## Form 5500-SF

Department of the Treasury 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete an entries in ac	cordance with the motifuc	tions to the Form 550	<i>7</i> 0-31 .		
	art I		Identification Information					
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012	
A	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	x the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	nonths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
		•	special extension (enter descr	ription)			_	
P	art II	Basic Plan Info	rmation—enter all requested info	ormation				
	Name		•			1b	Three-digit	
M RA	ASHID C	HAUDHRY MD PC DE	EFINED BENEFIT PLAN & TRUST	Г			plan number	
							(PN)	003
						1c	Effective date of	•
20	Diaman			on (one player if for a pin play		2h	01/01/	
		CHAUDHRY MD PC	dress; include room or suite numbe	er (employer, it for a single-	employer plan)	<b>ZD</b>	Employer Identif (EIN) 11-26	
						20	Sponsor's telep	
21 🗅	RISTOL	DD				20	718-240	
		T, NY 11030-3944				2d	Business code (	see instructions)
							62111	
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN
				_				
						3c	Administrator's t	elephone number
4	If the n	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed fo	r this plan, optor the	4b	FINI	
4			nber from the last return/report.	ine iasi retum/report illed to	i this plan, enter the	40	EIN	
а		or's name	·			4c	PN	
5a	Total r	number of participants	at the beginning of the plan year			5a		2
b	Total r	number of participants	at the end of the plan year			5b		0
С	Numbe	er of participants with a	account balances as of the end of t	the plan year (defined bene	fit plans do not			
		•				5c		
			during the plan year invested in el					X Yes No
b			the annual examination and report? (See instructions on waiver eligibi					X Yes No
			ther line 6a or line 6b, the plan c					<u> </u>
Ca			or incomplete filing of this return					
			ner penalties set forth in the instruc					able a Schedule
		, , ,	nd signed by an enrolled actuary, a	•			O, 11	,
bel	ief, it is t	rue, correct, and comp	olete.					
SIC	2NI	Filed with authorized/	valid electronic signature.	06/28/2013	M. RASHID CHAUDH	IRY		
	RE						uning on plan ada	niniatratar
		Signature of plan ac		Date 06/28/2013	Enter name of individ		illing as plan aun	IIIIStrator
SIC	RE		valid electronic signature.		M. RASHID CHAUDH			
		Signature of employ	yer/plan sponsor ame, if applicable) and address; in	Date	Enter name of individ			
716	parer S I	name (including film n	ame, ii applicable) and address; in	Gidde 100m of Suite number	(υριιυπαι)	riep	arer s rereprione	number (optional)

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Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y	ear	
a	Total plan assets	7a	256584							0
b	Total plan liabilities	7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	7c	256584	17						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Total		
	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	5380	00						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5380	)
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	261673	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	290	9						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	61964	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-2	56584	7
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Char	acteris	stic Cod	es in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Code	s in t	he instru	ictions:		
Part	V Compliance Questions						1			
10	During the plan year:				Yes	No		Am	ount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
h		•		Ĭ		Х				
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the strength of			10h						
D = ==1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part		. 0 /// !!			0 1 1		· /F			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
_11a	Enter the amount from Schedule SB line 39				1	1a		1 -		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	)2 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and en	iter th Day	e date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		Г		1			
b	Enter the minimum required contribution for this plan year				1	2b				

