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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	ort Identification Information	<u>n</u>			
For calendar plan year 2014	or fiscal plan year beginning 01/01/	2014	and ending 1	2/31/2014	
A This return/report is for:	∡ a single-employer plan		r plan (not multiemployer ployer information in acco	-	
·	a one-participant plan	a foreign plan	•		,
B This return/report is	the first return/report	the final return/repo	rt		
	an amended return/report	a short plan year re	turn/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extensio	n	DFVC pro	ogram
	special extension (enter des	cription)			
Part II Basic Plan I	nformation—enter all requested i	nformation			
1a Name of plan GOSHEN MEDICAL ASSOCIA	ATES, PC 401K PROFIT SHARING F	PLAN & TRUST		1b Three-digit plan number (PN) ▶	r 001
				1c Effective dat	
2a Plan sponsor's name and GOSHEN MEDICAL ASSOCIA	d address; include room or suite num	ber (employer, if for a sing	le-employer plan)	2b Employer Ide	entification Number
DO DOV 000				2c Sponsor's te	
PO BOX 809 GOSHEN, NY 10924				2d Business cod	de (see instructions)
3a Plan administrator's nam	ne and address XSame as Plan Spo	nsor.		3b Administrato	
	of the plan sponsor has changed since	e the last return/report file	d for this plan, enter the	4b EIN	
name, EIN, and the plar a Sponsor's name	n number from the last return/report.			4c PN	
5a Total number of participa	ants at the beginning of the plan year			5a	31
b Total number of participation	ants at the end of the plan year			5b	10
	with account balances as of the end c			5c	10
d(1) Total number of active	e participants at the beginning of the	plan year		5d(1)	28
• •	e participants at the end of the plan y			5d(2)	6
	at terminated employment during the			5e	(
Under penalties of perjury an	ate or incomplete filing of this retu d other penalties set forth in the instr ed and signed by an enrolled actuary, complete.	uctions, I declare that I ha	ve examined this return/r	eport, including, if ap	plicable, a Schedule
SIGN Filed with authori	zed/valid electronic signature.				
HERE Signature of plant	an administrator	Date	Enter name of indiv	idual signing as plan	administrator
SIGN					
HERE Signature of en	nployer/plan sponsor	Date	Enter name of indiv	idual signing as empl	
Preparer's name (including fi	· · · . · · . · · · · · · · · · · · · ·			_	oyer or plan sponsor one number (optional)

	Form 5500-SF 2014		Page 2				
b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot be a controlled the plan cannot be a controlled to the controlled to the plan cannot be a controlled to the plan cannot be a co	an indeper and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	int (IQ d use	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No Not determined
Par	III Financial Information						
<u>7</u> I	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
<u>a</u>	Total plan assets	7a	49084		_		55558
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	49084	148			55558
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)		0			
-	Other income (loss)	8b	971	167			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					97167
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	49500				
е (Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u>f</u> /	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4950057
	Net income (loss) (subtract line 8h from line 8c)	8i					-4852890
<u>j</u> .	Fransfers to (from) the plan (see instructions)	8j		0			
	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2R 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fellows V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Cor ? (Do not	rection Program)include transactions reported	10a		X	
	on line 10a.)			10b		^	
c	Was the plan covered by a fidelity bond?			10c	X		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
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 as	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 exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	

	Form 5500-SF 2014 Page 3 - 1				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes N	lo	
	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 of the PBGC?	control		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	rt Identification Information				
For calendar plan year 2014 or		1/2014	and ending	12/31/2014	
A This return/report is for:	a single-employer plan	of participating empl	plan (not multiemployer) oyer information in accor		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC p	orogram
·	special extension (enter desc	cription)			
Part II Basic Plan In	formation—enter all requested in	nformation			
1a Name of plan	TES, PC 401K PROFIT SHARING F			1b Three-digiplan numb	
				1c Effective of 01/01/198	
2a Plan sponsor's name and GOSHEN MEDICAL ASSOCIA	address; include room or suite numl	ber (employer, if for a single	e-employer plan)	2b Employer (EIN) 14-1	dentification Number 720592
					telephone number (845) 294-8888
PO BOX 809				1	code (see instructions)
GOSHEN, NY 10924	and address X Same as Plan Spor			621111 3b Administra	tor's FIN
Ja Flan administrator s name	and address Moanie as Flan Spor	1301.		OD Administra	
				3c Administra	itor's telephone number
	-				
		1 6			
	· · · · · · · · · · · · · · · · · · ·				· .
name, EIN, and the plan	the plan sponsor has changed since number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
_	nts at the beginning of the plan year				31
	nts at the end of the plan year			5b	10
	ith account balances as of the end o			5c	10
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	28
	participants at the end of the plan y			5d(2)	6
Number of participants that less than 100% vested	at terminated employment during the	plan year with accrued be	nefits that were	5e	0
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assesse	d uniess reasonable ca	use is establishe	od
	other penalties set forth in the instruction and signed by an enrolled actuary,				
SIGN		3/26/16	Alan Schaffer	_	
HERE Signature of pla	n administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN					
	ployer/plan sponsor	Date			ployer or plan sponsor
Preparer's name (including fire	m name, if applicable) and address	(include room or suite num	ber) (optional)	Preparer's teler	phone number (optional)
					·
14.					

