## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or f  A This return/report is for:	fiscal plan year beginning 01/01/			0 10 1 10 0 1 0					
A This return/report is for:	—	2016	and ending 1	2/31/2016					
A This return/report is for:	🛚 a single-employer plan		olan (not multiemployer)						
	a one participant plan	list of participating employer information in accordance a one-participant plan a foreign plan							
	a one-participant plan	a foreign plan							
D This watermarkers and in	the first return/report	the final return/report	•						
<b>B</b> This return/report is	an amended return/report	片							
	urn/report (less than 12 m	nontns)							
C Check box if filing under:	X Form 5558	automatic extension		DFVC program					
	special extension (enter desc	cription)		_					
Part II Basic Plan Info	ormation—enter all requested in								
1a Name of plan	onter an requested in	- Ioiniadon		<b>1b</b> Three-digit					
DR. PANDURANG PRABHU RET	FIREMENT PLAN			plan number					
				(PN) <b>•</b>	002				
				1c Effective date					
				01/	/01/2014				
	oyer, if for a single-employer plan)	O D)		2b Employer Idea					
	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos		structions)	(2)	-3837684				
PANDURANG M PRABHU MD PO			,	2c Sponsor's tele	ephone number 61-2040				
3131 ROUTE 9W SOUTH					e (see instructions)				
NEW WINDSOR, NY 12553				62	1111				
3a Plan administrator's name a	and address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Administrator's EIN					
	_								
				<b>3c</b> Administrator	s telephone number				
	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
•	umber from the last return/report.			AC DN					
a Sponsor's name		<b>a</b> Sponsor's name							
F			4c PN						
	s at the beginning of the plan year			5a					
<b>b</b> Total number of participant	s at the end of the plan year			1					
<ul><li>b Total number of participant</li><li>c Number of participants with</li></ul>	s at the end of the plan year n account balances as of the end o	f the plan year (only define	ed contribution plans	5a	2				
<ul><li>b Total number of participant</li><li>c Number of participants with complete this item)</li></ul>	s at the end of the plan year n account balances as of the end o	f the plan year (only define	ed contribution plans	5a 5b 5c	2				
<ul> <li>b Total number of participant</li> <li>c Number of participants with complete this item)</li> <li>d(1) Total number of active participant</li> </ul>	as at the end of the plan yearn account balances as of the end of the en	f the plan year (only define	ed contribution plans	5a 5b 5c 5d(1)	2 2				
<ul> <li>b Total number of participant</li> <li>c Number of participants with complete this item)</li> <li>d(1) Total number of active participant</li> </ul>	articipants at the end of the plan year	f the plan year (only define	ed contribution plans	5a 5b 5c	2 2				
<ul> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li> <li>d(1) Total number of active participants</li> <li>d(2) Total number of active participants</li> <li>e Number of participants than</li> </ul>	articipants at the end of the plan year	of the plan year (only define	ed contribution plans	5a 5b 5c 5d(1)	2 2 2 2				
<ul> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li> <li>d(1) Total number of active participants</li> <li>d(2) Total number of active participants</li> <li>e Number of participants that than 100% vested</li> </ul>	articipants at the end of the plan year	f the plan year (only define plan yearear e plan year with accrued b	ed contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	2 2 2 2				
b Total number of participants c Number of participants with complete this item) d(1) Total number of active participants than than 100% vested Caution: A penalty for the late Under penalties of perjury and of	articipants at the end of the plan year	olan year (only define blan yeare plan year with accrued b controlled the service of the se	ed contribution plans  penefits that were less  d unless reasonable care examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	2 2 2 2 2 0 0 colicable, a Schedule				
b Total number of participants c Number of participants with complete this item) d(1) Total number of active participants than than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a	articipants at the end of the plan year	olan year (only define blan yeare plan year with accrued b controlled the service of the se	ed contribution plans  penefits that were less  d unless reasonable care examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	2 2 2 2 2 0 0 colicable, a Schedule				
b Total number of participant c Number of participants with complete this item) d(1) Total number of active participants that than 100% vested	articipants at the end of the plan year	olan year (only define olan yeareare plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic versions.	ed contribution plans  penefits that were less  d unless reasonable car re examined this return/repo	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	2 2 2 2 2 0 0 colicable, a Schedule				
b Total number of participants c Number of participants with complete this item)	articipants at the end of the plan year	f the plan year (only define color of the plan year (only define color of the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic via the plan year (only 13/2017)	d contribution plans energits that were less d unless reasonable care examined this return/repo PANDURANG PRABE	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprix, and to the best of	2 2 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
b Total number of participant c Number of participants with complete this item) d(1) Total number of active participants that than 100% vested	articipants at the end of the plan year	olan year (only define olan yeareare plan year with accrued be rn/report will be assessed uctions, I declare that I have as well as the electronic versions.	ed contribution plans  penefits that were less  d unless reasonable car re examined this return/repo	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprix, and to the best of	2 2 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
b Total number of participants c Number of participants with complete this item)	articipants at the end of the plan year	f the plan year (only define color of the plan year (only define color of the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic via the plan year (only 13/2017)	d contribution plans energits that were less d unless reasonable care examined this return/repo PANDURANG PRABE	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprix, and to the best of	2 2 2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
