## 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

Part I	Annual Repor	t Identification Information	n				
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/	/31/2014		
A This ref	turn/report is for:	a single-employer plan	of participating em	er plan (not multiemployer) of aployer information in accord			
		a one-participant plan	a foreign plan				
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC prog	gram	
	Ü	special extension (enter des	cription)				
Part II		ormation—enter all requested in	nformation		141	1	
1a Name LAW OFFIC		SINSKY PC 401(K) PROFIT SHAI	RING PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001	
					1c Effective date	of plan 01/2013	
	ponsor's name and a E OF EDUARD KORS	ddress; include room or suite num SINSKY PC	ber (employer, if for a sin	gle-employer plan)	<b>2b</b> Employer Idea (EIN) 46-	ntification Number 3790172	
30 BROAD S	STREET 24TH FLOC	)R			2c Sponsor's tel	ephone number 584-2740	
30 BROAD STREET, 24TH FLOOR NEW YORK, NY 10004					<b>2d</b> Business code (see instructions 541110		
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator	's EIN	
					20 11:11		
					<b>3C</b> Administrator	's telephone number	
		ne plan sponsor has changed since	e the last return/report file	ed for this plan, enter the	4b EIN		
name	, EIN, and the plan no	ne plan sponsor has changed since umber from the last return/report.	e the last return/report file	ed for this plan, enter the			
name <b>a</b> Spons	e, EIN, and the plan no or's name	umber from the last return/report.	·	· 	4c PN	2	
a Spons 5a Total	e, EIN, and the plan no cor's name number of participant	umber from the last return/report.			4c PN 5a	2	
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b	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	e plan year invested in eligible assets? (See instructions.)					
		surance p	orogram (see ERISA section 40	121)?.		Yes	No Not determined
Par -					1		
	Plan Assets and Liabilities				+		
	Fotal plan assets		395	500	+		57000
	Fotal plan liabilities		205	.00			F7000
	Net plan assets (subtract line 7b from line 7a)	7c		000			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:  1) Employers	8a(1)	175	500			
	2) Participants	, ,					
	3) Others (including rollovers)	, ,					
-	Other income (loss)						
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17500
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
_ е	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i					17500
<u>j</u> .	ransfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2J	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instructions:
b		ature con	les from the List of Plan Chara	ctorict	ic Cod	les in t	he instructions:
~	in the plant provides wehate benefits, efficientle applicable wehate te	sature coc	ies nom the List of Flan Chara	Clensu	c cou	163 III t	ne manachons.
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X	
С	Was the plan covered by a fidelity bond?					X	
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X	
е						X	
f						X	
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X	
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X	
	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	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) 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 being granting the waiver	-			and e	enter th Day	
	granting the waiver			uı		⊔ay	ı <del>c</del> aı

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **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

This Form is Open to Public Inspection

Annual Kebor	t identification i	intormation				
For calendar plan year 2014 or fis				and ending		
	X a single-emplo	yer plan			• •	ng this box must attach a
A This return/report is for:			7	employer information in	accordance with	the form instructions)
B This return/report is:	a one-participa		] a foreign plan ] the final return/repo	ort		
D This return/report is.	an amended re	· =	1	eturn/report (less than 1:	2 month(s)	
•						
C Check box if filing under:	X Form 5558		automatic extensio	on •	M	OFVC program
		ion (enter description			77	
	<b>formation</b> —enter a	all requested inform	nation		141 =	
1a Name of plan					1b Three-di plan nur	
Law office of Eduard Korsinsky	PC 401(k) Profit S	haring Plan			(PN)	<b>▶</b> 001
					1C Effective	e date of plan 1/1/2013
2a Plan sponsor's name and a	address; include roon	n or suite number (	employer, if for a sing	ple-employer plan)	2b Employe	er Identification Number
·		•			(EIN)	46-3790172
Law office of Eduard Korsinsky	PC		.1		1 '	's telephone number
30 Broad Street, 24th Floor				•	212-584-274 2d Rusines	s code (see instructions)
New York, NY 10004					541110	s ocac (soo manadaciis)
