Form 5500-SF

Department of the Treasury

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 6058(a) of the Internal Revenue Code (the Code).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Internal Revenue Code (the Code).

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

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/31/201 and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number MITCHELL R. MASS PENSION TRUST 002 (PN) ▶ 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number THE LAW FIRM OF MITCHELL R. MASS 13-3546027 (EIN) 2c Plan sponsor's telephone number 150 EAST 58TH STREET 27TH FLOOR 2d Business code (see instructions) NEW YORK, NY 10155 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN THE LAW FIRM OF MITCHELL R. MASS 150 EAST 58TH STREET 13-3546027 27TH FLOOR 3c Administrator's telephone number NEW YORK, NY 10155 212-247-6100 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1334450 1054698 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 1334450 1054698 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -279752 Other income (loss)..... 8b -279752 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 g Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -279752 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)..... 0

Form 5500-SF 2010	Page 2- [1
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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

		e pian provides wellare benefits, enter the applicable wellare heatt								
Part	٧	Compliance Questions								
10	Du	ing the plan year:				Yes	No		Amount	t
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		X			0
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)		•	10b		X			0
С	Wa	as the plan covered by a fidelity bond?			10c		X			0
d		the plan have a loss, whether or not reimbursed by the plan's fide lishonesty?			10d		X			0
	ins	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			0
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X			0
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			0
h		is is an individual account plan, was there a blackout period? (Sec. 0.101-3.)			10h		X			
i		Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3.			10i		X			
Part '	VI	Pension Funding Compliance								
11	Is th 550	nis a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	Ye	es X No
12		his a defined contribution plan subject to the minimum funding req							Ye	es ^X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
		waiver of the minimum funding standard for a prior year is being a								
	-	nting the waiver.			th		Day .		Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MI		-			12b			0
		er the minimum required contribution for this plan year				1	120 12c			0
		er the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the	·			⊢	120			
	neg	ative amount)	·······				12d	<u> </u>	П.,	0
		the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	[×] N/A
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?				•	Ye	s ^X No
		es," enter the amount of any plan assets that reverted to the empl					13a			0
b		re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought u	under	the co	ntrol		Ye	es X No
		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to			1	
1:	3c(1) Name of plan(s):				130	c(2) EI	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	ıse is	establ	ished.		
Under SB or	pei Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applica		
SIGN		iled with authorized/valid electronic signature.	10/27/2011	LOUIS A. LONET	ТО					
HERE	_	Signature of plan administrator	Date	Enter name of in	ndividi	ıal sin	ning as	s plan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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