b Total number of participant c Number of participants with complete this item)	articipants at the end of the plan year	f the plan year (only define color of the plan year (only define color of the plan year with accrued by the plan year with accrued by the plan year will be assessed actions, I declare that I have as well as the electronic via the plan year (only 13/2017)	d contribution plans energits that were less d unless reasonable care examined this return/repo PANDURANG PRABE	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	2 2 2 2 2 2 Dicable, a Schedule my knowledge and				
b Total number of participant c Number of participants with complete this item)	articipants at the beginning of the participants at the end of the plan year articipants at the end of the plan year terminated employment during the process of the penalties set forth in the instruction of the plan year.	f the plan year (only define plan yearearee plan year with accrued burn/report will be assessed as well as the electronic volume 1 as the plan year bate	d contribution plans  benefits that were less  d unless reasonable care examined this return/repo  PANDURANG PRABI  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
b Total number of participant c Number of participants with complete this item)	articipants at the beginning of the participants at the end of the plan year articipants at the end of the plan year terminated employment during the process of the penalties set forth in the instruction of the plan year.	f the plan year (only define plan yearearee plan year with accrued burn/report will be assessed as well as the electronic volume 1 as the plan year bate	d contribution plans  benefits that were less  d unless reasonable care examined this return/repo  PANDURANG PRABI  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	administrator  byer or plan sponsor				
b Total number of participant c Number of participants with complete this item)	articipants at the beginning of the participants at the end of the plan year articipants at the end of the plan year terminated employment during the process of the penalties set forth in the instruction of the plan year.	f the plan year (only define plan yearearee plan year with accrued burn/report will be assessed as well as the electronic volume 1 as the plan year bate	d contribution plans  benefits that were less  d unless reasonable care examined this return/repo  PANDURANG PRABI  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
b Total number of participant c Number of participants with complete this item)	articipants at the beginning of the participants at the end of the plan year articipants at the end of the plan year terminated employment during the process of the penalties set forth in the instruction of the plan year.	f the plan year (only define plan yearearee plan year with accrued burn/report will be assessed as well as the electronic volume 1 as the plan year bate	d contribution plans  benefits that were less  d unless reasonable care examined this return/repo  PANDURANG PRABI  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

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<b>6a</b> Were all of the plan's assets during the plan year invested in el	igible assets?	(See instructions.)						X Yes	No
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibile								X Yes	No
If you answered "No" to either line 6a or line 6b, the plan ca	•	,							1
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBG	C insurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not determi	ined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of	Year	
a Total plan assets	7a		62819	)				102467	
<b>b</b> Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		62819	)				102467	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	tal	
Contributions received or receivable from:  (4) Franciscope	0=(4)		12195						
(1) Employers			24000	_					
(2) Participants	` ` '		21000						
b Other income (loss)			3453	3					
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								39648	
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)									
e Certain deemed and/or corrective distributions (see instructions	). <b>8e</b>								
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		C						
g Other expenses	8g		С						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0		
Net income (loss) (subtract line 8h from line 8c)								39648	
j Transfers to (from) the plan (see instructions)	··· 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pens 2E 2J	ion feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	re feature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruct	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contidescribed in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary F	iduciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interreported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plat by fraud or dishonesty?			10d		X				
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s					X				
<b>f</b> 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 amoun			10g		Х				
h If this is an individual account plan, was there a blackout perio 2520.101-3.)			10h		X				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520			10i						

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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)						Yes X No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Yes X No		
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
<u>b</u>	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 l tive amount)			12d				
		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			1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information			•				
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP	
			ΙП '	"Curre	ent year test	<u>"</u>	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	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination	
18	Were	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 e?		rom	Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

		lenefit Guaranty Corporation	► Complete all entries in acc	cordance	with the instru	ctic	ons to the Form 5500-	·SF.				