3a Plan administrator's name	and address X	Same as Plan Spor	isor.	<b>&gt;</b>	3b Adminis	trator's EIN
					20 11 11	
Same					3C Adminis	trator's telephone number
		,				
		•				
4 If the name and/or EIN of the	he plan sponsor has	changed since the	st return/report filed	d for this plan, enter	4b EIN	
the name, EiN, and the pla	= =	-		- · · · · · · · · · · · · · · · · · · ·		
a Sponsor's name			•	· · · · · · · · · · · · · · · · · · ·	4c PN	
<ul><li>5 a Total number of participant</li><li>b Total number of participant</li></ul>			•••••••	••••••	5a   5b	2
<ul><li>b Total number of participant</li><li>c Number of participants with</li></ul>	•		plan vear (defined be	enefit plans do not		
complete this item)	X				5c	
d(1) Total number of active p	participants at le be	oinning of the plan	year		5d(1)	2
d(2) Total number of active p					5d(2)	2
e Number of participants that less than 100% vested	t terminated of highoyn	nent during the plar	n year with accrued b	enefits that were	5e	
Caution: A penalty for the	to or its mulato fi	ling of this return	/report will be seen	cood unless recensh	lo couce in esta	hliahad
Under penalties of perjury and at	her enalties set forth	n in the instructions	, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule
SB or Schedule MB completed belief, it is true, correct, and comp		lled actuary, as wel	I as the electronic ver	rsion of this return/repor	t, and to the best	of my knowledge and
001/60	ж		T	T		
Show I was			9/30/2015	Eduard Korsinsky		
Signature of plan ad	ministrator	<del></del>	Date	Enter name of individ	lual signing as pl	an administrator
Mark Color			9/30/2015	Eduard Korsinsky		
Signature of employ Preparer's name (including firm n		ad addrace (include	Date			nployer or plan sponsor
r reparer a name (mouding IIIII II	ать, п аррисавіе) ап	in address (IIICIOE	FIGURE NUMBER	ei / (opuoriai)	rieparers te	lephone number (optional)
		The second secon				
		in at easy		:		
For Paperwork Reduction Act Notice	and OMB Control Num	thers see the instru	tions for Form 5500-SF			Form 5500-SE (2014)

you claiming a waiver of the annual examination and report of a er 29 CFR 2520.104-46? (See instructions on waiver eligibility a but answered "No" to either line 6a or line 6b, the plan can be plan is a defined benefit plan, is it covered under the PBGC insurant and plan is a defined benefit plan, is it covered under the PBGC insurant and plan assets and Liabilities.  In plan assets and Liabilities and plan liabilities and plan liabilities and plan liabilities and plan assets (subtract line 7b from line 7a) and plan assets (subtract line 7b from line 7a) and plan expenses, and Transfers for this Plan Year attributions received or receivable from:  Employers and Definition and Employers and Income (loss) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), and 8b) and lincome (add lines 8a(1), 8a(2), 8a(3), 8a(3)	and condition not use For	ns.) m 5500-SF and must	instead? of Year		orm 550	0. No		Year	57,0
bu answered "No" to either line 6a or line 6b, the plan canner plan is a defined benefit plan, is it covered under the PBGC insurance plan is a defined benefit plan, is it covered under the PBGC insurance plan is a defined benefit plan, is it covered under the PBGC insurance plan assets and Liabilities  If plan assets and Liabilities and plan liabilities and plan liabilities and plan liabilities and plan assets (subtract line 7b from line 7a) and plan assets (subtract line 7b from line 7a) and tributions received or receivable from:  Employers and Transfers for this Plan Year attributions received or receivable from:  Employers and Transfers for this Plan Year attributions received or receivable from:  Employers and Transfers for this Plan Year attributions received or receivable from:  Employers and Transfers for this Plan Year attributions received or receivable from:  Employers and Including rollovers) and income (including rollovers) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), and 8b) and income (add lines 8a(1), 8a(2), 8a(3), 8a(	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	m 5500-SF and must see ERISA section 4021) (a) Beginning o	instead ?   of Year 3	9,500 0	orm 550	0. No	No	Year	57,0
Financial Information  Assets and Liabilities  I plan assets  I plan assets  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets (subtract line 7b from line 7a)  I plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	see ERISA section 4021)  (a) Beginning o	?   of Year 3	9,500		No (b) Er	nd of	Year	57,0
