## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	nco with the instruc	tions to the Form 550	0-SE	Inspection	
Part I	Annual Poport	Identification Information	ince with the monat	dons to the Form 550	0-31 .		
		scal plan year beginning 01/01/2013		and ending 1	12/31/2	2013	
_	curn/report is for:		ı multiple-employer pl	an (not multiemployer)	12/31/2	a one-participant plan	
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• Check	box if filling under.					Bi vo piogram	
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Part II	•	rmation—enter all requested informati	ion		1 41.		
1a Name	•	CIT OLIA DINIO DI ANI AND TDI IOT			10	Three-digit plan number	
BARRY FEN	INER, DDS, PC PROF	FIT SHARING PLAN AND TRUST				(PN) 004	
					10	Effective date of plan	
						01/01/1988	
2a Plan si	ponsor's name and ad	ldress; include room or suite number (em	plover, if for a single-	emplover plan)	2h	Employer Identification Number	ar .
	NNER, DDS, PC	(••••	p ,		_~	(EIN) 14-1581185	
					2c	Sponsor's telephone number	
831 ROUTE	211 FAST					845-692-5311	
MIDDLETO	NN, NY 10940				2d	Business code (see instruction	ıs)
						621210	,
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN	
		_	_				
					3с	Administrator's telephone num	ber
<b>A</b> 16.45					41.		
		e plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN	
name	, EIN, and the plan nur	e plan sponsor has changed since the las mber from the last return/report.	st return/report filed fo	r this plan, enter the	4b		
name <b>a</b> Spons	, EIN, and the plan nur or's name		·		4c		6
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a Spons 5a Total r b Total r	, EIN, and the plan nur or's name number of participants number of participants	mber from the last return/report.  at the beginning of the plan year			4c 5a 5b		6
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Pai	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	)r			(b) End of Year	
_ <del>′</del> a	Total plan assets	7a	(a) Beginning of Yea				2999732	
<u>u</u>	Total plan liabilities	7b		0	-		0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	281931				2999732	
8	Income, Expenses, and Transfers for this Plan Year	70			-			
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	10030	0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	9066	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					190963	
d	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	1054	7				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10547	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					180416	
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	t 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:  2A 2E 2F 2G 2R 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X		
С				10c	X		500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X	300000	
	Were any fees or commissions paid to any brokers, agents, or oth			100				
·	insurance service, or other organization that provides some or all					X		
	instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	Part VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding		· · · · · ·				FRISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		, or 30	Juoi1	JUZ UI		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	rcar	
	Enter the minimum required contribution for this plan year	,	,p 10			12b		

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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).

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Part II	A This return/report is for:	plan year beginning	A This return/report is for:	A This return/report is for:  A This return/report is for:  B This return/report is:    the first roturn/report     the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report     the name, EIN, and the plan number from the last return/report     the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the end of the plan year	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning	A This return/report is for:   A single-employer plan   a multiple-employer plan (not multiemployer)   a one-participant plan   a one-participan	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013  A This return/report is if or: A single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan  B This return/report is if the first return/report the first return/report as a short plan year return/report (less than 12 months)  C Check box if firing under: Form 5558 automatic extension  B Special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan  BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  1b Three-digit plan number (PN) 004  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5a Total number of participants at the beginning of the plan year.  5b Colar Institute of the plan year invested in eligible assets? (See instructions) (OPA)  Yes No	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013  A This return/report is for: a single-employer plan   a multiple-employer plan (not multiemployer)   a one-participant plan   B This return/report is:   the first return/report   the final return/report (less than 12 months)   a namended return/report   a short plan year return/report (less than 12 months)   C C Check box if filing under:   Form 5558   automatic extension   DFVC program   DF	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013  A This return/report is for:  a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan  B This return/report is:  the first return/report the final return/report	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013  A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan  B This return/report is: the first return/report the final return/report an amended return/report as short plan year return/report (less than 12 months)  C Check box if filing under: Form 5558 automatic extension DFVC program		► Complete all entries in accord	ance with the instruc	tions to the Form 5500-	SF			
A This return/report is for:    This return/report is for:	A This return/report is for:  B This return/report is the first return/report   a short plan year return/report (less than 12 months)  C Check box if filing under:   Form 5558   automatic extension   DFVC program   DF	a single-employer plan	A This return/report is for:    A This return/report	A This return/report is for:    This return/report is   the first return/report   the first return/report (less than 12 months)	A This return/report is for:    This return/report is   the first return/report   the first return/report (less than 12 months)	A This return/report is for:    This return/report is   the first return/report   the first return/report (less than 12 months)	A This return/report is for:    A single-employer plan   a multiple-employer plan (not multiemployer)   a one-participant plan	A This return/report is for:	A This return/report is for:    This return/report is:   the first return/report   a short plan year return/report (less than 12 months)	A This return/report is for:    This return/report is:   the first return/report   a short plan year return/report (less than 12 months)	A This return/report is for:    This return/report is:   the first return/report   a short plan year return/report (less than 12 months)	A This return/report is for:    This return/report is:   the first return/report   a short plan year return/report (less than 12 months)	A This return/report is for:	A This return/report is for:    A This return/report   the first return/report   the final return/report   the final return/report   the final return/report   the final return/report   a short plan year return/report (less than 12 months)     A This return/report   a manended return/report   a short plan year return/report (less than 12 months)     A This return/report   a manended return/report   a short plan year return/report (less than 12 months)     A This return/report   the final return/report (less than 12 months)     A This return/report   a manended return/report   a short plan year return/report (less than 12 months)     A This return/report   a manended return/report   a short plan year return/report (less than 12 months)     A This return/report   a manended return/report   a short plan year return	A This return/report