2010

This Form is Open to Public Inspection

_			1) C	1 1		an attachme	ent to Form	SOUU Or			04/04	10044	1		
			lan year 2010			ear beginning (02/01/2010				and endi	ng 01/31	/2011	l		
			amounts to I													
<u> </u>	Cauti	ion: A	penalty of \$1	1,000 will	l be asse	essed for late filing	of this report	unless reas	onable ca	use is e	stablishe	d.				
		of pla								ВТ	hree-dig	t			000	
MIT	CHE	L R.	MASS PENSI	ION TRU	JST					р	lan numb	er (PN)		•	002	
						of Form 5500 or 5	500-SF			D En	nployer l	dentification	n Nu	ımber (EIN)	
THE	LAV	/ FIRM	A OF MITCHE	ELL R. M	IASS					13-35	46027					
Ε.	vpe c	of plan	Single	Multi	iple-A	Multiple-B	F	Prior year pla	n size:	100 or	fewer	101-50	οП	More t	han 500	
	•	İ			•		-	,								
Pa	art I	В	asic Inforn	nation												
1	Ent	er the	valuation date	e:	N	1onth <u>01</u>	Day01	Year <u>/</u>	2011							
2	Ass	ets:														
	а	Mark	et value									. 2a				1054698
	b	Actu	arial value									. 2b				1054698
3	Fun		arget/participa						(1) N	lumber o	of particip	-		(2)	Funding Targ	net
J	_	•	0 1 1			ciaries receiving pa	· ma ant	3a	(1)14	iumber c	л раппор	0		(2)	i unung rang	0
	a					01	•					0				0
	b			•	ticipants	3		. 3b				U				0
	С	For	active particip	ants:												
		(1)	Non-vested b	benefits				. 3c(1)								0
		(2)	Vested bene	fits				3c(2)								1403053
		(3)	Total active.					. 3c(3)				2				1403053
	d	` '						_ `. '				2				1403053
4						complete items (a)		1		П						
•	11 (11	•	•			. ,	` '									
	а	Fund	ling target dis	regardin	g prescr	ribed at-risk assump	otions					. 4a				
	b					sumptions, but disre						4b				
						tive years and disre										0.40
5	Effe	ective	interest rate									. 5				6.48 %
6	Tar	get no	rmal cost									. 6				0
Sta	emer	nt by	Enrolled Actu	uary												
						in this schedule and acco										
						erience under the plan.	•	3						,		, , ,
Ç	ign	J														
	ERI												1	10/19/2	011	
	<u> </u>	_			0:									D - 1 -		
шее	DET	NADL	ED		Signat	ure of actuary								Date	10.4	
HER	DEI	NADL	.CK											11-013	334	
				Тур	e or prii	nt name of actuary						Most re	cent e	enrollm	ent number	
LON	ETTC) CON	ISULTANTS							_			51	6-383-	8917	
					Fi	irm name					Te	ephone n	umbe	er (inclu	iding area co	ide)
			TICUT AVEN	UE, N.W	/., #263									,	•	,
VVA	אווחכ	I ON	, DC 20015													
										_						
					Addr	ess of the firm										
If the	actu	arv ha	s not fully refl	lected an	nv regula	ation or ruling prom	ulgated under	r the statute	in comple	etina this	schedul	e. check t	he br	ox and	see	П
	iction				, - 3		J			J		,			-	Ш

Page	2-	1

Pa	art II	Begin	ning of year	carryov	er and prefunding	balances						
	,						(a) (Carryover balance		(b) F	Prefundi	ng balance
7		-	•		cable adjustments (Item				0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from	prior year)			0			0
9	Amount	remainiı	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year'	s actual re	eturn of%				0			0
11	Prior yea	ar's exce	ess contributions to	be adde	d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)							0
	b Inter	est on (a	a) using prior year	s effective	e rate of%							0
	C Total	availabl	e at beginning of cu	ırrent plan	year to add to prefunding	balance						0
	d Porti	on of (c)	to be added to pr	efunding b	palance							0
12					emed elections				0			0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 + item 11d - it	em 12)			0			0
Р	art III	Fun	ding percenta	aes					,			
14			<u> </u>								14	100.00 %
15					ge						15	100.00 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	of determining whether	carryover/prefu	ınding balaı	nces may be used			16	100.00 %
47					'- l (b 70)					1	17	0.00 %
					is less than 70 percent of	the funding ta	rget, enter s	sucn percentage			17	0.00 %
	art IV		tributions and	•								
18					vear by employer(s) and		<u> </u>			1 ,	` ^	
(N	(a) Date 1M-DD-YY		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(-	(0	-	int paid by oyees
,		,	. ,	,	. ,	,	,	. ,	,			
						Totals ▶	18(b)		0	18(c)		0
19	Discount	ted emp	loyer contributions	s – see ins	tructions for small plan w	ith a valuation	date after th	ne beginning of the	e year:			
	a Contri	butions	allocated toward u	ınpaid mir	nimum required contributi	on from prior y	ears		19a			0
	b Contri	butions	made to avoid res	trictions a	djusted to valuation date				19b			0
	c Contri	butions a	allocated toward mi	nimum req	uired contribution for curre	ent year adjuste	d to valuation	n date	19c			0
20	Quarterly	y contrib	outions and liquidit	y shortfall:	S:							
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current	year made in a	timely mar	nner?				Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as	s applicable:						_
					Liquidity shortfall as o		er of this pla	an year				
		(1) 15	ot 0		(2) 2nd	0	(3)	3rd	0		(4) 4th	<u> </u>
			U			U			V			U

