Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report I	dentification Information						
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2	018	and ending 12	2/31/2018			
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) (mployer information in ac	_			
D		a one-participant plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram		
		special extension (enter descri	ption)					
Part II	Basic Plan Infor	mation—enter all requested info	ormation					
1a Name ADVANCE F	of plan PHYSICAL THERAPY,		1b Three-di plan nun (PN) ▶	-				
					1c Effective	date of plan 01/01/2018		
	ponsor's name (employ			r Identification Number				
		n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		tructions)	(EIN)	82-0522352		
-	PHYSICAL THERAPY, I	ŕ		's telephone number 208-263-7998				
			2d Business	s code (see instructions)				
1905 W. PIN SANDPOINT			621340					
0/11/12/1 01/1/1	1, 12 0000 1							
3a Plan a	idministrator's name and		3b Administ	rator's EIN				
					20 Administ	rator'a talanhana numbar		
					3C Administ	rator's telephone number		
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN			
	sor's name	, ,			4d PN			
C Plan N	Name							
5a Total	number of participants	at the beginning of the plan year			5a	4		
_		at the end of the plan year			5b	4		
		ccount balances as of the end of t			5c	<u> </u>		
comp	lete this item)				5d(1)			
		ticipants at the beginning of the pla	-			4		
		ticipants at the end of the plan yea erminated employment during the			5d(2)	4		
than	100% vested				5e	0		
		r incomplete filing of this return						
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.						
SIGN	Filed with authorized/\	valid electronic signature.	04/11/2019	JULIE PRICE				
HERE	Signature of plan ac	lministrator	Date	Enter name of individ	ual signing as p	as plan administrator		
SIGN	Filed with authorized/v	valid electronic signature.	04/11/2019	JULIE PRICE				
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing as e	employer or plan sponsor		

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.									
	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 the					_		Not detern		
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year	,		(b) Er	nd of Year		
a	Total plan assets	7a		0				28260		
	Total plan liabilities	7b		0				0		
	Net plan assets (subtract line 7b from line 7a)	7c		0			28260			
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)	;	30300						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		-2040						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						28260		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	Fotal expenses (add lines 8d, 8e, 8f, and 8g)								
	Net income (loss) (subtract line 8h from line 8c)									
	Transfers to (from) the plan (see instructions)	8j		0						
Par										
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the ir	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Cod	des in the ins	structions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			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?	•	·	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.)									
f										
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No				
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this 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)	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	X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

