Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Part I | Annual Report | t Identification Information | | | | | |
|--------------------------|--|--|---|---|----------------------------------|--------------------|--|
| For calenda | | iscal plan year beginning 01/01/2 | 015 | and ending 05/18 | /2015 | | |
| A This ret | urn/report is for: | a single-employer plana one-participant plan | | lan (not multiemployer) (Fili ployer information in accord | _ | | |
| _ | urn/report is | the first return/report an amended return/report | the final return/report a short plan year return | n/report (less than 12 month | ns) | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | | DFVC pro | gram | |
| | | special extension (enter descr | <u> </u> | | | | |
| Part II | Basic Plan Infe | ormation—enter all requested inf | ormation | | | | |
| 1a Name DERMATOL | • | RVICES 401(K) PROFIT SHARING | PLAN & TRUST | 11 | b Three-digit plan number (PN) ▶ | 001 | |
| | | | | 10 | C Effective date of 01/ | of plan 01/2010 | |
| Mailing | ponsor's name (employ address (include roo | | 2b Employer Identification Number (EIN) 27-1625127 | | | | |
| | town, state or provin OGY WEST 57TH SE | 20 | 2c Sponsor's telephone number 516-365-6463 | | | | |
| 16 STONE H NORTH HILL | IILL DR LS, NY 11040 | | | 20 | | (see instructions) | |
| 3a Plan a | dministrator's name s | and address XSame as Plan Spons | or. | ા | b Administrator's | FIN | |
| Ja Flall a | ummstrator s name a | ind address Asame as Flan Spons | ou. | 31 | D Administrators | LIIN | |
| | | | | 36 | C Administrator's | telephone number | |
| | | ne plan sponsor has changed since aumber from the last return/report. | the last return/report filed for | or this plan, enter the 4 | b EIN | | |
| a Spons | or's name | | | 40 | C PN | | |
| 5a Total r | number of participant | | 5a | | | | |
| b Total r | number of participant | | 5b | 0 | | | |
| | | account balances as of the end of | | • | 5c | | |
| d(1) Tota | al number of active pa | articipants at the beginning of the pla | an year | 5 | d(1) | 19 | |
| d(2) Tota | al number of active p | articipants at the end of the plan yea | ar | 5 | d(2) | 0 | |
| | | t terminated employment during the | • • | | 5e | 0 | |
| Under pena SB or Sche | alties of perjury and o | or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a aplete. | tions, I declare that I have | examined this return/report | , including, if appli | | |
| SIGN | Filed with authorized | d/valid electronic signature. | 06/08/2018 | BRUCE HELLER | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individual | signing as plan ad | lministrator | |
| SIGN | | | | | | | |
| HERE | Signature of empl | al signing as employer or plan sponsor | | | | | |

Preparer's name (including firm name, if applicable) and address (include room or suite number)