Financial Information  Assets and Liabilities  If plan assets  If plan liabilities  If plan assets (subtract line 7b from line 7a)  If plan assets (subtract line 7b from line 7a)  If plan assets (subtract line 7b from line 7a)  If plan assets (subtract line 7b from line 7a)  If plan assets  If plan as	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning o	of Year 3	9,500		(b) Er	nd of	Year	57,0
n Assets and Liabilities  Il plan assets  Il plan liabilities  Il plan liabilities  Il plan assets (subtract line 7b from line 7a)  Il plan assets (subtract line 7b from line 7a)  Il plan assets (subtract line 7b from line 7a)  Il plan assets (subtract line 7b from line 7a)  Il plan assets (subtract line 7b from line 7a)  Il plan liabilities  Il plan assets  Il pl	7b 7c 8a(1) 8a(2) 8a(3) 8b		3	09,500	7				
al plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b		3	09,500	1				
plan assets (subtract line 7b from line 7a)  pme, Expenses, and Transfers for this Plan Year  attributions received or receivable from:  Employers  Participants  Others (including rollovers)  er income (loss)  al income (add lines 8a(1), 8a(2), 8a(3), and 8b)  pefits paid (including direct rollovers and insurance premiums rovide benefits)	7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Amour	3	09,500	1	(b	) Tot	al	
plan assets (subtract line 7b from line 7a)  pome, Expenses, and Transfers for this Plan Year  attributions received or receivable from:  Employers  Participants  Others (including rollovers)  er income (loss)  al income (add lines 8a(1), 8a(2), 8a(3), and 8b)  erfits paid (including direct rollovers and insurance premiums rovide benefits)	8a(1) 8a(2) 8a(3) 8b	(a) Amour		9,500	1	(b	) Tot	al	57,0
ome, Expenses, and Transfers for this Plan Year attributions received or receivable from: Employers  Participants  Others (including rollovers) er income (loss)  al income (add lines 8a(1), 8a(2), 8a(3), and 8b)  refits paid (including direct rollovers and insurance premiums rovide benefits)	8a(1) 8a(2) 8a(3) 8b	(a) Amour			7	(b	) Tot	ai	57,0
Participants	8a(2) 8a(3) 8b	(a) Amour		7,50		(b	) Tot	al	
Employers	8a(2) 8a(3) 8b			7,50					
Participants	8a(2) 8a(3) 8b		マ	7,50					
Others (including rollovers)	8a(3) 8b			_					
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al income (add lines 8a(1), 8a(2), 8a(3), and 8b) refits paid (including direct rollovers and insurance premiums rovide benefits)				0					
efits paid (including direct rollovers and insurance premiums rovide benefits)	8c			0					
rovide benefits)	. 1								17,5
	8d	$\sim$							
and occured and/or corrective distributions (see insurctions)	8e								
ninistrative service providers (salaries, fees, commissions)	8f								
	011				····				17,5
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	T.	<del></del>							
	Feeture code	e from the List of Plan	Charact	orietic (	'odes in	the inetr	uctio	ne:	
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e plan provides welfare benefits, enter the applicable welfare fe	codes	from the List of Plan C	haracte	ristic Co	odes in the	ne instru	ctions	s:	
	<u> </u>								
Compliance Questions	<u> </u>				<del></del>				
ing the plan year:			_	Yes	No		Am	ount	
9 CFR 2510.3-102? (See instructions and DOL's Volunta and duciary	Correction Pr	rogram)	10a		х			,	
re there any nonexempt transactions with my party-in-interest?	(Do not incl	ude transactions							
			1						
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re any fees or commissions haid. Cany brokers, agents, or other	er persons b	v an insurance	1.00				•		
rier, insurance service, other regarization that provides some			40.		v				
V 33 -			10g		X				
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nis a defined benefit plan subject to minimum funding requireme	ents? (If "Yes	s," see instructions and	complet	te Sche	dule SB		$\overline{\Box}$	Vaa	
						···	ш	162	ΙXΙΝ
							$\overline{\Box}$	V	<u>. [^]</u>
			-CUOII 30.	Z UI EKI	on!	<u>.</u> .	11	162	X   N
	l expenses (add lines 8d, 8e, 8f, and 8g) income (loss) (subtract line 8h from line 8c) income (loss) (subtract line 8h from line 8c) insfers to (from) the plan (see instructions)  Plan Characteristics e plan provides pension benefits, enter the applicable pension 2J e plan provides welfare benefits, enter the applicable welfall fe  Compliance Questions Ing the plan year: there a failure to transmit to the plan any participant ontributions will offer 2510.3-102? (See instructions and DOU's Voluntary aductary of the plan covered by a fidelity bond?  If the plan covered by a fidelity bond?  If the plan have a loss, whether or not remain seed by the plan's fider dishonesty?  If any fees or commissions haid cany prokers, agents, or other, insurance service, of other regamzation that provides some plan? (See instructions.)  