Bits         2017           The form is required to be flat unary sections 13 and 40% of the Encyclope Retirement Discores Security Acid 1974 (REISA), and sections 637(1) and 630%(a) of the Encyclope Retirement Discores Security Acid 1974 (REISA), and sections 637(1) and 630%(a) of the Encyclope Retirement Discores Security Acid 1974 (REISA), and sections 637(1) and 630%(a) of the Encyclope Retirement Discores Security Acid 1974 (REISA), and sections 637(1) and ending 12037/2017         The Form is Open to Public Impectation           Part III         Annual Report Identification Information         and ending 12037/2017         and ending 12037/2017           A         This return/report is for:         a single-employer plan         in for antipating employer plan (not multicely the form the form instructions.)         a dimension formation a cordiance with the instructions of the form second and second	Form 5500-SF		Short Form Annua	al Return/Repor Benefit Plan	t of Small Empl	OMB Nos. 1210-0110 1210-0089				
Public Inservice         Public Inservice         Public Inservice           Part II         Annual Report Identification Information         and ending         (231/2017)           Consider any any CPUT of fiscal any varies again of Unit2007         and ending         (231/2017)           A This return/report is         a single-employer plan         a number of plan         a concipanticipant plan         a foreign plan           B This return/report is         in the first return/report         a number of plant         in the first return/report         in the first return/report           I Gord Back Street Stre	D	epartment of Labor		d under sections 104 and (ERISA), and sections 60	14 and 4065 of the Employee Retirement 2017					
Part II       Danual Report Identification Information       Image: Status of the status of t		Public Inspection Public Inspection								
A       This return/report is for: <ul> <li>a single-employer plan</li> <li>is of participant plan</li> <li>a torigin plan</li> <li>b This return/report is</li> <li>a one-participant plan</li> <li>a torigin plan</li> <li>b This return/report is</li> <li>a namended return/report</li> <li>a stort plan year return/report (lest than 12 months)</li> </ul> <li>C Check box if filing under:             <ul> <li>procial extension (enter description)</li> </ul> </li> <li>DFVC program             <ul> <li>special extension (enter description)</li> <li>C THLESON CPA PC 401(K) PLAN</li> <li>the Three-digit             <ul> <li>plan number</li> <li>(PN 7000000000000000000000000000000000000</li></ul></li></ul></li>			Identification Information							
A This return/eport is for: <ul> <li>a deciga indicating employer information in accordance with the form instructions.)</li> <li>B This return/eport is             <ul> <li>a deciga indicating employer information in accordance with the form instructions.)</li></ul></li></ul>	For calend	lar plan year 2017 or fis		—			ing this have several attach a			
B       This return/report       Ime final return/report       Ime final return/report       Ime final return/report         C       Check box if filing under:       Form 5558       Ime final return/report       Ime final return/report       Ime final return/report         2       Check box if filing under:       Form 5558       Image under the final requested information       Image under the final return/report       Image under the final return/report         13       Amme of plan       Image under the final requested information       Image under the final requested information         14       Basic Plan Information—enter all requested information       Image under the final requested information         14       CHELESON CPA PC 401(K) PLAN       Image under the final requested information       Image under the final requested information         24       Plan sponsor's name (employer, if for a single-employer plan)       Image under the final sponsor is the op province, county, and ZIP or foreign postal code (if foreign, see instructions)       Image under the final sponsor is helpfore number (EIN)       Image under the final sponsor is helpfore number (SIO 296-1526         2d       Business code (see instructions)       Image under the final sponsor is marked and address       Image under the final sponsor is helpfore number (SIO 296-1526         3d       Hit the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for final spons, sone (EN, the plan name has	A This re	turn/report is for:		list of participating e			-			
C       C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       1       Three-digit plan number       001         14       Name option       1       1       Three-digit plan number       001       1       C Effective date option       001072008         2a       Plan sponsor's name (employer, if for a single-employer plan)       10       C Effective date option       010172008         2b       Crypt rown, state or province, country, and ZIP of foreign postal code (if foreign, see instructions)       2c       Sponsor's telephone number         2 of FRANKLIN PLACE       2 GUBUSINES code (see instructions)       2 GUESIN CPA PC       2d       Business code (see instructions)         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number         5a       Total number of participants at the beginning of the plan name has changed since the last return/report field for this plan, enter the plan sponsor or the plan name has changed since the last return/report field for this plan, enter the plan sponsor name, EN, the plan name and the plan number of participants at the end of the plan year       5a       5a       5c	<b>B</b> This ret	urn/report is								
Part II       Basic Plan Information—enter all requested information         14 Name of pin       Inter-digit plan number         1. GITTLESON CPA PC 401(K) PLAN       Inter-digit plan number         24 Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, of P.O. Box) City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number (EIN)         1. GITTLESON, CPA PC       2d Business code (see instructions)         2d FRANKLIN PLACE NOCOMERE, NY 11598       3d Administrator's name and address S Same as Plan Sponsor.         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's telephone number (Si Pan Name         5a Total number of participants at the beginning of the plan year.       5a 5 5         5a Total number of participants at the beginning of the plan year.       5a 5 5         5d City and town ber of participants at the beginning of the plan year.       5d(1)         5c Same South beginning of the plan year.       5d(1)         5c Number of participants with account balances as of the end of the plan year.       5d(1)         5c Same South beginning of the plan year.       5d(2)         5c Same South beginning of the plan year.       5d(2)         5c Same South beginning of the plan year.       5d(2)         5c Same       5d(1)         5d South			an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)				