b For terminated vested participants	Fo	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018	
A Name of plan ADVANCE PHYSICAL THERAPY, PA DEFINED BENEFIT PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANCE PHYSICAL THERAPY, PA E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets: a Market value. b Actuarial value a For retired participant count breakdown for retired participants and beneficiaries receiving payment. 0 D For terminated vested participants and beneficiaries receiving payment. 0 D For terminated vested participants. 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). 4 If the plan is in at-risk status, check the box and complete lines (a) and (b). 5 Efficative interest rate. 5 G G.0.7% 6 Target normal cost. 5 Efficiency interest rate. 5 G G.0.7% 6 Target normal cost. 5 Efficiency interest rate. 5 G G.0.7% 6 Target normal cost. Firm name Firm name Address of the firm B Three-digit plan number (PN) D Employer Identification Number (EIN) 82-0622352 D OO or fewer	•	Round off amounts to nearest dollar.					
ADVANCE PHYSICAL THERAPY, PA DEFINED BENEFIT PLAN Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANCE PHYSICAL THERAPY, PA	<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able cau	se is established	d.		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADVANCE PHYSICAL THERAPY, PA E Type of plan:				B Three-dig	git		
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets:		ADVANCE PHYSICAL THERAPY, PA DEFINED BENEFIT PLAN		plan num	ber (PN) •	001
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets:							
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets: a Market value 2a 0 b Actuardia value 2b 0 5 Actuardia value 2b 0 6 Actuardia value 2b 0 6 For retired participants count breakdown 100 participants and beneficiaries receiving payment 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	EIN)
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets: a Market value. b Actuarial value 2 a 0 b Actuarial value 3 Funding target/participant count breakdown 4 For retired participants and beneficiaries receiving payment 5 For retired participants and beneficiaries receiving payment 6 For retired participants and beneficiaries receiving payment 7 For eactive participants 7 For eactive participants 8 For retired participants 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ADVANCE PHYSICAL THERAPY, PA			82-05	22352	
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets: a Market value. b Actuarial value 2 a 0 b Actuarial value 3 Funding target/participant count breakdown 4 For retired participants and beneficiaries receiving payment 5 For retired participants and beneficiaries receiving payment 6 For retired participants and beneficiaries receiving payment 7 For eactive participants 7 For eactive participants 8 For retired participants 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					_		
1 Enter the valuation date: Month 01 Day 01 Year 2018 2 Assets: a Market value. b Actuarial value c 2a 0 b Actuarial value. 2 a 0 b Actuarial value. 2 a 0 b Actuarial value. 2 a 0 c 2b 0 0 0 c For active participants and beneficiaries receiving payment 0 0 0 0 0 c For active participants. 0 0 0 0 0 c For active participants. 0 0 0 0 0 c For active participants. 0 0 0 0 0 c For active participants. 0 0 0 0 0 c For active participants and beneficiaries receiving payment 0 0 0 0 0 c For active participants. 0 0 0 0 0 0 c For active participants 0 0 0 0 0 0 c For active participants 0 0 0 0 0 0 c For active participants 0 0 0 0 0 0 0 0 c For active participants 0 0 0 0 0 0 0 0 0 c For active participants 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E	Type of plan: X Single Multiple-A Multiple-B F Prior year pla	ın size: 🔀	100 or fewer	101-	500 More th	an 500
2 Assets: a Market value	F	Part I Basic Information					
a Market value		Enter the valuation date: Month 01 Day 01 Year 20	18			1	
b Actuarial value	2	Assets:					
3 Funding target/participants count breakdown a For retired participants and beneficiaries receiving payment. b For terminated vested participants. 0 0 0 0 C For active participants. 10 0 0 0 C For active participants. 4 13151 13151 d Total. 4 13151 13151 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		a Market value			-		0
a For retired participants and beneficiaries receiving payment		b Actuarial value					
b For terminated vested participants	3	Funding target/participant count breakdown	()				
C For active participants 4 13151 13151 dd Total 5 13151		a For retired participants and beneficiaries receiving payment		0		0	0
d Total		b For terminated vested participants		0		0	0
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		C For active participants		4		13151	13151
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate. 5 6 6.07 % 6 Target normal cost. To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, ofter my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date LISA PENPEK Type or print name of actuary Most recent enrollment number PENPEK ACTUARIAL CONSULTING, INC. 865-671-0534 Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		d Total		4		13151	13151
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate	4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
at-risk status for fewer than five consecutive years and disregarding loading factor		a Funding target disregarding prescribed at-risk assumptions			4a		
5 6.07% 6 Target normal cost					4b		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date LISA PENPEK Type or print name of actuary PENPEK ACTUARIAL CONSULTING, INC. Firm name Firm name Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5				_		6.07 %
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN	6	Target normal cost			6 13		
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE	Sta	· · · · · · · · · · · · · · · · · · ·					
Signature of actuary Date LISA PENPEK Type or print name of actuary Most recent enrollment number PENPEK ACTUARIAL CONSULTING, INC. Firm name Firm name Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accordance with applicable law and regulations.)					
Signature of actuary LISA PENPEK Type or print name of actuary PENPEK ACTUARIAL CONSULTING, INC. Firm name Firm name Address of the firm Signature of actuary Most recent enrollment number 865-671-0534 Telephone number (including area code) Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		SIGN					
Type or print name of actuary Most recent enrollment number PENPEK ACTUARIAL CONSULTING, INC. Firm name PO BOX 24553 KNOXVILLE, TN 37933 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		HERE		<u> </u>		04/08/201	9
Type or print name of actuary PENPEK ACTUARIAL CONSULTING, INC. PO BOX 24553 KNOXVILLE, TN 37933 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		Signature of actuary				Date	
PENPEK ACTUARIAL CONSULTING, INC. Firm name PO BOX 24553 KNOXVILLE, TN 37933 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	<u>L</u>	ISA PENPEK		_		17-06954	ļ.
Firm name Telephone number (including area code) PO BOX 24553 KNOXVILLE, TN 37933 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see		Type or print name of actuary			Most	recent enrollme	nt number
PO BOX 24553 KNOXVILLE, TN 37933 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	F	PENPEK ACTUARIAL CONSULTING, INC.				865-671-05	34
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				Te	lephone	number (includ	ing area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see							
		Address of the firm		_			
			completi	ing this schedule	e, check	the box and see	• N

