	m 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and 4	1065 of the Employee Re	etirement	2016
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	ructions to the Form 55	00-SF.	
Part I	Annual Report Ic	lentification Information	016	and ending 09	/30/2016	
FOI Calenda	ar pian year 2016 or lisc					ing this hav must attach a
A This ret	urn/report is for:	a single-employer plan		· · · · · ·		ing this box must attach a ith the form instructions.)
B This retu	urn/report is	the first return/report an amended return/report	$\stackrel{[]}{\times}$ the final return/report $\stackrel{[]}{\times}$ a short plan year return	n/report (less than 12 mo	onths)	
C Check b	box if filing under:] Form 5558	automatic extension		DFVC pi	rogram
	[special extension (enter descr	iption)			
Part II	Basic Plan Inforr	mation—enter all requested inf	ormation			
1a Name BARRY FEN		SHARING PLAN AND TRUST			(PN)	number
					10 1.00	01/01/1988
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		ructions)	2b Emplo (EIN)	oyer Identification Number 14-1581185
	NER, DDS, PC				2c Spon	sor's telephone number 845-692-5311
831 ROUTE : MIDDLETOW	211 EAST /N, NY 10940				2d Busin	ess code (see instructions) 621210
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spor	isor.		3b Admin	nistrator's EIN
					3c Admin	nistrator's telephone number
name,	EIN, and the plan numb	blan sponsor has changed since the second seco	the last return/report filed for	or this plan, enter the	4b EIN	
a Sponse					4c PN 5a	7
-		the beginning of the plan year			5a 5b	, C
C Numbe	er of participants with ac	the end of the plan year	the plan year (only defined	contribution plans	5D 5C	C
	,	cipants at the beginning of the pla		F	5d(1)	6
		cipants at the end of the plan yea	-		5d(2)	C
e Numb	per of participants that te	rminated employment during the	plan year with accrued be	nefits that were less	5e	C
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cau		
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.				
SIGN	Filed with authorized/va	lid electronic signature.	01/26/2017	BARRY FENNER, DDS	6	
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing a	as plan administrator
SIGN						
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing a	as employer or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address (in	clude room or suite numbe	ər)	Preparer's	telephone number
L						E

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No
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			
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021))? Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	3089238	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	3089238	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		0	
	(1) Employers	8a(1)		
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	41657	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41657
d	Benefits paid (including direct rollovers and insurance premiums		3117922	
	to provide benefits)	8d	0	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e	12973	
	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3130895
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		-3089238
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt 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 Characte	eristic Codes in the instructions:

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:		Yes	No	N/A	Amount
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			500000
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		Х		
е	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		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i				

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					🗌 Y	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΓY	es 🗙 No
		A? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insi	tructio	ns, and	l enter t	he date	of the letter	ruling
	<u> </u>	ting the waiver			_ Day		Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the litic amount)			12d			
е	Will t	he 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 Ye	s No)
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					X Yes	No
C		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the	plan(s)	to			
	13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b 1	rust's l	EIN	
14c	Name	of trustee or custodian					's or custodia	an's
						leiepho	ne number	
Par	+ I Y	IRS Compliance Questions						
Fai				Vee				
15a	Is the	plan a 401(k) plan? If "No," skip b	🗆	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	[Prior ye test	ar" ADP
				"Curre ADP t	ent year' est	,	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-					
	letter		nter the	e date	of the m	iost rec	ent determir	ation
18		ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa	arated	from	Yes	s [No	
		xe?						

Form 5500-SF	Short Form Annu		t of Small Emplo	yee	OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	4065 of the Employee Ret	tirement	2016
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605	57(b) and 6058(a) of the Ir		This Form is Open to
Pension Benefit Guaranty Corporation		Revenue Code (the Code	,	A OF	Public Inspection
	Complete all entries in Identification Information		ructions to the Form 550	JU-5r.	
	fiscal plan year beginning 01/01/20		and ending 09/30	/2016	
	X a single-employer plan		lan (not multiemployer) (Fi		-
A This return/report is for:	a one-participant plan	list of participating en	nployer information in acc	ordance wi	ith the form instructions.)
B This return/report is	the first return/report	X the final return/report			
	an amended return/report	·	rn/report (less than 12 mor	nths)	
C Check box if filing under:	Form 5558	automatic extension	Г	DFVC pr	rogram
	special extension (enter desc		L		ogram
Part II Basic Plan In	formation—enter all requested in				
Patl Basic Plan Inf 1a Name of plan	Ormation-enter al requested in	Tormation		1b Three	-digit
•	OFIT SHARING PLAN AND TRUST				number
WU			-	(PN)	
					tive date of plan 1/1988
	ployer, if for a single-employer plan) pom, apt., suite no. and street, or P.C	D. Box)		2b Emplo	oyer Identification Number 14-1581185
City or town, state or provir	nce, country, and ZIP or foreign post		ructions)		sor's telephone number
BARF:Y FENNER, DDS, PC					(845) 692-5311
					ess code (see instructions)
831 F.OUTE 211 EAST				62121	10
MIDE LETOWN, NY 10940					
	and address X Same as Plan Spo	nsor.		3b Admir	nistrator's EIN
				3c Admin	nistrator's telephone number
4 If the name and/or EIN of t	the plan sponsor has changed since	the last return/report filed f	for this plan, enter the	4b EIN	
	number from the last return/report.		Г		
a Sponsor's name				4c PN	
5a Total number of participan	ts at the beginning of the plan year.			5a	7
	ts at the end of the plan year			<u>5b</u>	0
	th account balances as of the end of			5c	0
,	participants at the beginning of the pl			5d(1)	6
	participants at the end of the plan ye		-	5d(2)	0
	at terminated employment during the				
than 100% vested				5e	0
	e or incomplete filing of this return other penalties set forth in the instruct				
SI3 or Schedule ME completed	and signed by an enrolled actuary, a	as well as the electronic ve	ersion of this return/report,	and to the	best of my knowledge and
	mADI	1/26/17	BARRY FENNER, DDS		
HERE Signature of plan	administrator	Date	Enter name of individua	al signing a	as plan administrator
SIGN					
	oloyer/plan sponsor	Date			as employer or plan sponsor
	n name, if applicable) and address (in	nclude room or suite numbe			telephone number
			L L		
1					