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Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es 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 confidence of the PBGC?	ontrol		X Yes	No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	0		_	
3c(1) Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury 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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012	
Α	This return/report is for:	a multiple-employer p	lan (not multiemployer)	a one-parti	cipant plan
В	This return/report is: $igcap $ the first return/report $old x$	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic extension		DFVC prog	ram
	special extension (enter description	on)			
D	art II Basic Plan Information enter all requested info	rmation			
Contract	Name of plan	imation		<b>1b</b> Three-digit	
-	·	ar c mpriom		plan number	003
	M RASHID CHAUDHRY MD PC DEFINED BENEFIT PLAN	N & TRUST		(PN) ►  1c Effective date	
				01/01/199	
2a	Plan sponsor's name and address; include room or suite number (M RASHID CHAUDHRY MD PC	(employer, if for a single	e-employer plan)	<b>2b</b> Employer Ide (EIN) 11-2	
				2c Sponsor's tele	
	31 BRISTOL DR			(718) 240	
	31 BRISIOL DR				e (see instructions)
US	MANHASSET NY 11030-3944			621111	
3a	Plan administrator's name and address X Same as Plan Spons	or Name 🔲 Same as	Plan Sponsor Address	<b>3b</b> Administrator	's EIN
				3c Administrator	s telephone number
4	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.			4	
_ <u>a</u>	Sponsor's name			4c PN	
5a	Total number of participants at the beginning of the plan year			5a   5b	2
b	Total number of participants at the end of the plan year  Number of participants with account balances as of the end of the			5D	
С	complete this item)		•	5c	
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets? (See instruc	tions.)		XYes No
b	Are you claiming a waiver of the annual examination and report of	•	ed public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann				INDIANA STATE
	ution: A penalty for the late or incomplete filing of this return/re				
SE	der penalties of perjury and other penalties set forth in the instruction of Schedule MB completed and signed by an enrolled actuary, as visited it is true, correct, and complete.	ons, I declare that I hav well as the electronic vo	e examined this return/re ersion of this return/repor	eport, including, if ap t, and to the best of	plicable, a Schedule my knowledge and
	m Cont D Cha dh	6.20.13			
233333	ign 17 1 ar 1 ar 2 ar 2 ar 2 ar 2 ar 2 ar 2 ar				
Н	Signature of plan administrator	Date	Enter name of individua	al signing as plan ad	ministrator
s	ign m, llasted chang	6,20,1)			
	ERE   Signature of employer/plan sponsor	Date	Enter name of individua		
Pr	eparer's name (including firm name, if applicable) and address; inclu	ude room or suite numb	er (optional)	Preparer's telephor	ne number (optional)

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of Y	 'ear		
· a	Total plan assets	7a	2,565,84		1			0		
b	Total plan liabilities	7b		0		-		0		
	Net plan assets (subtract line 7b from line 7a)	7c	2,565,84	17				0		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1) 8a(2)								
	(2) Participants	8a(3)	** ****							
	Other income (loss)	8b	53,800							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				53,800				
	Benefits paid (including direct rollovers and insurance premiums							00,000		
	to provide benefits)	8d	2,616,73	38						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	2,90	)9	Section Francisco					
<u>g</u>	Other expenses	8g						610 647		
<u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1000					565,847)		
<u>!</u>	Net income (loss) (subtract line 8h from line 8c)	8i e:					(2,	303,047)		
	Transfers to (from) the plan (see instructions)	8j	L							
	Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  1A 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
	rt V Compliance Questions				I	1				
10	During the plan year:				Yes	l Nia	1 A-~			
					162	No	All	nount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a	162	х	All	nount		
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)nclude transactions reported	10b	Tes	х	All	nount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Corre	nclude transactions reported		Tes	х	All	nount		
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Correction (Do not in the control of the cont	nclude transactions reported d, that was caused by fraud	10b	Tes	х	All	nount		
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	idelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c	Tes	x x x	All	nount		
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or	idelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	Tes	x x x	All	nount		
b d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan	fidelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	165	x x x	All	nount		
d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bon r persons f the bene s of year e	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		x x x				
d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	fidelity bon r persons fi the bene s of year el	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	Tes	x x x x		nount		
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f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity bon r persons if the bene s of year er See instruc- er required 1-3 ents? (If ")	ction Program)	10b 10c 10d 10e 10f 10g 10h	Cochedu	x x x x x x	(Form	☐ Yes ☒ No		
f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon r persons if the bene s of year er See instruction rerequired rerequired rerequired rerequired rerequired rerequired rerequired rerequired	ction Program)	10b 10c 10d 10e 10f 10g 10h	Schedu	x x x x x x x x x x x x x x x	(Form			
e f g h i 11	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity bon r persons if the bene s of year el See instru- er required l-3 requiremen	ction Program)	10b 10c 10d 10e 10f 10g 10h	Schedu	x x x x x x x x x x x x x x x	(Form	☐ Yes ☒ No		
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b   c   c   d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Benter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding to (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	fidelity bon r persons if the bene rs of year er se instruction required as applicating amortize materials and applicating amortize materials and materials are applicating amortized.	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  ('es," see instructions and comp  at sof section 412 of the Code of th	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X A A A A A A A A A A A A	(Form	☐ Yes ☒ No ☐ Yes ☒ No ☐ tter ruling		