Pa	rt V Assumptio	ns used to determine f	unding target and targ	et normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3.14 %	2nd segment: 6.90 %	3rd segmer 6.45	nt: %	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average ret	tirement age			22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items				
24	Has a change been m	nade in the non-prescribed act	uarial assumptions for the curr			· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructi	ons regarding required atta	achment	Yes No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	tructions regarding require	d attachment	Yes No
27		` 5/	nding rules, enter applicable co		27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns for prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	0
29			unpaid minimum required cor		29	0
30			ntributions (item 28 minus item			0
Pai	rt VIII Minimum	required contribution	for current vear			
31		•	ructions)		31	0
32	Amortization installme		· · · · · · · · · · · · · · · · · · ·	Outstanding Ba		Installment
	a Net shortfall amort	ization installment			0	0
					0	0
33			ter the date of the ruling letter) and the waived amour		33	
34	0 1	,	er/prefunding balances (item 3		34	0
			Carryover balance	Prefunding ba	lance	Total balance
35	Balances used to offs	set funding requirement		0	0	0
36	Additional cash requir	rement (item 34 minus item 35)		36	0
37		•	ontribution for current year adju		37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)		38	0
39			ear (excess, if any, of item 36 c			0
40		uired contribution for all years.			40	0

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Part	Identification					- The III	
A 1	Name of filer, plan administrator, or plan sponsor (see instructions)					see instruction	ns).
	The Law Firm Of Mitchell R. Mass		7.016 17	er ident	ification numb		
1	Number, street, and room or suite no. (If a P.O. box, see instructions) 150 East 58th Street		13	i	354	46027	
-	City or town, state, and ZIP code		Social	security	number (SSN)		
	New York 10155						
^	Plan name		Plan		Plan	year endir	ng—
C	riali lialite	r	numbe	er	MM	DD	YYYY
1	Mitchell R. Mass Pension Trust	0	0	2	01	31	2011
2							
3			1				
art	Extension of Time to File Form 5500 or Form 5500-EZ	(see ins	struct	ions)			
	I request an extension of time until 11 / 15 / 2011 to file F					is filed on	or before th
	normal due date of Form 5500 or 5500-EZ for which this extension is months after the normal due date.	requested	, and	(b) the	date on lin	ne 1 is no n	nore than 21
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E	Z filed at	ter the	e due d	ate for the	plans listed	in C above.
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E				ate for the	plans listed	in C above.
ote.	A signature is not required if you are requesting an extension to file Form 550				ate for the	plans listed	in C above.
ote.	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until/	orm 5330	n 5500	-EZ.			in C above.
ote.	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions)	orm 5330	n 5500	-EZ.			in C above.
ote.	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until/	orm 5330 after the n	ormal	due dat	e of Form 53	330.	in C above.
ote.	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	orm 5330 after the n	ormal	due dat	e of Form 53	330.	in C above.
ote. Para	A signature is not required if you are requesting an extension to file Form 550 (see instructions) I request an extension of time until	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
ote. 2 a b	A signature is not required if you are requesting an extension to file Form 550 Extension of Time to File Form 5330 (see instructions) I request an extension of time until	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
ote. 2 a b	A signature is not required if you are requesting an extension to file Form 550 (see instructions) I request an extension of time until/ to file Form you may be approved for up to a six (6) month extension to file Form 5330, and Enter the Code section(s) imposing the tax	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
ote.	A signature is not required if you are requesting an extension to file Form 550 (see instructions) I request an extension of time until/ to file Form you may be approved for up to a six (6) month extension to file Form 5330, and Enter the Code section(s) imposing the tax	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
a b	A signature is not required if you are requesting an extension to file Form 550 (see instructions) I request an extension of time until/ to file Form you may be approved for up to a six (6) month extension to file Form 5330, and Enter the Code section(s) imposing the tax	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
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ote. Par	A signature is not required if you are requesting an extension to file Form 550 I request an extension of time until / to file F You may be approved for up to a six (6) month extension to file Form 5330, a Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the reversity state in detail why you need the extension	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
ote. Par	A signature is not required if you are requesting an extension to file Form 550 I request an extension of time until / to file F You may be approved for up to a six (6) month extension to file Form 5330, a Enter the Code section(s) imposing the tax Enter the payment amount attached For excise taxes under section 4980 or 4980F of the Code, enter the reversity state in detail why you need the extension	orm 5330 after the n	ormal .	due dat	e of Form 53	330.	in C above.
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SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