Form 5500-SF 2016		Page 2	_	_					
 6a 'Nere all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of the annual examination and report of the invested in eligit. 	f an indepei	ndent qualified public	account	ant (IC	QPA)				л [Л N [
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr								X Yes	
c I' the plan is a defined benefit plan, is it covered under the PBGC in					_		_		
			ection 4	021)?		lies		Not determ	lineo
Par: III Financial Information	T		_						
Plan Assets and Liabilities		(a) Beginning					(b) Enc	l of Year	_
a Total plan assets	. 7a		30892					0	_
b Fotal plan liabilities	. 7 <u>b</u>			0				0	
c Net plan assets (subtract line 7b from line 7a)	. <u>7c</u>		30892	38				0	
Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) '	Total	
a Contributions received or receivable from:	82(1)			0					
(1) Employers	. 8a(1)			0					
(2) Participants				0					
(3) Others (including rollovers)			416	- +					
b Other income (loss)			410		_			44057	_
 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 	. <u>8c</u>			-+				41657	
to provide benefits)	. 8d		311792	22					
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
f Administrative service providers (salaries, fees, commissions)	. 8f		129	73					_
g Other expenses				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					-		3130895	
i Net income (loss) (subtract line 8h from line 8c)								-3089238	
Transfers to (from) the plan (see instructions)				0					
	- 8j			•		_			
Part IV Plan Characteristics Pa If the plan provides pension benefits, enter the applicable pension	facture	dee from the List of D	an Cha		110	den la	All a inco	A	
2A 2E 2F 2G 2R 2T 3D	leature co	des nom the List of Pi	an Cha	racteri	SUC CO	des in	i the ins	tructions:	
t If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	ic Coo	les in t	the instr	uctions:	
Part V Compliance Questions						_			
				_					
				Yes	No	N/A		Amount	
0 During the plan year:	itions within	n the time period		Yes	No	N/A		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V 	Voluntary F	iduciary Correction		Yes	No X	N/A		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	Voluntary F	iduciary Correction	10a	Yes		N/A		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest 	Voluntary F t? (Do not i	iduciary Correction		Yes		N/A		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	Voluntary F	iduciary Correction	10b		x	N/A			
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? 	Voluntary F t? (Do not i	iduciary Correction		Yes	x	N/A			0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	Voluntary F t? (Do not i fidelity bor	iduciary Correction include transactions	10b 10c		x	N/A			2000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? 	Voluntary F	iduciary Correction include transactions nd, that was caused	10b		x x	N/A			0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	Voluntary F t? (Do not i fidelity bor her persons ne or all of	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10b 10c		x x	N/A			0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som 	Voluntary F t? (Do not i fidelity bor her persons ne or all of	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d		x x x	N/A			0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan 	Voluntary F t? (Do not i fidelity bor her persons ne or all of an?	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e 10f		x x x x	N/A			0000
 0 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som 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 a 	Voluntary F t? (Do not i fidelity bor her persons ne or all of an?	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10b 10c 10d 10e		x x x x x x x	N/A			0000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan 	Voluntary F t? (Do not i fidelity bor her persons ne or all of as of year-e (See instru	iduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.)	10b 10c 10d 10e 10f		x x x x x	N/A			00000
 During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program). b Were there any nonexempt transactions with any party-in-interest reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.). f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	Voluntary F t? (Do not i fidelity bor her persons ne or all of as of year-e (See instru he required	iduciary Correction include transactions and, that was caused s by an insurance the benefits under end.) inclions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x x	N/A			

Form 5500-SF 2016

Page **3**- 1

j.