is for:    A This return/report   the first return/report   the final return/report   the final return/report   the final return/report   a short plan year return/report (less than 12 months)   A This return/report   a short plan year return/report (less than 12 months)   A This return/report   a short plan year return/report (less than 12 months)   DEVC program   DEVC pro	A This return/report is for:    A This return/report is for:   I the first return/report   I the final return/report   I the final return/report   I the final return/report   I a short plan year return/report (less than 12 months)     A This return/report is:   I the first return/report   I a short plan year return/report (less than 12 months)     A This return/report is:   I the first return/report   I a short plan year return/report (less than 12 months)     A This return/report is:   I the first return/report   I short plan year return/report (less than 12 months)     A This return/report is first return/report   I the first return/report (less than 12 months)     A This return/report is in an amended return/report   I short plan year return/report (less than 12 months)     A This return/report is in an amended return/report   I short plan year return/report (less than 12 months)     A This return/report is in an amended return/report   I short plan number     A This return/report is in an amended return/report   I short plan number     A This return/report is in an amended return/report   I short plan number     A This return/report is in an amended return/report   I short plan number     A This return/report   I short plan number	A This return/report is for:    A This return/report is for:	A This return/report is for:	A This return/report is for:  B This return/report is:  the first return/report the final return/report an amended return/report as 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)	A This return/report is for:  B This return/report is:  the first return/report  an amended return/report  an amended return/report  brown 5558  a multiple-employer plan (not multiemployer)  the final return/report  a short plan year return/report (less than 12 months)  DFVC program	E + 1	Annual Report Identification Information			
B This return/report is:	B This return/report is:	the first return/report an amended return/report an amended return/report an amended return/report an amended return/report a short plan year return/report (less than 12 months)  prom 5558 automatic extension attion—enter all requested information  1b Three-digit plan number (PN)	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:	B This return/report is:  the first return/report  an amended return/report  an amended return/report  Form 5558  automatic extension  DFVC program  special extension (enter description)	B This return/report is:  the first 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	For calend	dar plan year 2013 or fiscal plan year beginning 01	/01/2013	and ending	12/31/2013					
C Check box if filing under:	an amended return/report a short plan year return/report (less than 12 months)  C Check box if filing under: Form 5558 automatic extension UPFVC program  Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification N. (EIN) 14 - 1581185  C Sponsor's telephone num (845) 692-5311  2d Business code (see instructions)  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5 Total number of participants at the beginning of the plan year.  5 Nomber of participants at the definition of the plan year.  5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).	an amended return/report	C Check box if filing under:	an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	an amended return/report   a short plan year return/report (less than 12 months)   DFVC program	C Check box if filing under:	C Check box if filing under:	an amended return/report a short plan year return/report (less than 12 months)  C Check box if filing under:	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    Part II Basic Plan Information—enter all requested information  1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST    BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST    2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan)   BARRY FENNER, DDS, PC    2b Employer Identification Number (EIN) 14 - 1581185    2c Sponsor's telephone number (845) 692-5311    2d Business code (see instructions) 621210    3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.    4 D EIN    4 D EIN    4 D EIN    5 D Total number of participants at the beginning of the plan year    5 D Total number of participants at the end of the plan year    5 D Total number of participants with account balances as of the end of the plan year (defined benefit plans do not)	an amended return/report and a short plan year return/report (less than 12 months)  C Check box if filing under: Form 5558 automatic extension DFVC program  Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (ell) 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	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)	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	A This re	eturn/report is for:	a multiple-employer pl	an (not multiemployer)	a one-participant plan				
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Sapecial extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST   1c Effective date of plan   0.1/0.1/1988   1c Effective	Special extension (enter description)   Part II	special extension (enter description)  atlon—enter all requested information  1b Three-digit plan number (PN)	Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FERNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FERNER, DDS, PC  2b Employer identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 331 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3c Administrator's EIN  3c Administrator's telephone number (81), and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year (defined benefit plans do not complete tris item)  5 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete tris item)  5 C (PFR 250-104-467 (See instructions on waiver eligibility and conditions).  6 If you answered "No" to either line Sa or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan is it covered under the PBGC insurance program (see E	Part II Basic Plan Information—enter all requested information  1a Name of plan  BARRY FERNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FERNER, DDS, PC  2b Employer letentification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3c Administrator's telephone number (845) 692-5311  2d Business code (see instructions)  621210  3b Administrator's telephone number (810) and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete trip item)  5 Are you claiming a waiter of the annual examination and report of an independent qualified public accountant (IQPA)  1 In the name and of the plan year invested in eligible assets? 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(See instructions)  5c Complete this Item)  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)  6d If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Implementation of the plan year invested in eligible and conditions.  6d If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Implementation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Implementation of	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information	special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  5 Total number of participants at the beginning of the plan year  5 C Number of participants at the end of the plan year  6 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C Number of participants with account balances as of the end of the plan year invested in eligible assets? 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C   Effective date of plan   01/01/1988	C   Effective date of plan   01/01/1988	C   Effective date of plan   01/01/1988	C   Effective date of plan   01/01/1988	C   Effective date of plan   01/01/1988	C   Effective date of plan   01/01/1988	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   BARRY FENNER, DDS, PC	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  5a Total number of participants at the beginning of the plan year  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5a Were all of the plan's assests during the plan year invested in eligible assets? 