Page 2 - ∣¹	1
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P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances							
					<u>_</u>		(a) Ca	arryover balance		(b) P	refundir	g balance	
7		•	0 , ,		able adjustments (line 13 fro			0				0	
8				,	nding requirement (line 35 fr			0				0	
9	Amount r	emaining	g (line 7 minus line	e 8)				0				0	
10	Interest of	n line 9 ເ	using prior year's	actual retui	rn of%			0				0	
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	a Preser	it value o	f excess contribut	ions (line 3	88a from prior year)							0	
	b(1) Inte	erest on t nedule SE	the excess, if any, 3, using prior year	of line 38a	over line 38b from prior year interest rate of9	ır %						0	
	b(2) Inte	erest on I	ine 38b from prior	year Sche	edule SB, using prior year's a	ctual							
												0	
	C Total a	vailable at	t beginning of curre	ent plan yea	er to add to prefunding balance	·						0	
	d Portion	of (c) to	be added to pref	unding bala	ance							0	
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				0	
13	Balance	at beginn	ning of current yea	r (line 9 + I	line 10 + line 11d – line 12)			0				0	
Р	art III	Fun	ding Percenta	ages		•							
											14	0.00%	
					· · · · · · · · · · · · · · · · · · ·						15	0.00%	
	Prior yea	r's fundin	ng percentage for	purposes c	of determining whether carry	over/prefund	ling balance	s may be used to			16	100.00%	
17					less than 70 percent of the f						17	%	
	art IV		tributions an							J.	Į.		
18					ar by employer(s) and emplo	-							
(1	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Date (b (MM-DD-YYYY)			(b) Amount paid by employer(s)		(c) Amount paid by employees		
C	6/14/2018	}		15000	0	12/18/20	18		3000)		0	
C	9/04/2018	}		3000	0	08/08/20	18		3000)		0	
1	0/30/2018	}		3000	0	10/09/20	18		3000)		0	
	1/23/2019			300	0	12/18/20	18		3000)		0	
C	8/08/2018	}		3000	0								
1	0/09/2018			3000	0		1.50				1		
						Totals ►	18(b)		39300	18(c)		0	
19		•	-		uctions for small plan with a			· · ·					
				•	num required contributions for			<u> </u>	9a			0	
					usted to valuation date				9b			0	
					red contribution for current yea	ar adjusted to	valuation da	ate 1	9с			29228	
20	-		itions and liquidity									V	
		•	•		e prior year?							Yes X No	
					installments for the current y		a timely ma	inner?				Yes No	
	C If line	20a is "Ye	es," see instructio	ns and con	nplete the following table as		of this release						
		(1) 1st	t		Liquidity shortfall as of end (2) 2nd	or quarter		ear Brd			(4) 4th		
		(., 10	-		(-)	1	(0)			'	(.)		
				l					1				