1a Name of plan       1b Three-digit plan number       001         1. GITTLESON CPA PC 401(K) PLAN       1b Three-digit plan number (PN) >       001         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan       0101/2008         2b Employer Identification Number (EIN) of the part sponsor's name (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) (11-3310083       2c Sponsor's telephone number (S16-240-1625)         2d FRANKLIN PLACE       Stocast-1625       2d Business code (see instructions)       516-240-1625         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number (S10-240-1625)       541211         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number (S10-240-1625)       541211         3a Total number of participants at the beginning of the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's neme, EIN, the plan name and the plan number from the last return/report filed for the participants at the end of the plan year       5a       5         5 Total number of participants at the beginning of the plan year       5a       5       5         6 Number of participants at the end of the plan year       5d(1)       5       5       5         6 Number of participants at the end of the plan year       5d(2)       5       5       5	C Check	box if filing under:	님			DFVC p	rogram			
J. GITTLESON CPA PC 401(K) PLAN       plan number (PN)       01         2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) Cry or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Heathication Number (EIN)       1c Effective date of plan 01/01/2008         J. GITTLESON, CPA PC       2b Employer Heathication Number (EIN)       1. GITTLESON, CPA PC         154 FRANKLIN PLACE NOODMERE, NY 11538       2c Sponsor's telephone number 516/251/5225         2d Business code (see instructions) 641211         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number 516/251/525         3c Administrator's telephone number       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report to a sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5a         5a Total number of participants at the edin of the plan year       5b       5         6(1) Total number of participants at the edin of the plan year       5d(2)       5         6(2) Total number of participants with account balances as of the edin the plan year with accrued benefits that were less than 100% wested       55d(2)       5	Part II	Basic Plan Info	rmation—enter all requested info	ormation						
2a Plan sponsor's name (employer, if for a single-employer plan) Maling address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer (lentification Number (EIN) 11-3519083         2c Sponsor's telephone number S16-205-1525       2c Sponsor's telephone number S16-205-1525         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan sponsor.       3b Administrator's telephone number S16-205-1525         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report.       4b EIN         4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year.       5a 5         5 Total number of participants at the beginning of the plan year.       5b 5         5 C Number of participants at the beginning of the plan year.       5d(1) 5         c(1) Total number of participants at the end of the plan year.       5d(2)         5 C Number of participants who terminated employment during the plan year.       5d(2)         5 c Number of participants at the end of the plan year.       5d(2)         c Number of participants who terminated employment during the plan year.       5d(2)         c Number of participants who tereminates est of the he in year.       <			AN			plan	number			
2a Plan sponsor's name (employer, if for a single-employer plan) Malling address (include room, ept., suite no. and street, or P.O. Box) City or fown, state or province, country, and 2IP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number (EIN) 11-3519083         2c Sponsor's telephone number 516-295-1525       2c Business code (see instructions) 541211         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's telephone number 516-295-1525         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report total number of participants at the beginning of the plan year.       5a 5 5         5a Total number of participants at the beginning of the plan year.       5a 5 5       5 5       5 5       5 5         d(1) Total number of participants at the end of the plan year.       5d(1) 5 5       5 5       5 5       5 5       5 5         d(2) Total number of active participants at the end of the plan year.       5d(2) 5 5       5 5       5 0       5 5       5 0       0 7         Cutoin Capenter of participants with account balances as of the end of the plan year.       5d(2) 5 5       5 5       5 0       5 0       5 0       5 5       5 5       5 5       5 0       5 5       5 5 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>. ,</td><td></td></td<>						. ,				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)         1. GITLESON, CPA PC       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)         ISIA FRANKLIN PLACE       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)         State or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)         State or province, country, and ZIP or foreign postal code (if foreign, see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (see instructions)         State or province, country, and ZIP or foreign postal code (see instructions)       Image: City or town, state or province, country, and ZIP or foreign postal code (see instructions)         State or province, country, and ZIP or foreign postal code (see instructions)       Image: City or town, state or province, country, and code (see instructions)         State or province, country, and code (see postor)       State or province, count balan						2b Empl				
Sin Trebeov, CFAPE       516-296-1625         Ibid FRANKLIN PLACE NOODMERE. NY 11598       2d Business code (see instructions) 541211         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       3c Administrator's telephone number         4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5a         5a Total number of participants at the beginning of the plan year       5b       5c         5a Total number of active participants at the beginning of the plan year       5d(1)       5c         5a Total number of active participants at the beginning of the plan year       5d(1)       5c         5a (1) Total number of active participants at the beginning of the plan year       5d(1)       5c         6d (2) Total number of active participants at the beginning of the plan year       5d(2)       5c       5d(1)       5c         6 Number of participants with account balances as of the end of the plan year       5d(2)       5c       0	City of	r town, state or province			structions)	(EIN) 11-3519083				