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Yes   No   Not determined Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  8 Under penalties of perity; and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and boilef, it is true/correct, and complete.  8 Signature of employer/plan sponsor  10 Date  11 Enter name of individual signing as plan administrator	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name 5 Total number of participants at the beginning of the plan year.  5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Were all of the plan's assets during the plan year invested in eligible assets? 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(See instructions).  6 If you answered "No" to either line 8 or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  7 Yes No Not determined  8 Signature of participants with accomplete filing of this return/report will be assessed unless reasonable cause is established.  1 Poly SARRY FENNER, DDS  1 Participants with accomplete, and complete, and complete in the truth report, and to the best of my knowledge and belief, it is truth-correct, and complete.  1 Poly SARRY FENNER, DDS  1 Participants and address.  1 Participants with accomplete in the plan sponsor of plan administrator  1 Poly SARRY FENNER, DDS  1 Participants and address.  2 Poly SARRY FENNER, DDS  2 Poly SARRY FENNER, DDS  2 Poly SARRY FENNER, DDS  3 Participants and address.  3 Enter	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2c Sponsor's telephone num (845) 692-5311 2d Business code (see instru 621210 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN  3c Administrator's telephone  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name  5a Total number of participants at the beginning of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3b Administrator's EIN  3c Administrator's telephone number  1from the last return/report.  3c Administrator's telephone number  4d PN  3c Administrator's telephone number  4d PN  4d PN  4e PN  5a 6  5b 6  5b 6  5c 6  5c 6  fing the plan year invested in eligible assets? (See instructions.)  2d yes   No annual examination and report of an independent qualified public accountant (IQPA)  2e instructions on waiver eligibility and conditions.)	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   BARRY FENNER, DDS, PC   Employer Identification Number (EIN) 14 - 1581185   2c Sponsor's telephone number (845) 692-5311   2d Business code (see instructions) 621210   3a Plan administrator's name and address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's EIN   3c Administrator's telephone number aname, EIN, and the plan number from the last return/report.   a Sponsor's name   4d PN   5a   6b   6b   6d   6d PN	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  8 Plan Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3b Administrator's EIN  3c Administrator's EIN  3c Administrator's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3c Administrator's telephone number (845) 692-5311  3d Administrator's telephone number (845) 692-5311  3d Administrator's EIN  3c Administrator's telephone number (845) 692-5311  3d Administrator's telephone number (845) 692-6311  3d Administrator's telephone number (845) 682-6311  3d Adm	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  8 Plan Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3b Administrator's EIN  3c Administrator's EIN  3c Administrator's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3c Administrator's telephone number (845) 692-5311  3d Administrator's telephone number (845) 692-5311  3d Administrator's EIN  3c Administrator's telephone number (845) 692-5311  3d Administrator's telephone number (845) 692-6311  3d Administrator's telephone number (845) 682-6311  3d Adm	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  8 Plan Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3b Administrator's EIN  3c Administrator's EIN  3c Administrator's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3c Administrator's telephone number (845) 692-5311  3d Administrator's telephone number (845) 692-5311  3d Administrator's EIN  3c Administrator's telephone number (845) 692-5311  3d Administrator's telephone number (845) 692-6311  3d Administrator's telephone number (845) 682-6311  3d Adm	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   BARRY FENNER, DDS, PC	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address \( \frac{1}{2}\)Same as Plan Sponsor Name \( \frac{1}{2}\)Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 PN  5 Total number of participants at the beginning of the plan year  5 Total number of participants at the end of the plan year  6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Were all of the plan's assets during the plan year invested in eligible assets? 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BARRY FENNER, DDS, PC    Sal ROUTE 211 EAST   2d Business code (see instructions)   2d Business code (see instructions)   621210	BARRY FENNER, DDS, PC  (EIN) 14-1581185  2c Sponsor's telephone num (845) 692-5311  2d Business code (see instructions)  MIDDLETOWN  NY 10940  3b Administrator's EIN  3c Administrator's telephone  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  Se Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).	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(See instructions).  7 Yes Note If you answered 'No' to either line Sa or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  SIGN A PARY FENNER, DDS	BARRY FENNER, DDS, PC  (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's EIN  3c Administrator's EIN  4b EIN  Amount of Participants at the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4c PN  5a Total number of participants at the beginning of the plan year.  5b Total number of participants at the end of the plan year (defined benefit plans do not complete this item).  5c Sponsor's telephone number of Participants at the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4c PN  5a Total number of participants at the beginning of the plan year.  5b G Sb G 66  6a Were all of the plan's assets during the plan year invested in eligible assets? 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(See instructions.)  ### Yes	### BARRY FENNER, DDS, PC  ### ROUTE 211 EAST  ### MIDDLETOWN  ### Administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  #### Administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  #### Administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  #### Administrator's telephone number for the name, EIN, and the plan number from the last return/report.  #### Administrator's telephone number for participants at the beginning of the plan year  #### Total number of participants at the end of the plan year  #### Complete this item)  #### Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  #### Were all of the plan's assets during the plan year invested in eligible assets? 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2 Sponsor's telephone number (845) 692-5311 2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Administrator's telephone number  4c PN  5a Total number of participants at the beginning of the plan year	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).	2c Sponsor's telephone number (845) 692-5311   2d Business code (see instructions) 621210   3b Administrator's EIN   3c Administrator's telephone number   4b EIN   3c Administrator's telephone number   4c PN   5a   6b   6c   6c   6c   6c   6c   6c   6c	2c Sponsor's telephone number (845) 692-5311 2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN  3c Administrator's telephone number (845) 692-5311  4d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's telephone number (845) 692-5311  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 EPN  5a Total number of participants at the beginning of the plan year	2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's telephone number (845) 692-5311  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 EPN  5a Total number of participants at the beginning of the plan year	2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's telephone number (845) 692-5311  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 EPN  5a Total number of participants at the beginning of the plan year	2c Sponsor's telephone number (845) 692-5311	2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  4 EIN  4 EIN  5 Total number of participants at the beginning of the plan year  5 Total number of participants at the end of the plan year  5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Were all of the plan's assets during the plan year invested in eligible assets? 