	art I		Identification Information									
For	calend	ar plan year 2016 or fis		_	1/01/2016		and ending		2/31/2016			
A	This re	turn/report is for:	a single-employer plan  a one-participant plan	a list o			n (not multiemployer) (F ployer information in ac					
В	This re	turn/report is:	the first return/report	the fin	al return/report							
			an amended return/report	a sho	rt plan year retu	ırn/ı	report (less than 12 mo	nths)				
С	Check	box if filing under:	x Form 5558 automatic extension DFVC program special extension (enter description)									
F.	art II	Basia Blan Info	<u> </u>	· · · · · · · · · · · · · · · · · · ·			_					
-		e of plan	rmation enter all requested in	intormation	1	_		1h	Three-digit	T		
		•	u Retirement Plan						plan number (PN) ▶	002		
								1c	Effective date of 01/01/2014	•		
2a	Maili	ng Address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		foreign see insl	truc	ctions)	2b	Employer Ident (EIN) 20-38	ification Number 37684		
	•	durang M Prabhu		ui 0000 (ii	.o.o.g.,, 500		-	2c	Sponsor's telep (845) 561-			
		l Route 9W South	ı					2d	Business code 621111	(see instructions)		
3a		ew Windsor NY 12553 administrator's name a	nd address X Same as Plan Spo	onsor				3b	Administrator's	EIN		
								1				
								3c Administrator's telephone number				
4			e plan sponsor has changed since t mber from the last return/report.	the last ret	turn/report filed	for	this plan, enter the	4b	EIN			
_6	Spor	sor's name						4c	PN			
5a	Tota	number of participants	at the beginning of the plan year	***************************************	***************************************			<u>5</u> 2		2		
b			at the end of the plan year					51	<b>)</b>	2		
С			account balances as of the end of t					56	3	2		
d	l <b>(1)</b> To	tal number of active par	ticipants at the beginning of the pla	an year				5d	(1)	2		
d			ticipants at the end of the plan year					5d	(2)	2		
е		4ban 4000/a4ad	terminated employment during the p					5	е	0		
C	aution	: A penalty for the late	or incomplete filing of this return	n/report v	vill be assesse	d u	ınless reasonable cau	se is	established.			
S	B or So	enalties of perjury and o chedule MB completed a is true, correct, and con	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	ictions, I de as well as	eclare that I hav the electronic v	ers	examined this return/report	ort, ir , and	ncluding, if appli to the best of m	cable, a Schedule y knowledge and		
	SIGN	01	p.	6	7/13/297	1	Pandurang Prabh	1				
		Signature of plan adr	pinistrator	Da	ate ,	E	Enter name of individua	ıl sign	ing as plan adm	inistrator		
	SIGN	M	<u>v</u>	- 0	9 13/1017	1	Pandurang Prabh	į.				