ISA FRANKLIN PLACE WOODMERE, NY 11598       541211         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's EIN 3c Administrator's telephone number         4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b EIN 4d PN         5a Total number of participants at the beginning of the plan year       5a 5 5 5 5       5 5       5 5         5 Total number of participants at the beginning of the plan year       5d(1) 5       5 5       5 5       5 5         6(1) Total number of active participants at the beginning of the plan year       5d(1) 5       5 5       5 6       0         6(2) Total number of active participants at the beginning of the plan year       5 5 6       5 6       0       5 5 6       0         7(1) Total number of active participants at the end of the plan year       5 5 6       0       5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	J. GITTLES	JN, CPA PC				516-295-1525				
4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report.       4b       EIN         4       M PN       4d       PN         5a       Total number of participants at the beginning of the plan year						Zu Dusii				
4       If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4d       PN         5a       Total number of participants at the beginning of the plan year.       5a       5         5       Total number of participants at the end of the plan year.       5b       5         5       Number of participants with account balances as of the end of the plan year.       5d(1)       5         6       Number of articipants with account balances as of the end of the plan year.       5d(2)       5         6       Number of active participants at the end of the plan year.       5d(2)       5         6       Number of active participants at the end of the plan year.       5d(2)       5         6       Number of active participants at the end of the plan year.       5d(2)       5         7       Sd(2)       5       6       0         7       Panalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sion       Filed with	3a Plan a	administrator's name an	nd address 🗙 Same as Plan Spon	sor.		<b>3b</b> Admi	ministrator's EIN			
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name dd PN dd PN dd PN c Plan Name dd P n c Plan N	3c Admin					nistrator's telephone number				
a Sponsor's name       4d PN         5a Total number of participants at the beginning of the plan year       5a       5a       5a       5b       5c       5b       5c       5d(1)       5c       5d(2)       5c       5d(2)       5c       5d(2)       5c       5d(2)       5c       5c       5d(2)       5c       5c       5d(2)       5c       5c       5d(2)       5c       5c       5c       5c       5c       5d(2)       5c       5c       5c       5c       5c       5c       5d(2)       5c       5c       5c       5c       5d(2)       5c       0       5c       5c       0       5c	4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b EIN									
5a       Total number of participants at the beginning of the plan year	a Spons	sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
b       Total number of participants at the end of the plan year	C Plan r	C Plan Name								
C       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total number of participants at the beginning of the plan year					5a	5			
complete this item)       3c       3c         d(1) Total number of active participants at the beginning of the plan year       5d(1)       5         d(2) Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       05/03/2018       JEFFREY GITTLESON         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor			· ·			5b	5			
d(2) Total number of active participants at the end of the plan year       5d(2)       5         e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       05/03/2018       JEFFREY GITTLESON         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor						5c	5			
e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       05/03/2018       JEFFREY GITTLESON         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	d(1) Total number of active participants at the beginning of the plan year					5				
than 100% vested       Se       O         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       05/03/2018       JEFFREY GITTLESON         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor				5d(2)	5					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       05/03/2018       JEFFREY GITTLESON         SIGN HERE       Filed with authorized/valid electronic signature.       02/03/2018       JEFFREY GITTLESON         SIGN HERE       Filed with authorized/valid electronic signature.       02/03/2018       JEFFREY GITTLESON         SIGN HERE       Filed with authorized/valid electronic signature.       02/03/2018       JEFFREY GITTLESON         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	than 100% vested						-			
SIGN HERE       Filed with authorized/valid electronic signature.       05/03/2018       JEFFREY GITTLESON         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
Signature of plan administrator     Date     Enter name of individual signing as plan administrator       Signature of employer/plan sponsor     Date     Enter name of individual signing as employer or plan sponsor				05/03/2018	JEFFREY GITTLESO	N				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					E dan di Kata					
v.170203					Enter name of individ	ual signing	Form 5500-SF (2017)			

6a b c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan canno</b> If the plan is a defined benefit plan, is it covered under the PBGC inst If "Yes" is checked, enter the My PAA confirmation number from the	an indeper and condit ot use Fo surance p	ndent qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use Form 5500. rogram (see ERISA section 4021)? Yes No	Yes No		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year (b) End	l of Year		
а	Total plan assets	7a	1011289	1154439		
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	1011289	1154439		

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		10		
С	Net plan assets (subtract line 7b from line 7a)	7c	1011289	1154439
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	48000	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	95150	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		143150
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		143150
j	Transfers to (from) the plan (see instructions)	8j	0	
Ра	rt IV Plan Characteristics		-	·
-				

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
10	During the plan year:				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		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		25455
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			

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No	
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ru granting the waiver								
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	r the minimum required contribution for this plan year	12b					
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A	
Part '	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No		
	lf "Y	es," 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 th control of the PBGC?			Yes 🗙 No				
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to					
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	<b>:(3)</b> P	'N(s)	