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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

B This retur	n/report is	the first return/report	the final return/re	port			
		an amended return/report	H	return/report (less than f	2 months)		
C Check bo	ox if filing under:	X Form 5558	automatic extens	sion	□ DEVC	program	
		special extension (enter des		S.S.1	□ -:	p.og.a	
Part II	Basic Plan Inf	formation—enter all requested					
1a Name o					1b Thr	ee-diait	
	TEMPIO, M.D., PC	401K PLAN				n number	
					(PN	J) •	001
					1c Effe	ective date o	of plan
							1/2009
		oloyer, if for a single-employer plangom, apt., suite no. and street, or P			2b Em (EII		ification Number 706991
		nce, country, and ZIP or foreign po		e instructions)	,	•/	
MARIA M. LO	TEMPIO, M.D., PC		, -		2C Spo	onsor's telep 212-427	phone number 7-2020
					2d Bus	siness code	(see instructions)
308 E. 79TH S	STREET					6211	
NEW YORK, N	NY 10075					0211	111
3a Plan ad	ministrator's name	and address 🛚 Same as Plan Sp	oonsor.		3b Adr	ministrator's	EIN
3a Plan ad	ministrator's name	and address 🛛 Same as Plan Sp	oonsor.				
3a Plan ad	ministrator's name	and address ⊠ Same as Plan Sp	oonsor.				EIN telephone number
3a Plan adı	ministrator's name	and address ⊠ Same as Plan Sp	oonsor.				
3a Plan ad	ministrator's name	and address ⊠ Same as Plan Sp	oonsor.				
		L			3c Adr	ninistrator's	
4 If the na	ame and/or EIN of t	the plan sponsor has changed sinc		filed for this plan, enter th	3c Adr	ninistrator's	
4 If the na	ame and/or EIN of t EIN, and the plan n	L		filed for this plan, enter th	3c Adr	ministrator's	
4 If the na name, I	ame and/or EIN of t EIN, and the plan n r's name	the plan sponsor has changed sinc	ee the last return/report		3c Adr	ministrator's	
4 If the na name, I a Sponsor	ame and/or EIN of t EIN, and the plan n r's name umber of participan	the plan sponsor has changed sinc number from the last return/report.	ce the last return/report		3c Adr	ministrator's	
4 If the na name, la Sponsor 5a Total nu C Numbe	ame and/or EIN of t EIN, and the plan n r's name umber of participan umber of participan r of participants wit	the plan sponsor has changed since the plan sponsor has return/report. Its at the beginning of the plan year the account balances as of the end of the plan year	rof the plan year (only de	efined contribution plans	3c Adr 3c Adr 4b EIN 4c PN 5a 5b	ministrator's	
4 If the na name, I a Sponsor 5a Total nu c Numbe comple	ame and/or EIN of t EIN, and the plan n r's name umber of participan umber of participan r of participants wit te this item)	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the account balances as of the end of the plan year	rof the plan year (only de	efined contribution plans	3c Adr 3c Adr 4b EIN 4c PN 5a 5b 5c	ministrator's	
4 If the na name, I a Sponsor 5a Total nu b Total nu c Numbe comple d(1) Total	ame and/or EIN of tEIN, and the plan not not not not not not not not not no	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that the end of the plan year that account balances as of the end control participants at the beginning of the	rof the plan year (only de	efined contribution plans	3c Adr 3c Adr 4c PN 5a 5b 5c 5d(1)	ministrator's	
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe	ame and/or EIN of tEIN, and the plan not not not not not not not not not no	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year at the end of the plan year the account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the	rof the plan year (only deplan year	efined contribution plans	3c Adri 4c PN 4c PN 5a 5b 5c 5d(1) 5d(2)	ministrator's	
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10	ame and/or EIN of tEIN, and the plan not so a make amber of participant are this item)	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the plant of the plant year terminated employment during the plant year.	rof the plan year (only deplan yearhe plan year with accrument	efined contribution plans	3c Adr 3c Adr 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	ministrator's	