	Part V Assumptions Used to Determine Funding Target and Target Normal Cost											
	Part V Discount	-	ons usea to	Determine	Funding Target	and rarg	jet Norma	ai Cost				
21			1st seg	ment:	2nd segmen	t·	3:	rd segment:		_		
	a Segmo	eni raies.		3.92%	5.52			6.29 %		N/A, full yield curve used		
	b Applica	able month (er	nter code)						21b	0		
22	Weighted	d average retire	ement age						22	63		
23	Mortality	table(s) (see	instructions) F	Prior regulation	: Prescri	bed - comb	ined	Prescribed	l - separa	te Substitute		
			(Current regulat	ion: X Prescri	bed - comb	ined	Prescribed	l - separa	te Substitute		
Pa	Part VI Miscellaneous Items											
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required											
		-					-					
25	Has a me	ethod change I	been made for th	e current plan	year? If "Yes," see in	structions re	egarding red	uired attach	ment	Yes X No		
26	Is the pla	n required to p	provide a Schedu	lle of Active Pa	articipants? If "Yes," se	ee instruction	ons regardin	g required a	ttachmen	tYes X No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment								27			
P	art VII				m Required Con	tribution	s For Pri	or Years				
28	Unpaid m	ninimum requir	red contributions	for all prior yea	ars				28	0		
29					npaid minimum require			,	29	0		
30	, ,				outions (line 28 minus				30	0		
Pá	Part VIII Minimum Required Contribution For Current Year											
31			d excess assets (
	a Target	normal cost (li	ne 6)		······				31a	13986		
	b Excess	assets, if app	olicable, but not g	reater than line	e 31a				31b	0		
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Installment		
	a Net sho	ortfall amortiza	ation installment						13151	2147		
	b Waiver	amortization	installment					-	0	0		
33	If a waive (Month _				the date of the ruling [) and the waived a				33			
34	Total fund	ding requireme	ent before reflect	ing carryover/p	refunding balances (li	nes 31a - 3	1b + 32a +	32b - 33)	34	16133		
					Carryover bala	nce	Prefu	unding balar	ice	Total balance		
35			se to offset fundir	_		0			0	0		
36	Additiona	al cash require	ment (line 34 mir	nus line 35)					36	16133		
37				•	ribution for current yea	•		`	37	29228		
38	Present v	alue of exces	s contributions fo	or current year	(see instructions)				•			
	a Total (e	excess, if any,	of line 37 over lir	ne 36)					38a	13095		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							nces	38b	0		
39									39	0		
40	Unpaid m	ninimum requir	red contributions	for all years					40	0		
Pa	rt IX	Pension	Funding Reli	ef Under P	ension Relief Ac	t of 2010	(See Ins	tructions)			
41	If an elec	tion was made	e to use PRA 201	0 funding relie	f for this plan:							
	a Schedu	ule elected								2 plus 7 years 15 years		
	b Eligible	plan year(s) f	for which the elec	ction in line 41a	a was made					08		

Form 5500-SF

Department of the Treasure Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 a single-employer pian a multiple-employer plan (not multiemployer) (Filers checking this box must attach This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan. a foreign plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan **1b** Three-digit plan number Advance Physical Therapy, PA Defined Benefit Plan (PN) 🕨 001 1c Effective date of plan 01/01/2018 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 82-0522352 Advance Physical Therapy, PA 2C Sponsor's telephone number (208) 263-7998 2d Business code (see instructions) 1905 W. Pine Street 621340 US Sandpoint ID 93864 3a Plan administrator's name and address 🗵 Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Sponsor's name **4d** PN Plan Name 5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year b 4 C Number of participants with account balances as of the end of the plan year (only defined contribution plans 5¢ complete this Item) d(1) Total number of active participants at the beginning of the plan year 5d(1) 4 d(2) Total number of active participants at the end of the plan year 5d(2) 4 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Julie Price 4 ទីថ្លែកនture of បង្កែក administrator Enter name of individual signing as plan administrator