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(See instructions on waiver eligibility and conditions.)  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  52 EIN  63 Administrator's EIN  4b EIN  64 PN  65 66  66 Were all of the plan sponsor has changed since the last return/report filed for this plan, enter the name.  4c PN  66 Avaination of the plan sponsor has changed since the last return/report filed for this plan, enter the name.  4c PN  66 PN  67 Outling the plan sponsor has changed since the last return/report filed for this plan, enter the name.  68 EIN  69 PN  69 PN  60 PN  6	2c Sponsor's telephone number  (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  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ROUTE 211 EAST   MIDDLETOWN   NY 10940   521210	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address \( \text{Same as Plan Sponsor Name} \) Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the end of the plan year	NY 10940  Address Same as Plan Sponsor Name Same as Plan Sponsor Address  Same as Plan Sponsor Name Same as Plan Sponsor Address  Administrator's EIN  Complete filing of this return/report will be assessed unless reasonable cause is established.	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 EIN  4 EIN  4 EIN  5 Total number of participants at the beginning of the plan year  5 Total number of participants at the end of the plan year  6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)  8 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  9 Yes No Not determined  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  1 PA Y BARRY FENNER, DDS	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5a Total number of participants at the beginning of the plan year	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5a Total number of participants at the beginning of the plan year	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5a Total number of participants at the beginning of the plan year	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b 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 name, EIN, and the plan number from the last return/report.  3 Sponsor's name 4 PN  5a Total number of participants at the beginning of the plan year	831 ROUTE 211 EAST  MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4b If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4c PN  Total number of participants at the beginning of the plan year  Complete this item)  4c Were all of the plans assets during the plan year invested in eligible assets? 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(845) 692-5311     2d Business code (see instructions)	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name 4 PN  5 Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not)  1 Same as Plan Sponsor Address  3 Administrator's EIN  4 EIN  4 PN  5 A Total number of participants at the end of the plan year  5 B 6  6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not)	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 PN  5 Total number of participants at the beginning of the plan year.  5 Do Total number of participants at the end of the plan year.  5 Do Total number of participants at the end of the plan year.	PLAN AND TRUST  (PN) 004  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Employer Identification Number	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Employer Identification Number	DATE	TEMPER, DDG, TO		-	
A   If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor sor some   Same as Plan Sponsor Address   Administrator's telephone number	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN  3c Administrator's telephone  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year  b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).	NY 10940   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Administrator's telephone number   Same as Administrator's telephone number   Same as Administrator's telephone number   Same and of the plan year   Same and of the plan year   Same as Office   Same and of the plan year   Same as Office   Same a	2d Business code (see instructions)   621210     3a Plan administrator's name and address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's EIN     3c Administrator's telephone number   3c Administrator's telephone number   3d A	2d Business code (see instructions)   621210     3a Plan administrator's name and address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's EIN     3c Administrator's telephone number   3d A	2d Business code (see instructions)   621210     3a Plan administrator's name and address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's EIN     3c Administrator's telephone number   3d A	2d Business code (see instructions)   621210     3a Plan administrator's name and address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's EIN     3c Administrator's telephone number   3d A	A If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.   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(See instructions.)  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Sponsor's name  Ac PN  Total number of participants at the end of the plan year	MIDDLETOWN  NY 10940  621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	MIDDLETOWN  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the end of the plan year	PLAN AND TRUST  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number	831	ROUTE 211 EAST			
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(See instructions.) 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No If you answered "No" to either line 8a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined  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 cortpoleted and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB cortpoleted and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SI ginature of plan administrator  SIGN HERE  Signature of employer/plan sponsor	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	Administrator's EIN  3c Administrator's telephone number  In sponsor has changed since the last return/report filed for this plan, enter the rorm the last return/report.  4b EIN  4c PN  5a 6  5b 6  5c 6  In gene and of the plan year	3a Plan administrator's name and address Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b 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 name, EIN, and the plan number from the last return/report.    4 Sponsor's name   4b EIN    4c PN    5a Total number of participants at the beginning of the plan year   5a   5b   6c    5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   5c   6c    6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Yes   No    6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   Yes   No    6f If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   Yes   No   Not determined    6c Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.    6c 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 corpheleted 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.	