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No Not determined as or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		Form 5500-SF 2014		Page 2							
under 29 CFR 2520.104-487 (See instructions on waher eligibility and conditions)									X	res 📗	No
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)					X Y	res 🗌	No
Part III Financial Information (a) Beginning of Year 4908448 55558		· ·				_			l Nak da		
7 Plan Assets and Liabilities 7			isurance p	rogram (see ERISA section 40	21)?.	····· [res	□ NO □	Not de	ermine	<u>a</u>
a Total plan assets. 7a 4000448 55558 b Total plan labilities 7b from line 7a) 7c 4008448 55558 c Net plan assets (subtract line 7b from line 7a) 7c 4008448 55558 c Net plan assets (subtract line 7b from line 7a) 7c 4008448 55558 c Net plan assets (subtract line 7b from line 7a) 7c 4008448 55558 c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers. 8a(1) 0 c Total income (dos) (including rotiovers) 8a(2) 0 c Total income (dos) (including rotiovers) 8a(2) 0 c Total income (dos) (including rotiovers) 8b 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 c Creating the service providers (salaries, fees, commissions) 86 90 97167 d Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 d Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 d Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 d Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 86 97167 d Total income (add lines 8a(1), 8a(2), 8a(3), and 8b(2), 8a(4) 8a(2) d Total income (add lines 8a(1), 8a(2), 8a(3), 8a(4), 8a(4) d Total income (add lines 8a(1), 8a(2), 8a(3), 8a(4), 8a(4) d Total income (add lines 8a(1), 8a(-		I								
b Total plan liabilities	<u> </u>				_	_		(b) End			
C. Net plan assets (subtract line 7b from line 7a)			7a						55		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers			7b		_	_					
a Contributions received or receivable from: (1) Employees (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (3) Others (including rollovers) (4) Experiments (5) Experiments (6) Experiments (6) Experiments (7) Experiments (8) Others (including rollovers) (8) Other income (dash lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other income (dash lines 8a(1), 8a(2), 8a(3), and 8b) (8) Other spaid (including direct rollovers and insurance premiums to provide benefits) (8) Other spaid (including direct rollovers and insurance premiums to provide benefits) (8) Other spaid (including direct rollovers and insurance premiums to provide benefits) (8) Other spaid (including direct rollovers and insurance premiums to provide benefits) (8) Other spaid (including direct rollovers and insurance premiums to provide benefits) (8) Other spaid (including direct rollovers and insurance premiums to provide benefits) (9) Other spaid (including direct rollovers and insurance premiums to provide spaid (including direct rollovers) (9) Other spaid (including direct rollovers and insurance premiums to provide spaid (including direct rollovers) (9) Other spaid (including direct rollovers and insurance premiums to provide spaid (including direct rollovers) (9) Other income (dass) (subtract line 8h from line 8c) (9) Other spaid (including direct rollovers) (9) Other spaid (including direct rollovers) (9) Other spaid (including direct rollovers) (1) Other income (dass) (subtract line 8h from line 8c) (1) Other spaid (including direct rollovers) (1) Other provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (1) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Other plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Other plan provides welfare benefits,			7c	4908448	<u> </u>				55	558	
(1) Employers				(a) Amount		4_		(b) 1	otal		
(2) Participants. (3) Others (including rollovers). (8a(2) 0 0 (8a(3) 0 0) (8a(4) 0 0 (8a(4) 0 0) (8a(4) 0 0) (8a(5) 0 0) (8a(6) 0 0) (8a(6) 0 0) (8a(6) 0 0) (8a(7) 0 0) (8a(7) 0 0) (8a(8) 0 0) (8a(7) 0 0) (8a(8) 0 0) (8a(а		8a(1)	()	1					
(3) Others (including rollovers)					5	\top					
b Other income (loss)					5	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				97167	7	-					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)						1			97	167	-
e Certain deemed and/or corrective distributions (see instructions)						\top					
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d	4950057	<u> </u>						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f_	Administrative service providers (salaries, fees, commissions)	8f				` _	_			
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	(
Transfers to (from) the plan (see Instructions) 8 0	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h_						4950	057	
Part IV Pian 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 2J 2K 3D 1f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 2 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						-4852	2890	
9a	j	Transfers to (from) the plan (see instructions)	- 8j			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DDL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 10000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X if 10 h 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. 10f Yes In Statis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 10 periods first a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 10 periods in the instructions and complete Schedule SB (Form 10 periods in the instructions and complete Schedule SB (Form 11 periods of the second of the se	Pai	t IV Plan Characteristics									
The plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	00.787.7873	N. 1949	eature cod	es from the list of Plan Charac			ies in t	ine instruct	————	_	_
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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. 10i Part VI Pension Funding Compliance 1s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a below) 15000	5, 7,42%,945%	280-332				Yes	No		Amou	nt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			4.0		v				
c Was the plan covered by a fidelity bond? 10c X 10000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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. 10i Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes) N	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					100		<u> </u>				
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 VI Pension Funding Compliance 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). Yes N					10c	×				1000	000
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?		or dishonesty?			10d		х				
f Has the plan failed to provide any benefit when due under the plan?	e	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10e		x				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	f						х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 VI Pension Funding Compliance 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)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a		Х				
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	h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			x			-	
Part VI Pension Funding Compliance 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)	i	If 10h was answered "Yes," check the box if you either provided the	he required	d notice or one of the							
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)	Pari	W 84. N						<u> </u>			
	-350	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions and com	plete	Sched	lule Si	B (Form	П	res ∏	No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39											
	11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	iule SB (Form 5500) line 39							_
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	11a 12							FRISA?	П	Yes √	Nα
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requireme	ents of section 412 of the Code	or se	ection	302 of				No

VOII completed line 12a complete lines 3. 9. and 10 of Schadula MR (Form 6500), and akin to line 12.				
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year		12b		
Zator the immunity together contribution for the plan year.				
Enter the amount contributed by the employer to the plan for this plan year		12c		
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d		
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?		XY	es N	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				∏ Yes X N
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plan(s) t	0		
13c(1) Name of plan(s):	1;	Bc(2) Ell	V(s)	13c(3) PN(s
t VIII. Trust Information (optional)				
Name of trust		14b Tr	ust's EIN	
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