Form	5500 0	r 55	and ending	, 12/	31/20	)18		
		amounts to near		5 5						5				
	Caution: A	penalty of \$1,000	will be asse	essed for late filing o	of this rep	oort unless reasor	nable ca	ause	is established	ł.				
	Name of pla				DUIOT			E		•			001	
ŀ	KOBERT W.	CRAVEN, M.D.,	INC., P.C. F	ENSION PLAN & T	RUSI				plan num	ber (PN	)	•		
C	Plan sponso	r's name as show	n on line 2a	of Form 5500 or 55	00-SF				D Employer	Identifica	ation	Number (E	EIN)	
		CRAVEN, M.D.,							91-1735437			, ,	,	
E 1	Гуре of plan:	X Single	Multiple-A	Multiple-B		<b>F</b> Prior year pla	an size:		100 or fewer	□ 101-	500	More th	nan 500	
		Basic Informa												
1		valuation date:		Ionth 01	Day <sup>01</sup>	Year _20	)18							
2	Assets:				, <u> </u>			_						
	<b>a</b> Market	value								2a			158	3614
	<b>b</b> Actuaria	al value								2b			158	3614
3	Funding ta	arget/participant c	ount breakd	own			· · ·	/	mber of cipants		) Vested Funding Target		(3) Total Fundi Target	ng
	<b>a</b> For reti	ed participants ar	nd beneficia	ries receiving payme	ent				0		0	0		0
	<b>b</b> For terr	ninated vested pa	rticipants						0		0			0
	<b>C</b> For activ	ve participants							8		1315813		131	7909
	<b>d</b> Total								8			1315813	131	7909
4	If the plan	is in at-risk status	s, check the	box and complete I	ines (a) a	and (b)								
		, , ,	01	ed at-risk assumptio						<b>4a</b>				
				nptions, but disrega ecutive years and d						4b				
5					-								5.6	9 %
6	Target no	rmal cost								6			7	7545
	To the best of m accordance with		ulations. In my	n this schedule and accor opinion, each other assum rience under the plan.										
	SIGN HERE		Ċ	S/R_							0	3/13/2019	)	
			0	ture of actuary								Date		
				Raymond, MSPA								17-08656		
				nt name of actuary Actuarial LLC						NOST I		( enrolime 0) 289-34	nt number 74	
		4		irm name hern Ave., Suite 10	8				Те	lephone	num	per (includ	ing area code)	
				a. AZ 85206 ress of the firm										
f the	e actuary ha	s not fully reflected		tion or ruling promu	Ilgated ur	nder the statute in	comple	eting	this schedule	, check	the b	ox and se	e 🛛	
	uctions	,	, , ,	51	-			3		-				

v. 171027

P	art II	Begir	ning of Year	Carryov	er and Prefunding B	aland	ces						
								(a) Carryover balance (b) Prefunding bal			ng balance		
7		0	0 1 3		able adjustments (line 13 fr					0			37034
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)								0			0	
9	Amount	remaining	g (line 7 minus line	e 8)						0			37034
10			using prior year's a							0			2166
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:								
	a Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)								47758
			he excess, if any, 3, using prior year		over line 38b from prior ye interest rate of5.88								2808
	<b>b(2)</b> Int	erest on l	ine 38b from prior	year Sche	dule SB, using prior year's	actual							2808
													0
	<b>C</b> Total a	vailable a	t beginning of curre	ent plan yea	r to add to prefunding baland	e							50566
	<b>d</b> Portio	n of (c) to	be added to prefu	unding bala	ance								50566
12	Other re	ductions i	n balances due to	elections	or deemed elections								
13	Balance	at beginr	ing of current yea	r (line 9 + l	line 10 + line 11d – line 12)					0			89766
P	Part III	Fun	ding Percenta	ages									
14	Funding	target att	ainment percenta	ge								14	113.34 %
-					)							15	120.16 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding year's funding requirement				prefunding					16	117.96 %			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.						17	%					
P	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18					ar by employer(s) and emp	loyees:	:						
(1	<b>(a)</b> Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(N	<b>(a)</b> Date ИМ-DD-ҮҮ					nt paid by	
`	07-06-201	,	employen	3000	employees	· · ·	8-23-2018	,	employ		employees		
	07-19-201	8		2500		30	8-31-2018			20	00		
	07-26-201	8		2500		09	9-06-2018			10	00		
	08-03-201	8		1000		09	9-12-2018			10	00		
(	08-08-201	8		2000		10	0-05-2018			15	00		
(	08-20-201	8		2000		10	0-18-2018			10	00		
						Tota	als ►	18(b)			18(c)		
19	Discount	ed emplo	oyer contributions	– see instr	uctions for small plan with a	a valua	ation date a	after the	beginning of the	e year:			
	<b>a</b> Contri	butions a	llocated toward ur	npaid minin	num required contributions	from p	orior years.			19a			0
b Contributions made to avoid restrictions adjusted to valuation date							0						
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							29739					
20	Quarterl	/ contribu	tions and liquidity	shortfalls:									
	<b>a</b> Did th	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	l quarterly	installments for the current	year m	nade in a t	imely ma	anner?				Yes No
	<b>C</b> If line	20a is "Y	es," see instructio	ns and con	nplete the following table as	applic	cable:						
				Γ	Liquidity shortfall as of er								
(1) 1st (2) 2nd						(3) 3rd (4) 4th							