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A	ame and/or EIN of tEIN, and the plan not be plan not b	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that the end of the plan year that account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the por incomplete filing of this returns.	rof the plan year (only deplan yearhe plan year with accruing the plan year with accruing the plan year with accruing the plan year will be asse	ed benefits that were less	3c Adr 3c Adr 4c PN 5a 5b 5c 5d(1) 5d(2) 5e a cause is est	ministrator's	telephone number
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Scheo	ame and/or EIN of tell, and the plan of th	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that the end of the plan year that account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the or incomplete filing of this return other penalties set forth in the instrand signed by an enrolled actuary	rof the plan year (only de plan yearhe plan year with accruing the plan year with a contract with	ed benefits that were less	3c Adr 3c Adr 4c PN 5a 5b 5c 5d(1) 5d(2) 5 e cause is est in/report, inclui	ministrator's	telephone number
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Scheet belief, it is tr	ame and/or EIN of tell, and the plan of th	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year that the end of the plan year that account balances as of the end of the plan year tricipants at the beginning of the participants at the end of the plan year terminated employment during the plan year terminated employment during the or incomplete filling of this return the penalties set forth in the instrand signed by an enrolled actuary mplete.	rof the plan year (only de plan yearhe plan year with accruing the plan year with a contract with	ed benefits that were less ssed unless reasonable have examined this return/r	3c Adr 3c Adr 4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is est rn/report, includeport, and to the	ministrator's	telephone number
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Scheel	ame and/or EIN of tell, and the plan of th	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the sat the end of the plan year the account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year	rof the plan year (only deplan year	ed benefits that were less ssed unless reasonable have examined this return/re MARIA M. LOTEM	3c Adra 3c Adra 4c PN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e cause is est in/report, inclueeport, and to the inclueeport, and the inclueeport,	ablished. ding, if appline best of m	cable, a Schedule y knowledge and
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Schee belief, it is tr	ame and/or EIN of tell, and the plan of th	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the sat the end of the plan year the account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year	rof the plan year (only deplan year	ed benefits that were less ssed unless reasonable have examined this return/r	3c Adra 3c Adra 4c PN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e cause is est in/report, inclueeport, and to the inclueeport, and the inclueeport,	ablished. ding, if appline best of m	cable, a Schedule y knowledge and
4 If the na name, I a Sponsor 5a Total nu c Numbe comple d(1) Total d(2) Total e Numbe than 10 Caution: A Under penal SB or Schee belief, it is tr	ame and/or EIN of the EIN, and the plan of	the plan sponsor has changed since number from the last return/report. Its at the beginning of the plan year the sat the end of the plan year the account balances as of the end of the plan year tricipants at the beginning of the plan year terminated employment during the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the tricipants at the end of the plan year terminated employment during the plan year terminated employment during the plan year	rof the plan year (only deplan year	ed benefits that were less ssed unless reasonable have examined this return/re MARIA M. LOTEM Enter name of ine	3c Adra 3c Adra 4c PN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e e cause is est in/report, inclueeport, and to the port, and to the port includes a company of the port includes a company of the port, and to the port, and	ablished. ding, if appline best of my	cable, a Schedule y knowledge and