instructions

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

	ent to Form 5	000 01 00	and end	ing 1	31/20)11	
or calendar plan year 2010 or fiscal plan year beginning 2/1/2010			and end	ing i	01/20		
Round off amounts to nearest dollar.	unless reason	able caus	se is establish	ed.			
Caution: A penalty of \$1,000 will be assessed for late filing of this report	uniess reason		B Three-dig				
Name of plan		'	plan num		N)·		002
Mitchell R. Mass Pension Trust							
				10 D 1000			/= INIX
Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer	Identif			
he Law Firm Of Mitchell R. Mass					133	354602	7
	Prior year plan	size. X	100 or fewer	П 10	1-500	More	than 500
Type of plan: Single Multiple-A Multiple-B	Prior year plan	1 3120.	100 01 101101				
Part I Basic Information							
Enter the valuation date: 1/1/2010							
2 Assets:				2	2		1054698
a Market value				2			1054698
b Actuarial value	······					(2)	
Funding target/participant count breakdown		(1) Nu	umber of partic	ipants		(2)	Funding Target
a For retired participants and beneficiaries receiving payment	01		0		- 1		0
b For terminated vested participants	3b		U				
c For active participants:	0-141						0
(1) Non-vested benefits	3c(1)						1403053
(2) Vested benefits	The state of the s	i kuli	2				1403053
(3) Total active			2				1403053
d Total							
4 If the plan is at-risk, check the box and complete items (a) and (b)							
a Funding target disregarding prescribed at-risk assumptions					la		
b Funding target reflecting at-risk assumptions, but disregarding tra at-risk for fewer than five consecutive years and disregarding loa	ansition rule for	r plans th	at have been	4	lb		
at-risk for fewer than five consecutive years and disregarding loc 5 Effective interest rate	dirig ractor				5		6.48
6 Target normal cost					6		0
and the second s							
Statement by Enrolled Actuary	edules, statements						
To the best of my knowledge, the information supplied in this schedule and accompanying sche accordance with applicable law and regulations. In my opinion, each other assumption is reaso combination, offer my best estimate of anticipated experience under the plan.	onable (taking into a	and attachm ccount the e	experience of the pl	an and re	d accurat easonable	e. Each pres e expectation	scribed assumption was applied as) and such other assumptions
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To the best of my knowledge, the information supplied in this schedule and accompanying scheducordance with applicable law and regulations. In my opinion, each other assumption is reason combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Herbet Nadler Type or print name of actuary Lonetto Consultants Firm name 5505 Connscticut Avenue, N.W., #263 Washington DC		and attachm ccount the e		N	lost red	10/19/2 Date 11013 cent enrol	011 34 Iment number 8917

Part II Beginning of year carryover and pref	unding balances		(In)	Drofundi	na halanca	
		(a) Carryover balance	(a)	rieiunaii	ng balance	
7 Balance at beginning of prior year after applicable adjustm year)		0		0		
8 Portion used to offset prior year's funding requirement (Iter	The state of the s	0		0		
9 Amount remaining (Item 7 minus item 8)		0		0		
10 Interest on item 9 using prior year's actual return of0	%	0		0		
11 Prior year's excess contributions to be added to prefunding	g balance:					
a Excess contributions (Item 38 from prior year)				0		
	%			0		
D linterest on (a) using prior your o oncours is a				0		
C Total available at beginning of current plan year to add to				0		
d Portion of (c) to be added to prefunding balance		0		0		
12 Reduction in balances due to elections or deemed election		0		0		
13 Balance at beginning of current year (item 9 + item 10 + it	em 11a – Rem 12)					
Part III Funding percentages				14	100.00	%
14 Funding target attainment percentage	***************************************	•••••		4.5	100.00	%
15 Adjusted funding target attainment percentage		- dina balancaa may ba usa	d to reduce	40		- 25
16 Prior year's funding percentage for purposes of determinic current year's funding requirement	ng whether carryover/preful	nding balances may be use		16	100.00	%
17 If the current value of the assets of the plan is less than 7	0 percent of the funding tar	get, enter such percentage.		17		%
Part IV Contributions and liquidity shortfa						
18 Contributions made to the plan for the plan year by employ (a) Date (b) Amount paid by (c) Amount	unt paid by (a) D	ate (b) Amount	paid by		unt paid by	
	loyees (MM-DD	The state of the s	r(s)	emp	loyees	