		Signature of employe	er/plan sponsor	Da	ate	E	Enter name of individua	ıl sign	ing as employe	or plan sponsor		
F	repare		name, if applicable) and address (in	nclude roo	om or suite num	ber	)		parer's telephone ip this ques			

	Form 5500-SF 2016		Page 2							
 6а	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	*******					X Yes No	-
	Are you claiming a waiver of the annual examination and report of ar	•	•	ntant (	(IQPA	)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	XYes No	
	If you answered "No" to either line 6a or line 6b, the plan cannot							_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section	1 4021	)?		Yes	No	Not determine	d
Pa	rt III Financial Information									_
7_	Plan Assets and Liabilities		(a) Beginning of	Year		<u> </u>		(b) End	of Year	_
a	Total plan assets	7a	6	2,81	L9				102,467	_
<u>b</u>	Total plan liabilities	7b								_
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7с	6	2,81	L9				102,467	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			inenini		(b) <sup>-</sup>	Total	- II
а	Contributions received or receivable from: (1) Employers	8a(1)	1	.2,19	95					
	(2) Participants	8a(2)	2	4,00	00				2.09	I
	(3) Others (including rollovers)	8a(3)							a la company	Ī
b	Other income (loss)	8b	-	3,45	53				12.5	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	57 (1986)	iğ.					39,648	_
d	Benefits paid (including direct rollovers and insurance premiums	0.1								M
_	to provide benefits)	8d			_					
e f	Certain deemed and/or corrective distributions (see instructions)	8e 8f			0					
	Administrative service providers (salaries, fees, commissions)  Other expenses	8g			0					I
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	Q12
<del>"</del>	Net income (loss) (subtract line 8h from line 8c)	8i							39,648	_
÷	Transfers to (from) the plan (see instructions)	8i			133111111111111111111111111111111111111					
6	in IV Plan Characteristics	, oj				list eeni	MATERIAL PROPERTY OF THE PROPE	Health Harris		<u>une</u>
	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Ch	naracti	eristic	Code	e in th	e instruct	tions:	_
Ju	2E 2J	salure cou	ss nom the clat of Fight Or	ioi act	0.13410	Couc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	If the plan provides welfare benefits, enter the applicable welfare fea	sturo codo	from the List of Plan Cha	racto	rietic (	`ndas	in the	inetructio	one:	_
D	if the plan provides welfare benefits, effer the applicable welfare lea	iture code:	s nom the List of Flam One	ai actei	115110	Joues	, 111 016	manaca	J. 13.	
P	may Compliance Questions									_
10	During the plan year:				Yes	No	N/A		Amount	_
		tions withir	the time period	Ιİ						_
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			1 1						
	Program)	**********	444222444444444444444444444444444444444	10a		Х				_
ì	Were there any nonexempt transactions with any party-in-interest			10b		х				
	reported on line 10a.)			10b		x				_
_						<u> </u>				_
•	by fraud or dishonesty?			10d		Х				
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e		х				
	Has the plan failed to provide any benefit when due under the pla	n?		10f		х				_
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х		_		
ı	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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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ı ayc	·	_		

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	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)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			۱ <sub>—</sub> ،	Yes X	] No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver	onth	nd enter 		of the le		ng 		
If ye	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.							
b	Enter the minimum required contribution for this plan year.		12b						
С	Enter the amount contributed by the employer to the plan for the plan year		12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	***********	12d						
PO 073070705	Will the minimum funding amount reported on line 12d be met by the funding deadline?	4444444444		Yes _	No.	□ N/	<u>'A</u>		
Part	Plan Terminations and Transfers of Assets		<del></del>						
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u> </u>	Yes	X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	**************	******		Yes	X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)								
1:	Bc(1) Name of plan(s):	13c(2) E	EIN(s)		130	c(3) PN(	s)		
	Mill Trust Information - Skip These Questions		A 41-	<b>T</b>					
14a	Name of trust		140	Trust's El	IN				
140	Name of trustee or custodian		14d Trustee or custodian's telephone number						
Par	IRS Compliance Questions - Skip These Questions								
	I is the plan a 401(k) plan? If "No," skip b.		Yes			No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-b safe har			"Prior y test	ear" ADP		
			'Current ADP tes			N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percenta test	age 🔲	Avera	age fit test	□ N/A		
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	<u> </u>	Yes			No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR the letter/ / and serial number								
171	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter/	enter the da	ate of the	e most red	ent de	termina	lion		
18	Defined Benefit Plan or Money Purchase Pension Plan Only:  Were any distributions made during the plan year to an employee who attained age 62 and had not se service?			☐ Yes		No			
19		**************		Yes		No			