Date

Julie Price

Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2018) v.171027

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Page	2
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6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See Instructions)						· —	
b	Are you claiming a waiver of the annual examination and report of	an indaaaa	dopt avalities a subject of	count	ant (IC	2PA)	************	***********		
	under 29 CFR 2520.104-467 (See Instructions on waiver aligibility if you answered "No" to either line 6a or line 6b, the plan cann	and conditi of use For	ONS.)					+	X Yes	☐ No
C	If the plan is a defined benefit plan, is it covered under the PBGC In	nsurance o	moram (see ERISA see	tion d	KU US E	, ron	m 5500. □ ∨.	. 		
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC n	Omium filing for this yes		1021):	******	· T 6			
	ad Mt. Financial Information		amon ming for this yea	4r <u> </u>	_			(See Instru	ctions.)
7	Plan Assets and Liebilities	S. 16	(a) Beginning	of Ve		$\overline{}$		/h) ===1 =	£ W	
<u>a</u>	Total plan assets	, 7a	(2, 223	<i>0,</i> 10	0	-		(b) End of Year		
_b	Total plan liabilities	. 7b		±	-	\dashv		_	28,	260
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			_ ,	\dashv	_			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	Ť			(b) To		260
a	Contributions received or receivable from:					***	81016-75	(9) 10	ecii	
_	(1) Employers	8a(1)		30,	300					
	(2) Participants	8a(2)			0		7. 1			15,000
ъ	Other income (loss)	8a(3)	<u>-</u> -		0	_		1		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		(2,0	40)			ka sili sa	in the party	war
d	Benefits paid (including direct rollovers and insurance premiums	8c		September 1			***************************************		28,	260
	to provide benefits)	8d			0			10/24/2019		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0				770	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		_	Q				4 900	ie ien
g	Other expenses	8g			o	1000	394594		4	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0
<u>i</u>	Net Income (loss) (subtract line 8h from line 8c)	8i	1.60	T . A . A . S . T					28,	260
j	Transfers to (from) the plan (see Instructions)	8]		· · · · · · · · · · · · · · · · · · ·	0			67462		1
	Man Characteristics									//
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan (Chara	cterist	ic Co	des in ti	he instructio	<u></u>	
\rightarrow	1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cl	harac	teristic	Cod	es in the	e instruction	9;	
			***	_						
10	During the plan year.				Yes	No	100	A	mount	
а	to the plant any participant contribut	ions within	the time period		'		2503		·	
	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vol	luntary Fidu	iciary Correction		1	ľ				
b	Were there any nonexempt transactions with any party-in-interest?	/Do not in	aluda tuata ti	10a	<u> </u>	X.				
	reported off line roal)	*******	****	10b		x				
-c	Was the plan covered by a fidelity bond?			10c	<u>L</u>	ж.		•		
	by fraud or dishonesty?	************	***************************************	10d	_	x			***	
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)									
f	Has the plan failed to provide any benefit when due under the plan?	*****************************	10e		x					
g	Did the plan have any participant loans? (if "Yes," enter amount as		10g	-	×	1000				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	loo include	ione and so own	Ť			(Carlon	1		
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-	rogulese -	ation on the state	10h 10i	·	1	u e			7

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Page	J		

Par	Pension Funding Compliance		-			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedule	: SB	x	Yes [No No
116	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	119	*************	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?	tion 302	of		Yes 🕱	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver	ind ente		of the Yes		Ing
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		· <u>·</u>			
b	Enter the minimum required contribution for this plan year	12b			_	
C	Enter the amount contributed by the employer to the plan for the plan year	12a			-	
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)	12d	-, <u>-</u> -			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes 🗀	No	<u> </u>	
72. EX	Plan Terminations and Transfers of Assets				<u>—</u> .	"
_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				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	1		es [K No	
¢	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.)	s) to	-			
13	c(1) Name of plan(s): 13c(2) El	N/a)		40-	ON DAKE	
	196(4) E1	14(5)		190	(3) PN(s	1