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pliance							
				В		Yes	No
subject to the minimum funding requirements of section 412 c	of the Code or	section	n 302 of	f		Yes 🛛	No
	see instructio	ns. and	l enter t	he date	of the lett	er ruline	<u>a</u>
	Month		_		Year		9
lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to line 13.						
ition for this plan year			12b				
			12c				
			12d				
			Ĺ	Yes	No	N//	4
beeri adopted in any plan year?				X Yes	s [] ľ	10	
			13a				0
					X Yes	No	
), identify the	plan(s)	to				
		13c(2)	EIN(s)		13c(B) PN(s	;)
			14b 1	Frust's E	IN		· · · ·
			14d T	rustee's	IN s or custoc he number	lian's	
stions	· · ·		14d T	rustee's	s or custoc	lian's	
stions		Yes	14d 1	rustee's relephor	s or custoc ne number		
		Desigr safe ha	14d T t n-based arbor nt year"	rustee's relephor	s or custoc ne number)P
p b.	plan	Desigr safe ha	14d T t arbor nt year est	Frustee's elephor	s or custoc ne number No "Prior y test	ear" AE)P N/A
p b. rimination requirements for employee deferrals under section If that apply: thisfy the coverage requirements under section 410(b) for the d nondiscrimination requirements of sections 410(b) and 401 fan with any other plan under the permissive aggregation rule	plan	Design safe ha "Currer ADP te Ratio perce test Yes	14d T t arbor nt year est ntage	Frustee's elephor	s or custoc he number No "Prior y test N/A verage enefit test	ear" AD	N/A
p b. rimination requirements for employee deferrals under section I that apply: tisfy the coverage requirements under section 410(b) for the d nondiscrimination requirements of sections 410(b) and 401 lan with any other plan under the permissive aggregation rule plan (M&P) or volume submitter plan that received a favorab and the serial number	(a)(4) [] ble IRS opinion	Design safe ha "Curren ADP te Ratio perce test Yes	14d T t t n-based arbor nt year est ntage	Frustee's elephor [[A be sory lett	s or custoc he number No Prior y test N/A verage enefit test No er, enter th	ear" AD	N/A
p b. rimination requirements for employee deferrals under section if that apply: thisfy the coverage requirements under section 410(b) for the d nondiscrimination requirements of sections 410(b) and 401 lan with any other plan under the permissive aggregation rule plan (M&P) or volume submitter plan that received a favorab and the serial number d plan that received a favorable determination letter from the	(a)(4) [] ble IRS opinion	Design safe ha "Curren ADP te Ratio perce test Yes	14d T t t n-based arbor nt year est ntage	Frustee's elephor [[A be sory lett	s or custoc he number No Prior y test N/A verage enefit test No er, enter th	ear" AD	N/A
p b. rimination requirements for employee deferrals under section I that apply: tisfy the coverage requirements under section 410(b) for the d nondiscrimination requirements of sections 410(b) and 401 lan with any other plan under the permissive aggregation rule plan (M&P) or volume submitter plan that received a favorab and the serial number	(a)(4) (a)(4)((a)(4)) (a)(4)((a)(4)) (a)(4)((a)(4)) (a)(4)((a)(4))((Design safe ha "Currer ADP te Ratio perce test Yes n letter	14d T t t n-based arbor nt year est ntage	Frustee's elephor	s or custoc he number No Prior y test N/A verage enefit test No er, enter th	ear" AD	N/A
	to minimum funding requirements? (If "Yes," see instruction d contributions for all years from Schedule SB (Form 5500) lin subject to the minimum funding requirements of section 412 of s 12b, 12c, 12d, and 12e below, as applicable.) standard for a prior year is being amortized in this plan year, lines 3, 9, and 10 of Schedule MB (Form 5500), and skip function for this plan year employer to the plan for this plan year	to minimum funding requirements? (If "Yes." see instructions and completed contributions for all years from Schedule SB (Form 5500) line 40	to minimum funding requirements? (If "Yes," see instructions and complete Sch d contributions for all years from Schedule SB (Form 5500) line 40 subject to the minimum funding requirements of section 412 of the Code or section s 12b, 12c, 12d, and 12e below, as applicable.) standard for a prior year is being amortized in this plan year, see instructions, and <u>Month</u> lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. ution for this plan year employer to the plan for this plan year in the amount in line 12b. Enter the result (enter a minus sign to the left of a eported on line 12d be met by the funding deadline?	et to minimum funding requirements? (If "Yes," see instructions and complete Schedule S d contributions for all years from Schedule SB (Form 5500) line 40	t to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB d contributions for all years from Schedule SB (Form 5500) line 40	t to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB Image: transferred from this plan vear. 11a d contributions for all years from Schedule SB (Form 5500) line 40. 11a subject to the minimum funding requirements of section 412 of the Code or section 302 of Image: transferred from this plan vear. s 12b, 12c, 12d, and 12e below, as applicable.) standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter the standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter the standard for this plan year lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b employer to the plan for this plan year 12c m the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d eported on line 12d be met by the funding deadline? Yes No I Transfers of Assets X Yes No an assets that reverted to the employer this year 13a 13a I to participants or beneficiaries. transferred to another plan, or brought under the X Yes or liabilities were transferred from this plan to another olan(S), identify the plan(s) to sferred. (See instructions.) 1	t to minimum funding requirements? (If "Yes." see instructions and complete Schedule SBYes d contributions for all years from Schedule SB (Form 5500) line 40