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Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances									
							(a) Carryover balance					<b>(b)</b> P	refundi	ng bala	ince
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)															
8			•	5	nding requirement (line 35 fr	•									
9	Amount	remainin	g (line 7 minus line	98)											
10	Interest	on line 9	using prior year's	actual retu	rn of%										
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balance:										
	<b>a</b> Prese	nt value c	of excess contribut	ions (line 3	38a from prior year)										
					a over line 38b from prior yea interest rate of										
	• •			•	edule SB, using prior year's a	actual									
	<b>C</b> Total a	available a	t beginning of curre	ent plan yea	ar to add to prefunding balance	э	i								
	<b>d</b> Portio	n of (c) to	be added to pref	unding bala	ance										
12	Other re	ductions i	in balances due to	elections	or deemed elections										
13	Balance	at beginr	ning of current yea	r (line 9 + l	line 10 + line 11d – line 12)										
Р	Part III	Fun	ding Percenta	ages											
				-									14		%
<ul> <li>14 Funding target attainment percentage</li> <li>15 Adjusted funding target attainment percentage</li> </ul>								15		%					
16 Prior year's funding percentage for purposes of determining whether carryover/prefun year's funding requirement										16		%			
							%								
Р	art IV	Con	tributions and	d Liquid	ity Shortfalls										
18					ar by employer(s) and emplo	-									
(1	<b>(a)</b> Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date (b) Amount paid by D-YYYY) employer(s)				(c) Amount paid by employees				
	10-24-201	8		1000				1						,	
	11-01-201	8		3000											
	12-06-201	8		1500											
(	03-08-201	19		5000											
								1					1		
						Totals <	•	18(b)		3	1000	18(c)			0
19	Discoun	ted emplo	over contributions	– see instr	uctions for small plan with a	valuation d	late	after the	beginning of th	_	T				
	a Contributions allocated toward unpaid minimum required contributions from prior years														
b Contributions made to avoid restrictions adjusted to valuation date															
		butions all	located toward min	imum requi	red contribution for current year	ar adjusted	to va	aluation d	ate	. 190	;				
20		, ,	itions and liquidity											• -	
	<b>a</b> Did th	ie plan ha	ive a "funding sho	rtfall" for th	e prior year?									Yes	No No
					installments for the current y			timely ma	anner?					Yes	No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table as										
		(1) 1s	t		Liquidity shortfall as of end (2) 2nd	d of quarter	of t		year 3rd				(4) 4th	<u>ו</u>	

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P	Part V	Assumpti	ons Used t	to Determine	Funding	Farget and Ta	rget Norn	nal Cost					
21	Discount	rate:											
	<b>a</b> Segm	ent rates:	1st s	egment: 3.92 %	2n	d segment: 5.52 %	:	3rd segment: 6.29 %			N/A, fu	ll yield cu	urve used
	<b>b</b> Applicable month (enter code)										0		
22	Weighted	d average retir	ement age						22		62		
23	Mortality	table(s) (see	instructions)	Prior regulation	n:	Prescribed - con	nbined	Prescribed	l - sepai	ate	s	ubstitute	
	Current regulation: X Prescribed - combined Pres									ate	s	ubstitute	
Pa	art VI	Miscellane	ous Items										
24	4 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 me	ethod change l	been made for	the current plan	year? If "Ye	s," see instructions	s regarding re	equired attach	ment			🗌 Y	′es 🗙 No
26	Is the pla	n required to p	provide a Sche	edule of Active Pa	articipants? I	"Yes," see instruc	ctions regard	ing required a	ttachme	ent		🗌 Y	′es 🗙 No
27						de and see instru			27				
P	art VII	Reconcili	ation of Un	paid Minimu	ım Require	ed Contributio	ons For Pr	ior Years					
28	Unpaid m	ninimum requir	red contributio	ns for all prior ye	ars				28				0
29					•	m required contrib			29				0
30	Remainir	ng amount of u	Inpaid minimu	m required contri	butions (line	28 minus line 29) .			30				0
Pa	Part VIII Minimum Required Contribution For Current Year												
31	31 Target normal cost and excess assets (see instructions):												
							31a				77545		
	<b>b</b> Excess	s assets, if app	licable, but no	ot greater than lin	e 31a				31b		77545		
32	Amortiza	tion installmen	its:				Outs	standing Balar	nce		Ir	stallmer	nt
	a Net she	ortfall amortiza	ation installmer	nt						0			0
										0			0
33						ne ruling letter gra waived amount			33				
34	Total fun	ding requireme				lances (lines 31a ·		- 32b - 33)	34				0
					Carryo	over balance	Pre	funding balan	ice		То	tal balan	се
35			se to offset fun	-									0
36	Additiona	al cash require	ment (line 34 r	minus line 35)					36				0
	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 37								29739				
38	Present	alue of exces	s contributions	for current year	(see instructi	ons)		I		I			
	a Total (e	excess, if any,	of line 37 over	r line 36)					38a				29739
	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								0				
39									0				
40	Unpaid m	ninimum requir	red contribution	ns for all years					40				0
Ра	rt IX	Pension	Funding R	elief Under P	ension Re	lief Act of 201	10 (See In	structions	)				
41	If an elec	tion was made	e to use PRA 2	010 funding relie	of for this plan	:							
	a Schedu	ule elected								2	olus 7 yea	rs	15 years
	<b>b</b> Eligible	e plan year(s) f	for which the e	lection in line 41	a was made				2	2008	2009	2010	2011

