



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME	EMPLOYER NUMBER	
NORTHWEST SPEC REC ASSN	05436	
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
12/10/2023	17,039.40	EFT

PLAN SUMMARY					
REPORTING PERIOD: 11/2023					
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	55,236.43	2,485.65	2,110.03
Regular Tier 2	RG03	38	141,299.44	6,358.46	5,397.64
Voluntary Additional Tier 1	VA01	3	0.00	320.98	0.00
Voluntary Additional Tier 2	VA03	1	0.00	366.64	0.00
TOTAL		47*	196,535.87	9,531.73	7,507.67

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E0000002049229
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Fri Dec 08 14:23:37 CST 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford

**PAYMENT SUMMARY**

EMPLOYER NAME NORTHWEST SPEC REC ASSN		EMPLOYER NUMBER 05436
PAYMENT DUE DATE 11/10/2023	TOTAL CONTRIBUTIONS DUE 16,531.53	PAYMENT METHOD EFT

PLAN SUMMARY

REPORTING PERIOD: 10/2023

PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	52,590.94	2,366.61	2,008.97
Regular Tier 2	RG03	38	137,841.04	6,202.80	5,265.53
Voluntary Additional Tier 1	VA01	3	0.00	320.98	0.00
Voluntary Additional Tier 2	VA03	1	0.00	366.64	0.00
TOTAL		47*	190,431.98	9,257.03	7,274.50

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION

User ID:	MHE981243	eForm Tracking Number:	E00000002036560
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Fri Nov 03 12:56:05 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY

EMPLOYER NAME NORTHWEST SPEC REC ASSN	EMPLOYER NUMBER 05436
PAYMENT DUE DATE 10/10/2023	TOTAL CONTRIBUTIONS DUE 18,226.94
	PAYMENT METHOD EFT

PLAN SUMMARY

REPORTING PERIOD: **09/2023**

PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	57,645.05	2,594.03	2,202.04
Regular Tier 2	RG03	39	145,644.56	6,554.03	5,563.62
Voluntary Additional Tier 1	VA01	4	0.00	896.58	0.00
Voluntary Additional Tier 2	VA03	1	0.00	416.64	0.00
TOTAL		48*	203,289.61	10,461.28	7,765.66

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION

User ID:	MHE981243	eForm Tracking Number:	E00000002025109
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Thu Oct 05 10:48:54 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME		EMPLOYER NUMBER
NORTHWEST SPEC REC ASSN		05436
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
09/10/2023	16,713.80	EFT

PLAN SUMMARY					
REPORTING PERIOD: 08/2023					
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	50,708.69	2,281.90	1,937.07
Regular Tier 2	RG03	37	138,090.57	6,214.08	5,275.06
Voluntary Additional Tier 1	VA01	4	0.00	639.05	0.00
Voluntary Additional Tier 2	VA03	1	0.00	366.64	0.00
TOTAL		46*	188,799.26	9,501.67	7,212.13

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E00000002017028
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Tue Sep 19 10:10:24 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME	EMPLOYER NUMBER	
NORTHWEST SPEC REC ASSN	05436	
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
01/10/2024	25,161.64	EFT

PLAN SUMMARY						
REPORTING PERIOD: 12/2023						
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB	
Regular Tier 1	RG01	9	85,337.57	3,840.22	3,259.90	
Regular Tier 2	RG03	38	205,443.78	9,244.93	7,847.95	
Voluntary Additional Tier 1	VA01	3	0.00	418.68	0.00	
Voluntary Additional Tier 2	VA03	1	0.00	549.96	0.00	
TOTAL		47*	290,781.35	14,053.79	11,107.85	

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E0000002054511
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Thu Dec 28 11:58:31 CST 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford

**IMRF WAGE REPORT SUMMARY**

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME NORTHWEST SPEC REC ASSN		EMPLOYER NUMBER 05436
PAYMENT DUE DATE 08/10/2023	TOTAL CONTRIBUTIONS DUE 16,150.85	PAYMENT METHOD EFT