Schedule SB, line 19 - Discounted Employer Contributions

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 01/01/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	06/14/2018	\$15,000					
Applied to MRC	01/01/2018	15,000	14,608	0	0	6.07	0
Deposited Contribution	08/08/2018	\$3,000					
Applied to Additional Contribution	01/01/2018	1,420	1,371	0	0	6.07	0
Applied to MRC	01/01/2018	1,580	1,525	0	0	6.07	0
Deposited Contribution	09/04/2018	\$3,000					
Applied to Additional Contribution	01/01/2018	3,000	2,883	0	0	6.07	0
Deposited Contribution	10/09/2018	\$3,000					
Applied to Additional Contribution	01/01/2018	3,000	2,867	0	0	6.07	0
Deposited Contribution	10/30/2018	\$3,000					
Applied to Additional Contribution	01/01/2018	3,000	2,857	0	0	6.07	0
Deposited Contribution	12/18/2018	\$3,000					
Applied to Additional Contribution	01/01/2018	3,000	2,835	0	0	6.07	0
Deposited Contribution	01/23/2019	\$300					
Applied to Additional Contribution	01/01/2018	300	282	0	0	6.07	0
Totals for Deposited Contribution		\$30,300	\$29,228	\$0	\$0		

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

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001 For the plan year 01/01/2018 through 12/31/2018

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 32 - Schedule of Amortization Bases

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001

For the plan year 01/01/2018 through 12/31/2018

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2018	13,151	Shortfall	13,151	7	2,147
Totals:				\$13,151		\$2,147

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001

For the plan year 01/01/2018 through 12/31/2018

Valuation Date: 01/01/2018

Funding Method: As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not 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)

Segment 3

Minimum

Interest Rates -

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

Segment # Year Rate 9

Segment #	Year	Rate %
Segment 1	0 - 5	1.81
Segment 2	6 - 20	3.68
Segment 3	> 20	4.53

 Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

 Segment #
 Year
 Rate %

 Segment 1
 0 - 5
 3.92

 Segment 2
 6 - 20
 5.52

> 20

6.29

Pre-Retirement - Mortality Table - None

Early Retirement Table - None
Turnover Table - None
Disability Table - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 18C - 2018 Combined

Cost of Living - None

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

or

18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001

For the plan year 01/01/2018 through 12/31/2018

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001

For the plan year 01/01/2018 through 12/31/2018

Employer: Advance Physical Therapy, PA

Type of Entity - S Corporation

EIN: 82-0522352 TIN: 82-3947637 Plan #: 001 Plan Type: Defined Benefit

Dates: Effective - 01/01/2018 Year end - 12/31/2018 Valuation - 01/01/2018

Top Heavy Years - 2018

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 63 and completion of 5 years of participation

Early - Not provided

<u>Average Compensation:</u> Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below:

2% of average monthly compensation per year of service after 01/01/2017 beginning year 1

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2017 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 Benefit

Disability Benefit - None

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

Advance Physical Therapy, PA Defined Benefit Plan 82-0522352 / 001

For the plan year 01/01/2018 through 12/31/2018

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

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.33
Segment 2	6 - 20	3.55
Segment 3	> 20	4.11