3a Plan administrator's name and address Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3d Admin	3a Plan administrator's name and address Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3d Admin	3a Plan administrator's name and address Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3d Admin	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's telephone number Administrator's telephone number Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4c PN  5a Total number of participants at the beginning of the plan year	3a Plan administrator's name and address \( \text{Same as Plan Sponsor Name} \) \( \text{Same as Plan Sponsor Address} \) \( \text{3c} \) Administrator's telephone number \\  4 If the name and/or EIN of the plan sponsor has 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Plan administrator's name and address \( \text{Same as Plan Sponsor Name} \) \( \text{Same as Plan Sponsor Address} \) \( \text{3c} \) 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 name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year 5b 6  b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b 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 name, EIN, and the plan number from the last return/report.  a Sponsor's name 4c PN  5a Total number of participants at the beginning of the plan year	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 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 name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year 5b 6  b Total number of participants at the end of the plan year 55 6  C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b 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 name, EIN, and the plan number from the last return/report.  3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 65b 66	PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311					,
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's name 5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  complete this item  complete this item  b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   Yes   No   Not determined  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 cortipoleted 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.  Signature of plan administrator  Date  Enter name of individual signing as employer or plan sponsor	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	an sponsor has changed since the last return/report filed for this plan, enter the from the last return/report.  4c PN  4c PN  5a 6  5b 6  5b 6  5b 6  5c 6  4cring the plan year invested in eligible assets? (See instructions.)  annual examination and report of an independent qualified public accountant (IQPA)  be instructions on waiver eligibility and conditions.)  conditions on waiver eligibility and conditions.  In line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  an, is it covered under the PBGC insurance program (see ERISA section 4021)?  In line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And it is return/report, including, if applicable, a Schedule gned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and in the plan in the instructions, in the electronic version of this return/report, and to the best of my knowledge and in the plan in the instructions of this return/report, and to the best of my knowledge and in the plan in the instructions of the plan i	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 C PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 C PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 C PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5 Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 PN  5 Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  4 PN  5 Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  4 PN  5 Total number of participants at the beginning of the plan year	PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)					
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sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  MIDDLETOWN  NY 10940  621210	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) MIDDLETOWN  NY 10940  plan number (PN)	3a Plan a	administrator's name and address XSame as Plan Sponsor Na	ime Same as Plan	Sponsor Address	Administrator's EIN
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sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  MIDDLETOWN  NY 10940  621210	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) MIDDLETOWN  NY 10940  plan number (PN)				T:	3c Administrator's telephone number
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complete this item)	complete this item)	ring the plan year invested in eligible assets? (See instructions.)  annual examination and report of an independent qualified public accountant (IQPA)  ee instructions on waiver eligibility and conditions.)  Tine 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  an, is it covered under the PBGC insurance program (see ERISA section 4021)?	complete this item)	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, and to the best of my knowledge and belief, it is true correct, and complete.	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, and to the best of my knowledge and belief, it is true correct, and complete.	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, and to the best of my knowledge and belief, it is true correct, and complete.	complete this item)	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	complete this item)	complete this item)	complete this item)	complete this item)	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	complete this item)	complete this item)	complete this item)		C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not	PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 PN  5 Description of the plan sponsor of th	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14 - 1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 PN  4c PN				<b>⊢</b> '	<b>5b</b> 6
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If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined  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.  Sign  HERE  Signature of plan administrator  Date  Enter name of individual signing as employer or plan sponsor	Make you drawning a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	In the factor of this return/report will be assessed unless reasonable cause is established.  The interport in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule gned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and in the instructions.	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  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SIGN  BARRY FENNER, DDS	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.  SIGN HERE  Signature of plan administrator  Date  Enter name of individual signing as plan administrator	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	if you answered "No" to either line ba or line bb, the plan cannot use Form 5500-5F and must instead use Form 5500.		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	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SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	· · · · · · · · · · · · · · · · · · ·	penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule gned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and to the best of my knowledge and including the control of this return/report, and the control of this return/report, and the control of this return/report, and the control of this return/report that the control of this return/report that the control of the co	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  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SIGN HERE Signature of employer/plan sponsor  SIGN HERE Signature of employer/plan sponsor  Date Enter name of individual signing as plan administrator  Enter name of individual signing as employer or plan sponsor			SIGN 14 BARRY FENNER, DDS	SIGN JUNE 1/9/14 BARRY FENNER, DDS	SIGN JUNE 1/9/14 BARRY FENNER, DDS	SIGN JUNE 1/9/14 BARRY FENNER, DDS	SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator		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	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			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	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	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  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HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator  SIGN HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor	sign   Jun Lunho   7/60/14 BARRY FENNER, DDS	<del> </del>		HERE	HERE	HERE	Signature of plan administrator  Date  Enter name of individual signing as plan administrator	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	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	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	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	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	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	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	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  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Preparer's name (including firm name, if applicable) and address, include room of suite number (optional)			HERE	HERE	HEKE TI A	SPENE Law and the		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.  SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator  SIGN HERE	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.  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SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	nistrator Date Enter name of individual signing as plan administrator	Signature of plan administrator Date Enter name of individual signing as plan administrator	Signature of plan administrator   Date   Enter name of individual signing as plan administrator				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.  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SIGN  1991  BARRY FENNER, DDS	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.  SIGN  1991  BARRY FENNER, DDS	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.  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Signature of plan administrator  SIGN HERE Signature of employer/plan sponsor  Date Enter name of individual signing as plan administrator  Enter name of individual signing as employer or plan sponsor	HERE	Alebantan Data Data Data di data di data di data da	DENE Discoult A Student administration Detailed to the Student	I Nignature of high administrator I Ligio I Enter name of individual signing as plan administrator	Signature of plan administrator    Date   Enter name of individual signing as plan administrator	Signature of plan administrator    Date   Enter name of individual signing as plan administrator	Signature of plan administrator  Date  Enter name of individual signing as plan administrator	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.	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(See instructions.)	complete this item)		PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14 - 1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address ⊠Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 PN  5a Total number of participants at the beginning of the plan year	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year			. ,	fit plans do not	
complete this item)	complete this item)	ring the plan year invested in eligible assets? (See instructions.)  annual examination and report of an independent qualified public accountant (IQPA)  ee instructions on waiver eligibility and conditions.)  Tine 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  an, is it covered under the PBGC insurance program (see ERISA section 4021)?	complete this item)	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, and to the best of my knowledge and belief, it is true correct, and complete.  SIGN  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	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, and to the best of my knowledge and belief, it is true correct, and complete.  SIGN  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	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, and to the best of my knowledge and belief, it is true correct, and complete.  SIGN  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	complete this item)	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 2 Yes No  No  No  No  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 2 Yes No  No  No  No  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 2 Yes No  No  No  No  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 2 Yes No  No  No  No  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	complete this item) 5c 6  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	complete this item)	complete this item)	complete this item)		C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not	PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 PN  5 Description of the plan sponsor of th	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14 - 1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 PN  4c PN				<b>⊢</b> '	<b>5b</b> 6
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sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  MIDDLETOWN  NY 10940  621210	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) MIDDLETOWN  NY 10940  plan number (PN)				-	3c Administrator's telephone number
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sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  MIDDLETOWN  NY 10940  621210	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) MIDDLETOWN  NY 10940  plan number (PN)	3a Plan a	administrator's name and address XSame as Plan Sponsor Na	ıme Same as Plan	Sponsor Address	3b Administrator's EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a Sponsor's name 5a Total number of participants at the beginning of the plan year  b Total number of participants at the end of the plan year  complete this item  complete this item  b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   Yes   No   Not determined  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 cortipoleted 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.  Signature of plan administrator  Date  Enter name of individual signing as employer or plan sponsor	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	an sponsor has changed since the last return/report filed for this plan, enter the from the last return/report.  4c PN  4c PN  5a 6  5b 6  5b 6  5b 6  5c 6  4cring the plan year invested in eligible assets? (See instructions.)  annual examination and report of an independent qualified public accountant (IQPA)  be instructions on waiver eligibility and conditions.)  conditions on waiver eligibility and conditions.  In line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  an, is it covered under the PBGC insurance program (see ERISA section 4021)?  In line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And is it covered under the PBGC insurance program (see ERISA section 4021)?  And it is return/report, including, if applicable, a Schedule gned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and in the plan in the instructions, in the electronic version of this return/report, and to the best of my knowledge and in the plan in the instructions of this return/report, and to the best of my knowledge and in the plan in the instructions of the plan i	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 C PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 C PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 C PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5 Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 PN  5 Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  4 PN  5 Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  4 PN  5 Total number of participants at the beginning of the plan year	PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311	BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311					