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[Handwritten Date: 8/15/2023]

PLAN SUMMARY						
REPORTING PERIOD: 07/2023						
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB	
Regular Tier 1	RG01	8	50,708.69	2,281.90	1,937.07	
Regular Tier 2	RG03	39	131,324.45	5,909.60	5,016.59	
Voluntary Additional Tier 1	VA01	4	0.00	639.05	0.00	
Voluntary Additional Tier 2	VA03	1	0.00	366.64	0.00	
TOTAL		47*	182,033.14	9,197.19	6,953.66	
* count of unique members reported for all plans						

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E00000001998395
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Thu Aug 10 16:55:47 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY

EMPLOYER NAME	EMPLOYER NUMBER	
NORTHWEST SPEC REC ASSN	05436	
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
07/10/2023	25,427.02	EFT

PLAN SUMMARY

REPORTING PERIOD: 06/2023

PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	8	79,813.22	3,591.61	3,048.87
Regular Tier 2	RG03	40	208,845.09	9,398.01	7,977.88
Voluntary Additional Tier 1	VA01	4	0.00	860.69	0.00
Voluntary Additional Tier 2	VA03	1	0.00	549.96	0.00
TOTAL		48*	288,658.31	14,400.27	11,026.75

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION

User ID:	MHE981243	eForm Tracking Number:	E00000001983364
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Mon Jul 03 12:40:22 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford

PAYMENT SUMMARY

EMPLOYER NAME		EMPLOYER NUMBER
NORTHWEST SPEC REC ASSN		05436
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
06/10/2023	17,310.80	EFT

PLAN SUMMARY

REPORTING PERIOD: 05/2023

PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	55,391.68	2,492.61	2,115.96
Regular Tier 2	RG03	40	134,983.09	6,074.24	5,156.35
Voluntary Additional Tier 1	VA01	5	0.00	814.53	0.00
Voluntary Additional Tier 2	VA03	2	0.00	657.11	0.00
TOTAL		49*	190,374.77	10,038.49	7,272.31

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION

User ID:	MHE981243	eForm Tracking Number:	E00000001977459
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Wed Jun 14 20:17:09 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY

EMPLOYER NAME		EMPLOYER NUMBER
NORTHWEST SPEC REC ASSN		05436
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
05/10/2023	17,177.55	EFT

PLAN SUMMARY

REPORTING PERIOD: 04/2023

PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	54,177.76	2,437.98	2,069.59
Regular Tier 2	RG03	37	131,963.37	5,938.32	5,041.00
Voluntary Additional Tier 1	VA01	5	0.00	1,000.70	0.00
Voluntary Additional Tier 2	VA03	2	0.00	689.96	0.00
TOTAL		46*	186,141.13	10,066.96	7,110.59

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION

User ID:	MHE981243	eForm Tracking Number:	E00000001959953
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Fri Apr 21 18:07:07 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF CHARGE ADVICE

January 3, 2023

TRACEY M. CRAWFORD, EXECUTIVE DIRECTOR
NORTHWEST SPEC REC ASSN
3000 CENTRAL RD
ROLLING MEADOWS IL 60008-2551

Employer IMRF ID Nbr: 05436

Advice Number: 202224495

Re: Employer's report of adjustments

Dated 12/29/2022

TOTAL CHARGE: 2,167.30

IMRF has charged your employer IMRF account for the total amount shown above. If you wish to avoid interest charges of one percent per month, please pay the amount by 01/29/2023 through EFT if you have not already done so. If payment has already been made, please ignore this letter.

The adjusted differences to member wages, member contributions, and/or employer contributions are reported below.