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

	► File as an attachm	ent to Form 5500 or t	5500-5F.				
For	calendar plan year 2018 or fiscal plan year beginning 01/01	./2018	and ending	g 12/	31/20	18	
• 1	Round off amounts to nearest dollar.						
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable cau	use is established				
A١	lame of plan		B Three-digit	t			
Adv	ance Physical Therapy, PA Defined Benefit Plan		plan numb	er (PN)	•	001	
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ide	entification	on Numb	per (FIN)	
	ance Physical Therapy, PA		. ,	2-0522		(=)	
Auv	ance Physical Inerapy, PA		62	2-0322	JJZ		
Ет	ype of plan: X Single Multiple-A Multiple-B	Prior year plan size:	x 100 or fewer ☐]101-50	00 🔲 0	More than 500	
Pa	art I Basic Information						
1	Enter the valuation date: Month 01 Day 01	Year2018	_				
2	Assets:						
	a Market value			2a			0
	b Actuarial value		• • • • • • • • • • • • • • • • • • • •	2b			0
3	Funding target/participant count breakdown:	(1) Number of	(2) Vested	Funding	ı	(3) Total F	unding
		participants	Tarç	get		Targ	et
	a For retired participants and beneficiaries receiving payment	0			0		0
		0			0		0
	b For terminated vested participants	4		13,151			13,151
	C For active participants	4			13,151 13,		
4	d Total If the plan is in at-risk status, check the box and complete lines (a) and	(h)			, = =		
•	a Funding target disregarding prescribed at-risk assumptions	* /		4a			
	b Funding target reflecting at-risk assumptions, but disregarding transit		ŀ				
	at-risk status for fewer than five consecutive years and disregarding		nave been in	4b			
5	Effective interest rate	• • • • • • • • • • • • • • • • • • • •	•••••	5			6.07 %
6	Target normal cost	• • • • • • • • • • • • • • • • • • • •	•••••	6			13,986
	ement by Enrolled Actuary						
acc	the best of my knowledge, the information supplied in this schedule and accompanying schedule ordance with applicable law and regulations. In my opinion, each other assumption is reasonable						
	nbination, offer my best estimate of anticipated experience under the plan.						
	SIGN						
П	ERE Sur Perper				04/08/	2019	
	Signature of actuary				Da		
	Lisa Penpek 17-06954						
	Type or print name of actuary Most recent enrollment number						
	Penpek Actuarial Consulting, Inc.					1-0534	
	Firm name		Tel	ephone r	number	(including area	code)
	PO Box 24553						
	US Knoxville TN 37933						
	Address of the firm						
	actuary has not fully reflected any regulation or ruling promulgated under	er the statute in comple	eting this schedule	e, check	the box	and see	
ınstrı	uctions						

	Schedu	e SB (Form 5500) 2018		Page 2	2]					
Pa	rt II Beg	jinning of Year Carryov	ver and Prefunding Bal	ances							
					(a) (Carryover balance)	(b)	Prefund	ling balance	
7		eginning of prior year after appl					0				0
8		ed for use to offset prior year's					0				0
9 Amount remaining (line 7 minus line 8)							0				0
10	Interest on lin	e 9 using prior year's actual re	turn of0.00%				0				0
11	Prior year's e	xcess contributions to be adde	d to prefunding balance:								
	a Present va	alue of excess contributions (lin	e 38a from prior year)								0
	` '	t on the excess, if any, of line 3 ale SB, using prior year's effect		ar <u>)</u> %							0
	b(2) Interes	t on line 38b from prior year Sc	hedule SB, using prior year's a	actual							
	return	•••••	• • • • • • • • • • • • • • • • • • • •								0
	C Total avail	able at beginning of current pla	an year to add to prefunding ba	alance .							0
	d Portion of	(c) to be added to prefunding b	palance								0
12		ons in balances due to election					0				0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)					,	,		0		
Pa	rt III Fu	unding Percentages									
		et attainment percentage							14	0.00) %
		ling target attainment percenta							15	0.00	
	Prior year's fu	unding percentage for purposes funding requirement	s of determining whether carry	over/prefu	nding balaı	nces may be used	d to redu	се	16	100.00	
17	If the current	value of the assets of the plan	is less than 70 percent of the f	funding tar	get, enter s	such percentage	••••		17		%
Pa	rt IV C	ontributions and Liquid	dity Shortfalls								
18		made to the plan for the plan		oyees:							
	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amoun employ		,		ount paid by oloyees	
06/	14/2018	15,000		08/08	/2018		3,0	000			
09/	04/2018	3,000		10/09	/2018		3,0	000			
10/	/30/2018	3,000		12/18	/2018		3,0	000			
01/	/23/2019	300									
				Totals	► 18(b)		30,3	300 18(c)		0
19	Discounted e	mployer contributions see ins	structions for small plan with a	valuation	date after t	the beginning of th	ne year:				
	a Contribution	ons allocated toward unpaid min	nimum required contributions f	rom prior y	ears		19a				0
	b Contribution	ons made to avoid restrictions a	djusted to valuation date		•••••	•••••	19b	<u> </u>			0
	c Contribution	ns allocated toward minimum	equired contribution for currer	nt year adjı	usted to va	luation date	19c			29,	228
20	Quarterly cor	tributions and liquidity shortfall	s:								
	a Did the pla	n have a "funding shortfall" for	the prior year?			• • • • • • • • • • • • • • • • • • • •	•••••		[Yes X N	10
	b If line 20a	is "Yes," were required quarter	ly installments for the current y	ear made	in a timely	manner?	• • • • • • • •	, 	[Yes N	10