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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 cortpoleted and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB cortpoleted and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule Signature of plan administrator  SIGN HERE Signature of employer/plan sponsor  Date Enter name of individual signing as employer or plan sponsor	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year	Administrator's EIN  3c Administrator's telephone number  In sponsor has changed since the last return/report filed for this plan, enter the rorm the last return/report.  4b EIN  4c PN  5a 6  5b 6  5b 6  6c 15b 6  6c 15c 6  1c 15c 16c 16c 16c 16c 16c 16c 16c 16c 16c 16	3a Plan administrator's name and address Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b 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 name, EIN, and the plan number from the last return/report.    4 Sponsor's name   4b EIN    4c PN    5a Total number of participants at the beginning of the plan year   5a   5b   6c    5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)   5c   6c    6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   Yes   No    6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)   Yes   No    6f If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   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ROUTE 211 EAST   MIDDLETOWN   NY 10940   621210	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address \( \text{Same as Plan Sponsor Name} \) Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the end of the plan year	Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Address   Same as Plan Sponsor Address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   Same as Plan Sponsor Address   Same as Plan Sponsor has changed since the last return/report filed for this plan, enter the   Same as Plan Sponsor has changed since the last return/report   Same as Plan Sponsor has changed since the last return/report   Same as Plan Sponsor has changed since the last return/report   Same as Plan Sponsor has changed since the last return/report   Same as Plan Sponsor has changed since the last return/report   Same as Plan Sponsor has changed since the last return/report   Same as Plan Sponsor haddress   Same as Plan Sponsor	831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 EIN  4 EIN  4 EIN  5 Total number of participants at the beginning of the plan year  5 Total number of participants at the end of the plan year  6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)  8 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  9 Yes No Not determined  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  1 PA Y BARRY FENNER, DDS	ROUTE 211 EAST   2d Business code (see instructions)   621210	ROUTE 211 EAST   2d Business code (see instructions)   621210	ROUTE 211 EAST   2d Business code (see instructions)   621210	R31 ROUTE 211 EAST   2dd Business code (see instructions)   621210	831 ROUTE 211 EAST  MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  Total number of participants at the beginning of the plan year  Cumplete this item)  5 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  6 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	831 ROUTE 211 EAST  MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  4 EIN  Total number of participants at the beginning of the plan year  Cumber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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(See instructions on waiver eligibility and conditions.)  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  52 EIN  63 Administrator's EIN  4b EIN  64 PN  65 66  66 Were all of the plan sponsor has changed since the last return/report filed for this plan, enter the name.  4c PN  66 Avaination of the plan sponsor has changed since the last return/report filed for this plan, enter the name.  4c PN  66 PN  67 Outling the plan sponsor has changed since the last return/report filed for this plan, enter the name.  68 EIN  69 PN  69 PN  60 PN  6	2c Sponsor's telephone number  (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the end of the plan year  c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  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2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)  BARRY FENNER, DDS, PC  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's EIN  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the beginning of the plan year.  5 No Total number of participants at the end of the plan year.  5 No Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C So Were all of the plan's assets during the plan year invested in eligible assets? 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PLAN AND TRUST  (PN) 004  1c Effective date of plan 01/01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  831 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5a Sponsor's name  5b Total number of participants at the beginning of the plan year  5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not)	PLAN AND TRUST  1c Effective date of plan only01/1988  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the end of the plan year	ia Name of plan	1a Name of plan		•			plan number
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Section   Sect	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST   PLAN AND T	Action—enter all requested information  The PROFIT SHARING  Three-digit plan number (PN)    0.04  1c Effective date of plan oil 01/01/1988  as include room or suite number (employer, if for a single-employer plan)  Expression of the plan very stelephone number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  Administrator's EIN  3c Administrator's EIN  3c Administrator's telephone number (4b EIN)  4c PN  5a 6  5b 6  6c  6c  6c  6c  6c  6c  6c  6c  6c	Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 331 ROUTE 211 EAST MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's telephone number (845) 692-5311  2d Business code (see instructions) 3c Administrator's telephone number (870) 670-7501  3c Administrator's telephone number (870) 670-7501  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5 Total number of participants at the beginning of the plan year.  5 D Total number of participants at the end of the plan year.  5 D Total number of participants at the end of the plan year invested in eligible assets? (See instructions.).  5 C Number of participants at the end of the plan year invested in eligible assets? (See instructions.).  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).  6 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   Yes   No   Not determined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   Yes   No   Not determined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?   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include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Number (EllN) 14 - 1581185   2c Sponsor's telephone number (845) 692-5311   2d Business code (see instructions)   621210   2d Business code (see instructions)   621210   3a Plan administrator's name and address   Same as Plan Sponsor Name   Same as Plan Sponsor Address   3b Administrator's telephone number   3c Administrator's telephone number   4d Plan administrator's name   5d Plan number of participants at the beginning of the plan year   5d Plan number of participants at the end of the plan year   5d Plan year (defined benefit plans do not complete this item)   5c Plan No	Part II   Basic Plan Information—enter all requested information	special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  5 Total number of participants at the beginning of the plan year.  5 C Number of participants at the end of the plan year.  5 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.).  5 A derivation of participants at the decomplete plan year invested in eligible assets? (See instructions.).  5 A derivation of plans assets during the plan year invested in eligible assets? (See instructions.).	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information	Special extension (enter description)   Part II	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan	special extension (enter description)		C Check			, ,	