		y shortfalls	nd employee	es:					
Contributions made to the	ne plan for the plan yea	ar by employer(s) at			h)	0	18(c)		0
			201			f the year:			
Discounted employer co	ntributions – see instr	uctions for small pla	bution from r	prior vears		19a		0	
a Contributions allocate b Contributions made to	ed toward unpaid minir	mum required contin	late	prior youro		19b		0	
c Contributions allocated	o avoid restrictions au	ired contribution for o	urrent vear a	diusted to valua	ation date	19с		0	
			arrone your m						
Quarterly contributions a Did the plan have a "	and liquidity shortlans.	ne prior vear?						Y	es × No
b If 20a is "Yes," were	required quarterly inst	allments for the curi	rent year ma	de in a timely	manner?				es No
c If 20a is "Yes," were	required quarterly mod	ete the following tab	le as applica	able:					
C If 20a is "Yes," see if	Istructions and comple	Liquidity shortfall	as of end of	Quarter of this				(4) 4th	
(1) 1st		(2) 2nd			(3) 3rd	0		(4) 411	0
	0		0						
Assumption 1 Discount rate:	ns used to detern		729		ard segmen	nt:		full viold c	urve used
a Segment rates:	1st segment: 3.140 %	1	nd segment: 6.900 %			%	□ N/A	A, full yield c	urve useu
b Applicable month (10 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					21b			0
2 Weighted average reti									65
3 Mortality table(s) (see		× Prescribed - co	mbined	Prescrib	ed - separate	Substitu	ite		
attachment	boon made for the cu	rrent plan year? If	"Yes," see in	nstructions rega	arding required att	achment			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for	been made for the cu provide a Schedule of or (and is using) altern	urrent plan year? If of Active Participants native funding rules,	"Yes," see in	see instructions able code and	arding required attended atten	achment ed attachmer 27			
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment	been made for the cultiple provide a Schedule of (and is using) altern	urrent plan year? If of Active Participants native funding rules,	"Yes," see in	nstructions regardesee instructions able code and	arding required attended atten	achment ed attachmer			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Reconcilia	been made for the cur provide a Schedule of or (and is using) alternation of unpaid n	rrent plan year? If of Active Participants ative funding rules,	"Yes," see in enter applications.	see instructions able code and	regarding required attended at	achment ed attachmen 27			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Unpaid minimum required	been made for the cultiple of provide a Schedule of the cultiple of the cultip	arrent plan year? If of Active Participants ative funding rules, all prior years	"Yes," see in enter application	see instructions able code and red contributions	regarding required attended at	27 28			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 192)	been made for the cur provide a Schedule of or (and is using) alternation of unpaid no uired contribution for a contributions allocate	arrent plan year? If of Active Participants ative funding rules, all prior years	"Yes," see in enter application of contributions required contributions required contributions and contributions required contributions r	see instructions able code and red contributions	arding required attended atten	27 28 29			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cultiple of provide a Schedule of the cultiple of the cultip	urrent plan year? If of Active Participants ative funding rules, all prior years	"Yes," see in enter application requirem 28 minus	see instructions able code and red contributions	arding required attended atten	27 28 29			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	provide a Schedule of the curtor (and is using) alternation of unpaid nuired contribution for a contributions allocated the curtor of unpaid minimum required contributions are contributions allocated the curtor of unpaid minimum required the curtor of unpaid minimum r	arrent plan year? If of Active Participants ative funding rules, all prior years	"Yes," see in enter application requirem 28 minum requirem require	see instructions able code and red contributions us item 29)	regarding required attended at	27 28 29 30			Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cultiple of provide a Schedule of the cultiple of the cultip	arrent plan year? If of Active Participants ative funding rules, all prior years	"Yes," see in enter application requirem 28 minum requirem require	see instructions able code and red contributions us item 29)	arding required attended atten	27 28 30 31			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cultiple of provide a Schedule of provide a Schedule of the cultiple of the	rent plan year? If of Active Participants native funding rules, all prior years	"Yes," see in enter application and requirem 28 minum requirem req	see instructions able code and red contributions us item 29)	regarding required attended at	27 28 30 31			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the culton