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# ROBERT W. CRAVEN, M.D. INC. P.C. PENSION PLAN & TRUST Employer ID# 91-1735437: Plan No. 001

Quarterly Installment Payment: \$0.00

#### Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

<u>Date</u> 07-06-2018	<u>Amount</u> 3,000.00	<u>Year</u> 2018	<u>Rate</u> 5.69%	<u>Period</u> 07-06-2018 to 01-01-2018	<u>Adj Ctb</u> 2,915.96
07-19-2018	2,500.00	2018	5.69%	07-19-2018 to 01-01-2018	2,425.27
07-26-2018	2,500.00	2018	5.69%	07-26-2018 to 01-01-2018	2,422.75
08-03-2018	1,000.00	2018	5.69%	08-03-2018 to 01-01-2018	967.95
08-08-2018	2,000.00	2018	5.69%	08-08-2018 to 01-01-2018	1,934.45
08-20-2018	2,000.00	2018	5.69%	08-20-2018 to 01-01-2018	1,931.00
08-23-2018	1,000.00	2018	5.69%	08-23-2018 to 01-01-2018	965.07
08-31-2018	2,000.00	2018	5.69%	08-31-2018 to 01-01-2018	1,927.84
09-06-2018	1,000.00	2018	5.69%	09-06-2018 to 01-01-2018	963.06
09-12-2018	1,000.00	2018	5.69%	09-12-2018 to 01-01-2018	962.20
10-05-2018	1,500.00	2018	5.69%	10-05-2018 to 01-01-2018	1,438.16
10-18-2018	1,000.00	2018	5.69%	10-18-2018 to 01-01-2018	956.92
10-24-2018	1,000.00	2018	5.69%	10-24-2018 to 01-01-2018	956.07
11-01-2018	3,000.00	2018	5.69%	11-01-2018 to 01-01-2018	2,864.79
12-06-2018	1,500.00	2018	5.69%	12-06-2018 to 01-01-2018	1,424.75
03-08-2019	5,000.00	2018	5.69%	03-08-2019 to 01-01-2018	4,682.50
Totals:	31,000.00				29,738.74

<sup>19</sup> 

Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the yearaContributions allocated toward unpaid minimum required contribution from prior years19a0.00bContributions made to avoid benefit restrictions adjusted to valuation date19b0.00cContributions allocated toward minimum required contribution for current year, adjusted to valuation date29,738.74

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 91-1735437 PN: 001

### ROBERT W. CRAVEN, M.D. INC. P.C. PENSION PLAN & TRUST

Weighted Average Retirement Age Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the plan's early retirement date, which is defined as:

The later of:

Attainment of age 55 Completion of 5

Participants who have passed their Early Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 57

# ROBERT W. CRAVEN, M.D. INC. P.C. PENSION PLAN & TRUST

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 1/1/2018

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>		
Interest Rates	Seg 1: 3.92% 1.81%	Seg 1: 2.33%	Pre-Retirement: 5.50%		
	Seg 2: 5.52% 3.68%	Seg 2: 3.55%	Post-Retirement: 5.50%		
	Seg 3: 6.29% 4.53%	Seg 3: 4.11%			
Applicable Date	01/2018 01/2018	12/2017			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Early retirement age 55 and 5 years of participation	Early retirement age 55 and 5 years of participation	Early retirement age 55 and 5 years of participation		
Post-Retirement					
Mortality	Male-2018 Default Static Table - Combined Male Female-2018 Default Static Table - Combined Female	2018 Applicable Mortality Table from Notice 2017-60	GAR 94 without loads projected to 2002 with scale AA 50%M/50%F		
Assumed Benefit Form	For Funding	Normal Form			
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant		
	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 Int	erest Rate	5.69%			
Actuarial Cost Method		The Unit Credit funding method prescribed by the Pension Protect method sets the funding target evalue of accrued benefits, and see equal to the present value of the the current year.	ction Act. This qual to the present ets the normal cost		

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.