BRUCE HELLER

16 STONE HILL DR NORTH HILLS, NY 11040 Preparer's telephone number

516-365-6463

| | Form 5500-SF 2015 | | 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 cann | an indepe and condi not use Fo | ndent qualified public a tions.) orm 5500-SF and mus | ccount | ant (IQ | PA) Form | 5500. | | | X Ye | |
| | f the plan is a defined benefit plan, is it covered under the PBGC ir | nsurance p | program (see ERISA se | ection 4 | 021)? . | | Yes | No | N | lot dete | ermined |
| Par | t III Financial Information | 1 | 1 | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | • | | | | (b) E | nd of | Year | |
| | Total plan assets | . 7a | | 1 | 526 | | | | | | 0 |
| | Total plan liabilities | 7b | | 4 | 0 526 | - | | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year | 7c | (a) Ama- | | 520 | - | | /1- | \ T_4 | | 0 |
| | Contributions received or receivable from: | | (a) Amou | unt | | | | (1) |) Tot | aı | |
| | (1) Employers | 8a(1) | | | 0 | | | | | | |
| | 2) Participants | 8a(2) | | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | | | |
| | Other income (loss) | 8b | | | -5 | _ | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | | -5 |
| | o provide benefits) | . 8d | | | 794 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| <u>f</u> | Administrative service providers (salaries, fees, commissions) | 8f | | 727 | | | | | | | |
| g | Other expenses | . 8g | | | 0 | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | 1521 | | | | |
| | Net income (loss) (subtract line 8h from line 8c) | | | | | | | | | -1 | 1526 |
| Par | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | | moun | • |
| 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) | oluntary F | Fiduciary Correction | 10a | | X | | | | anoun | • |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | | | 10b | | X | | | | | |
| | Was the plan covered by a fidelity bond? | | | | | | | | | | 00000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | | | 10c | X | | | | | | 20000 |
| | by fraud or dishonesty? | | | 10d | | X | | | | | |
| 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.) | ne or all of | the benefits under | 10e | | X | | | | | |
| f | Has the plan failed to provide any benefit when due under the pla | | | 10f | | Χ | | | | | |
| g | | | | 10g | | Χ | | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | | | 10h | | X | | | | | |
| 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 | he require | d notice or one of the | 10i | | | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10j | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | | Ye | es X No |
| <u>11a</u> | Enter the unpaid minimum required contribution for all years from | Schedule | SB (Form 5500) line 4 | 0 | | | 11a | | - | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requirem | ents of section 412 of t | he Cod | e or se | ction 3 | 302 of E | RISA? | · | Ye | es 🛚 No |

| | F | orm 5500-SF 2015 Page 3 - 1 | | | | | | |
|----------------------------------|---|--|------------------|------------------------------|----------------------------|-----------------------|--------------------|--|
| | (If "Ye | s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | |
| а | | aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver | | enter the Day | e date of | the letter ru Year | ling | |
| If | | mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | | Day_ | | Τσαι | | |
| b | Enter ti | he minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | ne amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| | Subtra | act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the | left of a | 12d | | | | |
| | | ve amount) | | | Yes | No | N/A | |
| Part | | e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets | | | 163 | NO | IN/A | |
| | | resolution to terminate the plan been adopted in any plan year? | | | X Ye | sПNo | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | <u> </u> | (| |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC? | ght under the co | ontrol | × | Yes | No | |
| С | If duri | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.) | | | | | | |
| • | 13c(1) N | lame of plan(s): | 13c(2) | EIN(s) | | 13c(3) F | PN(s) | |
| | | | | | | | | |
| | | | | | | | | |
| Part | | Trust Information | | | | | | |
| 14a | Name o | f trust | | 14b 1 | rust's Ell | N | | |
| | | | | | | | | |
| 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? | | ☐ Ye | s | No | | |
| | 10 110 | | | _ D | esign- | | | |
| 15b | | "," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | | ha | sed safe arbor ethod | ADF test | P/ACP | |
| 15c | | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c | | Yes No | | | | |
| | | method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | | | | | | |
| 16a | a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | | | | atio ercentage st | | erage efit test | |
| 16b | 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | | | | | No | | |
| 17a | | e plan been timely amended for all required tax law changes? | | Ye | S | No | N/A | |
| 17b | | ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes). | Enter the ap | plicable | code | (See ins | tructions | |
| 17c | If the p | lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r | | t to a fa | vorable I | RS opinion | or | |
| 17d | If the p | lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en | | the plai | n's last fa | vorable | | |
| 18 | Is the I | Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin | | Yes | S | No | | |
| 19 | Were in | n-service distributions made during the plan year? | | Ye | s | No | | |
| | If "Yes | ," enter amount | ····· | 19 | | | | |
| 20 | Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? | | | | | No | N/A | |



Albinder Altman & Block LLP

Certified Public Accountants

462 SEVENTH AVENUE NEW YORK, NY 10018 TEL (212) 279 - 8430 FAX (212) 279 - 8459

January 15, 2018

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0018

> Re: Dermatology West 57th Services Notice #: CP-403 Form: 5500 SF Plan #: 001 Plan Year Ending: 12/31/2015

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are responding to your notice, a copy of which is attached.