Member	Rept Mo/Yr	Plan	Wage Adj	Contributions	
				Member	Employer
Engleson, Eric J.	06/22	XXX-XX-2858 VA03	0.00	357.69	0.00
Engleson, Eric J.	07/22	XXX-XX-2858 VA03	0.00	536.54	0.00
Engleson, Eric J.	08/22	XXX-XX-2858 VA03	0.00	357.69	0.00
Engleson, Eric J.	09/22	XXX-XX-2858 VA03	0.00	457.69	0.00
Engleson, Eric J.	10/22	XXX-XX-2858 VA03	0.00	457.69	0.00
				-----	-----
				2,167.30	0.00



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME	EMPLOYER NUMBER	
NORTHWEST SPEC REC ASSN	05436	
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
04/10/2023	17,140.69	EFT

PLAN SUMMARY					
REPORTING PERIOD: 03/2023					
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	54,177.76	2,437.98	2,069.59
Regular Tier 2	RG03	37	131,573.67	5,920.82	5,026.11
Voluntary Additional Tier 1	VA01	5	0.00	1,000.70	0.00
Voluntary Additional Tier 2	VA03	2	0.00	685.49	0.00
TOTAL		46*	185,751.43	10,044.99	7,095.70
* count of unique members reported for all plans					

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E00000001951092
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Fri Mar 24 08:36:12 CDT 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME		EMPLOYER NUMBER
NORTHWEST SPEC REC ASSN		05436
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
03/10/2023	16,672.39	EFT

PLAN SUMMARY					
REPORTING PERIOD: 02/2023					
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	54,073.92	2,433.31	2,065.62
Regular Tier 2	RG03	35	126,125.85	5,675.65	4,818.01
Voluntary Additional Tier 1	VA01	5	0.00	998.78	0.00
Voluntary Additional Tier 2	VA03	2	0.00	681.02	0.00
TOTAL		44 *	180,199.77	9,788.76	6,883.63

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E00000001947601
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Fri Mar 10 13:50:58 CST 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY		
EMPLOYER NAME	EMPLOYER NUMBER	
NORTHWEST SPEC REC ASSN	05436	
PAYMENT DUE DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD
02/10/2023	16,208.70	EFT

PLAN SUMMARY					
REPORTING PERIOD: 01/2023					
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	53,770.36	2,419.65	2,054.03
Regular Tier 2	RG03	35	120,886.11	5,439.89	4,617.85
Voluntary Additional Tier 1	VA01	5	0.00	996.26	0.00
Voluntary Additional Tier 2	VA03	2	0.00	681.02	0.00
TOTAL		44*	174,656.47	9,536.82	6,671.88

* count of unique members reported for all plans

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E00000001936597
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Tue Feb 07 14:43:59 CST 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford



IMRF WAGE REPORT SUMMARY

IMRF Form e3.10 (Rev. 12/10)

PAYMENT SUMMARY			
EMPLOYER NAME		EMPLOYER NUMBER	
NORTHWEST PEC REC ASSN		05436	
PAYMENT DATE	TOTAL CONTRIBUTIONS DUE	PAYMENT METHOD	
01/10/2023	37,981.51	EFT	

PLAN SUMMARY					
REPORTING PERIOD: 12/2022					
PLAN	PLAN CODE	MEMBER COUNT	MEMBER WAGES	MEMBER CONTRIB	EMPLOYER CONTRIB
Regular Tier 1	RG01	9	79,929.25	3,596.79	7,145.67
Regular Tier 2	RG03	35	189,738.35	8,538.25	16,962.61
Voluntary Additional Tier 1	VA01	3	0.00	1,201.64	0.00
Voluntary Additional Tier 2	VA03	1	0.00	536.55	0.00
TOTAL		44*	269,667.60	13,873.23	24,108.28
* count of unique members reported for all plans					

ELECTRONIC SIGNATURE AUTHORIZATION			
User ID:	MHE981243	eForm Tracking Number:	E00000001926191
User Name:	DARLEEN NEGRILLO	eForm Time Stamp:	Mon Jan 09 16:55:01 CST 2023
Employer Number:	05436	Authorized Agent Name:	Tracey Crawford