Liquidity shortfall as of end of quarter of this plan year

3rd

(4) 4th

(3)

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

(2) 2nd

(1) 1st

D 4	N/ A (1					
Part	_	ons Used To Determine	e Funding Target and Targ	jet Normal Cost		
	scount rate:	1st segment:	2nd segment:	3rd segment:		<u> </u>
а	Segment rates:	3.92 %	5.52 %	6.29 %		N/A, full yield curve used
b	Applicable month	(enter code)			21b	0
22 W	eighted average re	tirement age			22	63
	ortality table(s) (see				bed - sepa	rate Substitute
		Current re	gulation: X Prescribed - con	nbined Prescril	bed - sepa	rate Substitute
Part \	/I Miscellane	eous items				
24 Ha	as a change been r	made in the non-prescribed ac	tuarial assumptions for the current	plan year? If "Yes," see	instruction	s regarding required
at	tachment			• • • • • • • • • • •		Yes X No
25 Ha	as a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	hment .	Yes X No
26 Is	the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachmen	t Yes X No
			ter applicable code and see instruc		27	
Part \			um Required Contribution			Τ .
-	•	· · · · · · · · · · · · · · · · · · ·	years		28	0
	. ,		d unpaid minimum required contrib		29	0
			ntributions (line 28 minus line 29)		30	0
Part \		Required Contribution				
		nd excess assets (see instruct				
		·	• • • • • • • • • • • • • • • • • • • •		31a	13,986
			line 31a		31b	0
	mortization installm	<u> </u>		Outstanding Bala		Installment
а	Net shortfall amorti	ization installment			13,151	2,147
b	Waiver amortizatio	n installment			0	0
33 If a	a waiver has been	approved for this plan year, er	nter the date of the ruling letter gran	nting the approval	22	
(N	Nonth	Day Year) and the waived amount .		33	
34 To	otal funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	16,133
			Carryover balance	Prefunding Bala	ance	Total balance
35 Ba	alances elected for	use to offset funding				
re	quirement	• • • • • • • • • • • • • • • • • • • •	0		0	0
			• • • • • • • • • • • • • • • • • • • •		36	16,133
			contribution for current year adjuste		37	29,228
			or (occipations)	• • • • • • • • • • • •		29,220
		ess contributions for current years (see 27 ever line 26)			38a	13,095
			prefunding and funding standard ca		38b	13,095
			rear (excess, if any, of line 36 over	•	39	0
	•	uired contributions for all years	,	· · · · · · · · · · · · · · · · · · ·	40	0
Part I	<u> </u>	•	Pension Relief Act of 2010			
				(Joe manachons	• 1	
		de to use PRA 2010 funding re	·			7 o
			• • • • • • • • • • • • • • • • • • • •			
b	Eligible plan year(s	s) for which the election in line	41a was made		. 20	08 2009 2010 2011