The taxpayer had depended on their bookkeeper and Paychex to comply with Form 5500 SF filing since the inception of the plan in 2010. The taxpayer sold the operating business of the company in January 2015 and terminated all employee at that time, with the exception of the bookkeeper who left mid-2015. After the taxpayer received the notice, they contacted the bookkeeper. The taxpayer was told that the final Form 5500 SF was filed before the bookkeeper left the company. The bookkeeper indicated that the final 5500 SF was mailed to the IRS because at that time the company had no more payroll and had terminated Paychex's services. The bookkeeper could not e-file the Form 5500 SF and filed the final tax return on paper. A copy of the final Form 5500 SF, which was originally signed and mailed by the taxpayer, is attached for your record.

Please also be aware that the company's mailing address is 16 Stone Hill Drive, North Hills, NY 11040 and the former sponsor's telephone number is now 516-365-6463.

In view of the above information, we respectfully request that you accept the attached copy which was filed timely. If you have any questions, please feel free to contact me at 212-279-8430 extension 30.

Thank you for your consideration in this matter.

Very truly yours,

AŁBĪNDER, ALTMAN & BLOCK LLP

BWM:sl

Enclosure

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to Public

| Pension Benefit Guaranty Corporation | > Complete all entries in ac | cordance with the instruc | lions to the Form 550 | 10-SF | inspection | | | | |
|---|---|--|----------------------------|---------------------------------------|---------------------------------------|--|--|--|--|
| | dentification information | | | ,,,,,, | | | | | |
| For calendar plan year 2015 or fis | cal plan year beginning 01/01. | /2015 | and ending | 05/18/2015 | 1 n (; | | | | |
| A This return/report is for: | a single-employer plan | | | | this box must attach a list | | | | |
| | a one-participant plan | of participating employ a foreign plan | er Information in acco | rdance with the | form instructions) | | | | |
| B This return/report is: an armended return/report a short plan year return/report (less than 12 months) | | | | | | | | | |
| C Check box if filing under: | Form 5558 special extension (enter descri | DFyc | program | | | | | | |
| Part II Basic Plan Infor | mation—enter all requested info | ormation | | | | | | | |
| 1a Name of plan. DERMATOLOGY WEST 57TH SEI | | | | 1b Three-diplan num | | | | | |
| 401(K) PROFIT SHARING PLAN & | TRUST | | | 1c Effective | | | | | |
| 2a Plan sponsor's name and add Dermatology West 57th Services | lress, include room or suite numbe | er (employer, if for a single-e | mployer plan) | 2b Employe (EIN) | r Identification Number 27-1625127 | | | | |
| 315 W 57TH ST | | | | 2c Sponsor | 's telephone number 917)822-5822 | | | | |
| NEW YORK NY 10019-3158 | | | | | code (see Instructions) 621399 | | | | |
| 3a Plan administrator's name and | d address XSame as Plan Spor | nisor | | 3b Administ | | | | | |
| SAME | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | • | | | 3c Administ | rator's telephone number | | | | |
| 4 If the name and/or EIN of the | | the last return/report filed for | this plan, enter the | 4b EIN | | | | | |
| a. Sponsor's name | nber from the last return/report. | | | 4c PN | | | | | |
| 5a Total number of participants | at the heginning of the plan year | | | | 23 | | | | |
| | at the end of the plan year | | | | | | | | |
| , | , · · | | | 5b | .0 | | | | |
| complete this item) | count balances as of the end of t | | | 5c | 0 | | | | |
| G(1) Total number of active part | licipants at the beginning of the ple | an yea(| ************************** | | 19 | | | | |
| | licipants at the end of the plan yea | | | . 5d(2) | . 0 | | | | |
| | erminated employment during the p | | | 5e | 0 | | | | |
| Caution: A penalty for the late of | r incomplete filing of this return | i/report will be assessed u | niess reasonable ca | uso is establist | ed. | | | | |
| Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp | d signed by an enrolled actuary, a | | | | | | | | |
| SIGN FRANK X NO | | 8/27/2015 | BRUCE | HELLER | 2 | | | | |
| HERE Signature of plan 20 | ministrator | Dato | Enter name of individ | · · · · · · · · · · · · · · · · · · · | | | | | |
| SIGN FRAND SKI | A. | 8/27/2015 | BRUCE | HELLE | | | | | |
| HERE Signature of employ | | Date | Enter name of individ | | mployer or plan sponsor | | | | |
| Preparer's name (including firm na | ame, if applicable) and address (in | clude room or sulte number | | Preparer's tele | phone number | | | | |
| | | | | | , , | | | | |