If the plan failed to provide any branefit when due under the plan the plan have any participal poans? (If "Yes," enter amount as its is an individual account plan, was there a blackout period? (Soluntary) of the plan have any participal poans? (If "Yes," enter amount as its is an individual account plan, was there a blackout period? (Soluntary) of the plan have any participal poans? (If "Yes," enter amount as its is an individual account plan, was there a blackout period? (Soluntary) of the plan failed to providing the notice applied under 29 CFR 2520.101.  Pension Funding Compliance  is a defined benefit plan subject to minimum funding requirement of the unpaid minimum required contribution for current year from its adefined contribution plan subject to the minimum funding requirement of the unpaid minimum required contribution for current year from its adefined contribution plan subject to the minimum funding requirement of the unpaid minimum required contribution for current year from its adefined contribution plan subject to the minimum funding requirement of the unpaid minimum required contribution for current year from its adefined contribution plan subject to the minimum funding requireme	I expenses (add lines 8d, 8e, 8f, and 8g)	at expenses (add lines 8d, 8e, 8f, and 8g)  It expenses (add lines 8d, 8g, and 8g)  It expenses (add lines 8d, 8g)  It expenses (add lines 8d, 8g, and 8g)  It expenses (add lines 8d, 8g)  It expenses (add lines 8d, 8g, and 8g)  It expenses (add lines 8d, 8g)  It expenses (add lines 8d, 8g, and 8g)  It expenses (add lines benefits applicable position for the second	It expenses (add lines 8d, 8e, 8f, and 8g)	I expenses (add lines 8d, 8e, 8f, and 8g)	at expenses (add lines 8d, 8e, 8f, and 8g)	at expenses (add lines 8d, 8e, 8f, and 8g)  It expenses (add lines 8d, 8e, 8f, and 8g)  It expenses (add lines 8d, 8e, 8f, and 8g)  It expenses (subtract line 8h from line 8c)  It expenses (from) the plan (see instructions)  Plan Characteristics  By plan provides pension benefits, enter the applicable pension is fluore codes from the List of Plan Characteristic Codes in the instructions of the plan provides welfare benefits, enter the applicable welfare feat to codes from the List of Plan Characteristic Codes in the instructions of the plan provides welfare benefits, enter the applicable welfare feat to codes from the List of Plan Characteristic Codes in the instructions and possible of the plan provides welfare benefits, enter the applicable welfare feat to codes from the List of Plan Characteristic Codes in the instructions and possible of the instructions and possible of the plan provides welfare feat to codes from the List of Plan Characteristic Codes in the instructions and possible of the plan po	at expenses (add lines 8d, 8e, 8f, and 8g)  I expenses (add lines 8d, 8e, 8f, and 8g)  I expenses (add lines 8d, 8e, 8f, and 8g)  I expenses (subtract line 8h from line 8c)  Plan Characteristics  I plan Characteristics  I plan provides pension benefits, enter the applicable pension of the codes from the List of Plan Characteristic Codes in the instruction:  Compliance Questions  Ing the plan year:  There a failure to transmit to the plan any participant ontributions within the time period described  I CFR 2510.3-102? (See instructions and DOL's Dunna and buciany Correction Program)  I the plan provides welfare benefits, enter the applicable welfar feath codes from the List of Plan Characteristic Codes in the instruction:  Compliance Questions  Ing the plan year:  There a failure to transmit to the plan any participant ontributions within the time period described  I CFR 2510.3-102? (See instructions and DOL's Dunna and buciany Correction Program)  I the plan newsempt transactions with the plan and buciany Correction Program  I to a  X  I the plan covered by a fidelity bond?  I the plan newsempt transactions with the plan's fidelity bond, that was caused by dor dishonesty?  I the plan provides service, other providers some or all of the benefits under plan's fidelity benefit when due under the plan?  I the plan failed to provide years? (If "Yes," enter amount as of year end.)  I the plan failed to provide years? (If "Yes," enter amount as of year end.)  I to you have any participal plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB  I the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39  I the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39  I the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39  I the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39  I the unpaid minimum required contribution for c	Lexpenses (add lines 8d, 8e, 8f, and 8g) Lexpenses (add lines 8d, 8e, 8f, and

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