Sapecial extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST   1c Effective date of plan   0.1/0.1/1988   1c Effective	Special extension (enter description)   Part II	special extension (enter description)  atlon—enter all requested information  1b Three-digit plan number (PN)	Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FERNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FERNER, DDS, PC  2b Employer identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 331 ROUTE 211 EAST MIDDLETOWN NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3c Administrator's EIN  3c Administrator's telephone number (81), and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year (defined benefit plans do not complete tris item)  5 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete tris item)  5 C (PFR 250-104-467 (See instructions on waiver eligibility and conditions).  6 If you answered "No" to either line Sa or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan is it covered under the PBGC insurance program (see ERISA section 4021)?  6 If the plan is a defined benefit plan is it covered under the PBGC insurance program (see E	Part II Basic Plan Information—enter all requested information  1a Name of plan  BARRY FERNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FERNER, DDS, PC  2b Employer letentification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3c Administrator's telephone number (845) 692-5311  2d Business code (see instructions)  621210  3b Administrator's telephone number (810) and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete trip item)  5 Are you claiming a waiter of the annual examination and report of an independent qualified public accountant (IQPA)  1 In the name and of the plan year invested in eligible assets? (See instructions).  2 Are you claiming a waiter of the annual examination and report of an independent qualified public accountant (IQPA)  2 In you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.  3 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-  3 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-  4 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-  5 If the plan is a defined benefit plan, is it covered under the PBGC insurance posts and must instead use Form 5	Part II Basic Plan Information—enter all requested information  1a Name of plan  BARRY FERNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  BARRY FERNER, DDS, PC  2b Employer letentification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  831 ROUTE 211 EAST  MIDDLETOWN  NY 10940  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3c Administrator's telephone number (845) 692-5311  2d Business code (see instructions)  621210  3b Administrator's telephone number (810) and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the end of the plan year  5 Total number of participants at the end of the plan year  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete trip item)  5 Are you claiming a waiter of the annual examination and report of an independent qualified public accountant (IQPA)  1 In the name and of the plan year invested in eligible assets? 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(See instructions).  2 Are you claiming a waiter of the annual examination and report of an independent qualified public accountant (IQPA)  2 In you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500.  3 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-  3 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-  4 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-  5 If the plan is a defined benefit plan, is it covered under the PBGC insurance posts and must instead use Form 5	Part II Basic Plan Information—enter all requested information  1 Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 1/1988  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions)  31 ROUTE 211 EAST MIDDLETONN  NY 10940  32 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  3b Administrator's EIN  3c Administrator's telephone number (exployer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-15811.85  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 521210  3c Administrator's EIN  3c Administrator's EIN  3c Administrator's telephone number of participants at the beginning of the plan year  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  4 PN  5a Total number of participants at the end of the plan year  5b Complete this Item)  5c Complete this Item)  5c Complete this Item)  5d Aver all of the plan's assets during the plan year invested in eligible assets? (See instructions)  5c Complete this Item)  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)  6d Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)  6d If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Implementation of the plan year invested in eligible and conditions.  6d If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Implementation of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Implementation of	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN   AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   BARRY FENNER, DDS, PC PROFIT SHARING   PLAN AND TRUST	Special extension (enter description)   Part II   Basic Plan Information—enter all requested information	special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan BARRY FENNER, DDS, PC PROFIT SHARING PLAN AND TRUST  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BARRY FENNER, DDS, PC  2b Employer Identification Number (EIN) 14-1581185  2c Sponsor's telephone number (845) 692-5311  2d Business code (see instructions) 621210  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  a Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report  5 Total number of participants at the beginning of the plan year  5 C Number of participants at the end of the plan year  6 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C Number of participants with account balances as of the end of the plan year invested in eligible assets? 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Page 2

Part III   Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
a Total plan assets	. 7a	2,81	9,3:	16		2,999,732	
<b>b</b> Total plan liabilities	. 7b			0		0	
C Net plan assets (subtract line 7b from line 7a)	. 7c	2,81	9,32	16		2,999,732	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from: (1) Employers	. 8a(1)	10	0,30	00			
(2) Participants	. 8a(2)			0			
(3) Others (including rollovers)	. 8a(3)			0		_	
<b>b</b> Other income (loss)	. 8b	9	0,66	53			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					190,963	
d Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	. 8d			0			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		2 5 4	0	_		
f Administrative service providers (salaries, fees, commissions)	. 8f		0,54	17	-		
g Other expenses	. 8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			+		10,547	
Net income (loss) (subtract line 8h from line 8c)	. 8i			+		180,416	
j Transfers to (from) the plan (see instructions)	· 8j			0			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	the instructions:	
Part V   Compliance Questions							
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х		
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
C Was the plan covered by a fidelity bond?			10c	х		500,000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
Were any fees or commissions paid to any brokers, agents, or other.							
insurance service or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		х		
f Has the plan failed to provide any benefit when due under the pla			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of vear e	end.)	10g		х		
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g 10h		x		
i If 10h was answered "Yes," check the box if you either provided the	he required	I notice or one of the				-	
exceptions to providing the notice applied under 29 CFR 2520.10  Part VI Pension Funding Compliance	11-3 <u></u>		10i				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
5500) and line 11a below)	<u></u>	<u></u>					
11a Enter the unpaid minimum required contribution for current year f	_				11a		
12 Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA? Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						16.40.40.00	
If a waiver of the minimum funding standard for a prior year is being granting the waiver.	<u></u>	Mon		, and e	enter th Day		
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year	<u></u>	<u></u>			12b		

## EIN 14-1581185 / PN 004

Page 3 -Form 5500-SF 2013 130118 12c c Enter the amount contributed by the employer to the plan for this plan year ..... 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 12d negative amount)..... N/A Yes No e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII **Plan Terminations and Transfers of Assets** X No Yes 13a Has a resolution to terminate the plan been adopted in any plan year? ...... If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?.... 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional) 14b Trust's EIN 14a Name of trust