Form 5500-SF 2016 Page **2**

b	Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IC	(PA) Form	5500.		× .	/es No
	t III Financial Information	ioururioo p	orogram (See Errie/Vec	7011011 4	021).	····· L	100	Пио	Пиос	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) Fnd	of Year	
a	Total plan assets	7a		413103				(5) =::a	447	533
	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c		413103					447	533
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) 1	Γotal	
а	Contributions received or receivable from:		, ,	0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		40080						
	Other income (loss)	8b		10000					40	080
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							+0	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		5650						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5	650
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							34	430
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3B 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in	the inst	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	les in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X					44757
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are set of the constructions and constructions are set of the constructions				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			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	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 broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif 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	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
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:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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		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?			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 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

2016

This Form is Open to Public Inspection

	I Report Identification Information								
For calendar plan yea	r 2016 or fiscal plan year beginning	01/01/2016	and ending	12/31/2					
A	a single-employer plan		an (not multiemployer) (F						
A This return/report i	is for: a one-participant plan	a foreign plan	nployer information in acc	COFGRIBLE WILL UR	3 IOMI INSULUCIONS.,				
B This return/report is	s the first return/report	the final return/report							
	an amended return/report	=	n/report (less than 12 mo	months)					
C Check box if filing	under 🔲 = ==== ====		Г	□ pp/c					
O CHECK DOX II IIIIII	<u> </u>	automatic extension	L	DFVC program	m				
	special extension (enter desc								
	Plan Information—enter all requested in	nformation		4h Thuas dini					
1a Name of plan	TO A A DE DO A A A DE			1b Three-digit plan numb					
Maria M. Lorem	npio, M.D., PC 401K Plan			(PN)					
				1c Effective d 01/01/2					
	ame (employer, if for a single-employer plan)			2b Employer	Identification Number				
	include room, apt., suite no. and street, or P.		rustions)	(EIN)26-1706991					
-	e or province, country, and ZIP or foreign pos empio,M.D.,PC	Mai code (ii ioreign, see msu	uctions)	2c Sponsor's telephone number					
			-	212-427-2020					
308 E. 79th S	treet			2d Business code (see instructions) 621111					
				021111					
New York	NY 10075								
3a Plan administrato	Ba Plan administrator's name and address 🗵 Same as Plan Sponsor.			3b Administra	itor's EIN				
	_			2c Administra	ator's telephone number				
				Je Administra	tot a reichitone traupor				
A If the name and/	TIAL of the plan energer has changed since	- 45 - last ratural report filed for	this plan apportu	4h = 101					
	or EIN of the plan sponsor has changed since the plan number from the last return/report.	e the last return/report filed it	or this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of	participants at the beginning of the plan year			5a	2				
	participants at the end of the plan year		T T	5b	2				
•	ipants with account balances as of the end o		F	5c	-				
complete this iter	m)								
d(1) Total number	of active participants at the beginning of the	plan year		5d(1)	2				
d(2) Total number	of active participants at the end of the plan y	ear		5d(2)	2				
e Number of partic	cipants that terminated employment during th	ne plan year with accrued be	nefits that were less	5e	•				
than 100% veste	edor the late or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau		(Ced.				
Under penalties of per	rjury and other penalties set forth in the instru	uctions, I declare that I have	examined this return/rep	ort, including, if	applicable, a Schedule				
SB or Schedule MB cobelief, it is true, correct	completed and signed by an enrolled actuary,	, as well as the electronic ver	sion of this return/report	, and to the best	of my knowledge and				
	or, and complete.	<u> </u>	Maria M. Lower	io M D					
SIGN HERE			Maria M. LoTem						
Signatur	re of plan administrator	Date 10/2/2017	Enter name of individu	ual signing as pla	an administrator				
SIGN									
	re of employer/plan sponsor	Date			ployer or plan sponsor				
Preparer's name (incl	uding firm name, if applicable) and address (include room or suite number	er)	Preparer's telephone number					
			ŀ	——————————————————————————————————————	The state of the s				

	Form 5500-SF 2016		Page 2							
b	Were all of the plan's assets during the plan year invested in eligith. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a se	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	account t instea	ant (IC	PA) Form	5500	 •	X	Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?	<u> </u>	Yes	∐ No	∐ Not ∈	determined
	rt III Financial Information									
	Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	447 522
_ <u>a</u>		7a		413,	103					447,533
	Total plan liabilities	7b		412	103	-				447 522
	Net plan assets (subtract line 7b from line 7a)	7c	, , ,	413,	103					447,533
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt	\dashv			(b) 1	Total	
	(1) Employers	8a(1)			0			1		-
	(2) Participants	8a(2)			0	-			- 1	in the contract of
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		40,	080				. :	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								40,080
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		5,						
<u>g</u>	Other expenses	8g			이					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		· · · · · · · · · · · · · · · · · · ·			5,6			
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i					34,4			
	Transfers to (from) the plan (see instructions)	8j			이					
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3B 3D	feature co	edes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	des in t	the instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	/oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х				
c	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				,
е	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.)	her person ne or all of	s by an insurance the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	х					44,757
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF 2016 Page 3-						
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500) and line 11a below)					Yes [] N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes 2	X N
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver.		d enter t Day		of the le		ıg
If 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				
C 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 t negative amount)	o the left of a	12d				
e 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?			Yes	s X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				Yes	X No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	13c(2	EIN(s)		13	c(3) PN(s)
Part VIII Trust Information						
14a Name of trust		14b ⁻	Trust's E	EIN		
14c Name of trustee or custodian				s or cust		
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan? If "No," skip b	Yes		[No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	⊔ safe i	n-based harbor ent year	, _	ا test	r year" A	DP
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the year? Check all that apply:	□ □ ADP	test	<u>L</u>	N/A verage		N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

test

Yes

Yes

☐ No

☐ No

☐ No

Yes