provide a Schedule of contribution for a contribution sallocate adjusted, if applicable dents:	arrent plan year? If of Active Participants native funding rules, all prior years	"Yes," see in enter application and requirem 28 minum requirem req	ibutions for the structions able code and red contributions item 29)	arding required attended atten	28 s 29 30 Balance			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cultiple of provide a Schedule of provide a Schedule of the cultiple of the	arrent plan year? If of Active Participants native funding rules, minimum required toward unpaid minimum for curre (see instructions)	"Yes," see in enter application and requirem 28 minum requirem req	see instructions able code and red contributions item 29)	regarding required attended at	27 28 30 31 0			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cultiple of provide a Schedule of provide a Schedule of the cultiple of the	arrent plan year? If of Active Participants native funding rules, minimum required toward unpaid minimum for curre (see instructions)	"Yes," see in enter application and requirem 28 minum requirem req	ibutions for see instructions able code and red contributions item 29)	regarding required attended at	27 28 30 31 31 33			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cur provide a Schedule of provide a Schedule of provide a Schedule of provide a schedule of the cur ation of unpaid nuired contributions allocate of unpaid minimum required contributions allocate of unpaid minimum required contributions allocate of the current beginning to the current before reflecting approved for this plant approved for this pl	arrent plan year? If of Active Participants native funding rules, all prior years	"Yes," see in enter application and the waived in the waived in the balances in the second in the waived in the wa	see instructions able code and ibutions for a contribution is item 29)	arding required attended atten	28 s 29 31 Balance 0 0 33			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cur provide a Schedule of provide a Schedule of provide a Schedule of provide a schedule of the cur ation of unpaid nuired contributions allocate of unpaid minimum required contributions allocate of unpaid minimum required contributions allocate of the current beginning to the current before reflecting approved for this plant approved for this pl	arrent plan year? If of Active Participants native funding rules, ninimum required toward unpaid minum for curre (see instructions)	"Yes," see in enter application and the waived in the waiv	ibutions for see instructions able code and ibutions for see instructions able code and ibutions for see contributions item 29)	arding required attended and regarding required see instructions r prior years ns from prior years Outstanding g the approval	28 s 29 31 Balance 0 0 33		Installm	Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the culton provide a Schedule of the culton	arrent plan year? If of Active Participants native funding rules, ninimum required toward unpaid minum for curre (see instructions)	"Yes," see in enter application and the waived in the waived in the balances in the second in the waived in the wa	ibutions for see instructions able code and ibutions for see instructions able code and ibutions for see contributions item 29)	arding required attended atten	28 s 29 31 Balance 0 0 33			Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the cur provide a Schedule of or (and is using) altern ation of unpaid n uired contribution for a contributions allocate f unpaid minimum requ required contrib adjusted, if applicable (allocate) tization installment on installment approved for this plan ement before reflecting	rent plan year? If of Active Participants native funding rules, ninimum requir all prior years d toward unpaid min uired contributions (pution for curre (see instructions) n year, enter the date) are g carryover/prefunding	"Yes," see in enter application and the waived arryover balances	ibutions for a see instructions able code and a see instructions able code and a see instructions for a see instructions able code and a see instructions for a see instructions for a see instructions for a see instructions for a see instructions and a see instructions are see instructions and a see instructions and a see instructions are see instructions a	arding required attemptions regarding required see instructions r prior years ns from prior years Outstanding g the approval n 32a + item 32b - Prefunding	28 29 30 31 Balance 0 33 34		Installm	Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment Part VII Reconcilia 28 Unpaid minimum required 29 Discounted employer (item 19a)	been made for the culton provide a Schedule of the culton of unpaid nuired contribution for a contributions allocated unpaid minimum required contributions allocated adjusted, if applicable the distribution installment approved for this plant app	arrent plan year? If of Active Participants native funding rules, ninimum requir all prior years d toward unpaid min uired contributions (pution for curre (see instructions) a year, enter the date) are corryover/prefunding cont	"Yes," see in enter application and the waived arryover balances	ibutions for a see instructions able code and ibutions for a see instructions able code and ibutions for a see instructions able code and ibutions for a see instructions able code and ibutions for a see instructions and ibutions for a see instructions and ibutions for a see instructions able code and ibutions for a see instructions and ibutions are see instructions and ibutions for a see instructions and ibutions are see instructions and ibutions for a see instructions and ibutions are see instructions are see instructions and ibutions are see instructions are see ins	arding required attemptions regarding required see instructions r prior years ns from prior years Outstanding g the approval n 32a + item 32b - Prefunding	28 29 30 31 Balance 0 33 34 balance 0 36		Installm	Yes X No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment Part VII Reconcilia 28 Unpaid minimum required 29 Discounted employer (item 19a)	e been made for the cur of provide a Schedule of or (and is using) altern ation of unpaid n uired contribution for a contributions allocate f unpaid minimum requ required contrib adjusted, if applicable of the contribution for a contribution allocate funpaid minimum requ required contrib adjusted, if applicable of the contribution for a contribution allocate funpaid minimum requ required contrib adjusted for this plan approved for this plan ement before reflecting fiset funding requirement uirement (item 34 minus	arrent plan year? If of Active Participants native funding rules, ninimum requir all prior years d toward unpaid min uired contributions (see instructions) year, enter the date) are g carryover/prefunding cent	"Yes," see in see in see if "Yes," see in senter application and the waive and the waive arryover balances.	ibutions for see instructions able code and red contribution us item 29)	arding required attemptions regarding required see instructions r prior years ns from prior years Outstanding g the approval n 32a + item 32b - Prefunding	28 29 30 31 Balance 0 33 33 34		Installm	Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment Part VII Reconcilia 28 Unpaid minimum required to 19a Discounted employer (item 19a)	been made for the cur provide a Schedule of or (and is using) altern ation of unpaid n uired contribution for a contributions allocate f unpaid minimum requ required contrib adjusted, if applicable (allocate) tization installment on installment approved for this plan ement before reflecting fiset funding requirement uirement (item 34 minusted toward minimum re- ation installment	arrent plan year? If of Active Participants native funding rules, native funding rules, ninimum required toward unpaid minum for curre (see instructions) To year, enter the date (see instructions) To carryover/prefunding carryover/prefunding current contributions (see instructions) Cont	"Yes," see in a senter application of the ruling balances arryover balances."	ibutions for a see instructions able code and ibutions for a see instructions able code and ibutions for a see instructions and ibutions for a see instructions and a see instructions for a see instructions able code and instructions for a see instructions and instructions for a see instructions for a see instructions and instructions for a see instruction for a see inst	arding required attemptions regarding require see instructions r prior years ns from prior years Outstanding g the approval n 32a + item 32b - Prefunding	28 29 30 31 Balance 0 33 34 balance 0 36 37		Installm	Yes No
25 Has a method change 26 Is the plan required to 27 If the plan is eligible for regarding attachment Part VII Reconcilia 28 Unpaid minimum required to 192 Discounted employer (item 19a)	e been made for the cur of provide a Schedule of or (and is using) altern ation of unpaid n uired contribution for a contributions allocate f unpaid minimum requ required contrib adjusted, if applicable of the contribution for a contribution allocate funpaid minimum requ required contrib adjusted, if applicable of the contribution for a contribution allocate funpaid minimum requ required contrib adjusted for this plan approved for this plan ement before reflecting fiset funding requirement uirement (item 34 minus	arrent plan year? If of Active Participants native funding rules, native funding rules, ninimum required toward unpaid minum determinant (see instructions) To year, enter the date (see instructions) To carryover/prefunding carryov	"Yes," see in a second red contribution 28 minum requirement year arryover balances	ibutions for see instructions able code and red contribution us item 29)	arding required attemptions regarding require see instructions r prior years ns from prior years Outstanding to approval Prefunding to valuation date	28 29 30 31 Balance 0 33 34 balance 0 36 37		Installm	Yes No