| | Form 5500-SF 2015 | | Page 2 | | | | | | | | • | |
|-----------------------|---|------------------------|---------------------------|----------|--------------|------------|-----------------|---------------------|--------------------|----------------------|------------------------|--|
| 6a 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 cann | an indepe and condi | ndent qualified public a | ccoun | tant (i | QPA) | : | | | Yes Yes | No No | |
| C | If the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA sec | ction 4 | 1021)? | | res 📗 | · No | ∏ No | t Dete | rmined | |
| Pa | Till Financial Information | | | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Y | ear | \bot | | (b) E | nd of | <u>fear</u> | | |
| <u>.</u> a | Total plan assets | . 7a | | 15 | 26 | | | | | | 0 | |
| <u>b</u> | Total plan liabilities | . 7b | | | 0 | | | | | · · | 0 | |
| <u>c</u> | Net plan assets (subtract line 7b from line 7a) | CAST CLASS OF THE SALE | 1526 | | | | 0 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | in the | e hodino (Angle | (t |) Tota | -53-46-57-164 | es especial control de | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | 0 | | | | | | | |
| | (2) Participants | 8a(2) | , | | 0 . | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | 0.5 | | | 7 | 8740 | | |
| b | Other income (loss) | 8b | | | -5 | | | i falsis | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | , | -5 | 5 | |
| d | Benefits paid (including direct rollovers and insurance premiums | | | - | | | | | | | | |
| | to provide benefits) | 8d | | | 794 | | ile di d | | | 2635 286563 | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | 7 | 0 | | arena Marina | 535041 507 2 114 | sian v | | | |
| _ <u></u> | Administrative service providers (salaries, fees, commissions) Other expenses | 8f | 727 | | | | | | 18:32-4 19:32-4 | interior interior | | |
| × | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8g 8h | | | Park Care | 46 | | | 152 | <u> </u> | | |
| $\frac{}{}$ | Net income (loss) (subtract line 8h from line 8c) | 8i | | <i>b</i> | | | | -1 52 6 | | | | |
| 丁 | Transfers to (from) the plan (see instructions) | 81 | 0 | | | 300 | | | | | | |
| Pai | tilV Plan Characteristics | <u> </u> | I | | <u> </u> | 25.54 | 634; TULLO, 54 | 2.6F (2.7F30.F6) | ing and the second | 72 - 48 A A A | STRING INCRESES. | |
| 134 11 11 11 11 11 11 | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D | feature co | des from the List of Pla | n Cha | racter | istic C | odes in | the inst | ruction | s: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan | Char | acteris | tic Co | des in ti | he instru | ections | | | |
| Рап | V Compliance Questions | - | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | N/A | | Am | ount | | |
| a | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo Program) | luntary Fig | duciary Correction | 10a | | × | | | | - | | |
| b | Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) | | | 10b | | · X | | | | ٠. | | |
| G | Was the plan covered by a fidelity bond? | | | 10c | × | | | | | | 20000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | | | 10d | | × | | | | | | |
| | 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.) | | | | , | × | | | ٠ | | | |
| f | Has the plan failed to provide any benefit when due under the plan | 1? | | 10f | | × | | | | | • | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year e | nd.) | 10g | | × | | | | - | • | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | | | × | | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 | e required | notice or one of the | 10i | | | | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | 10] | | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | | | | | | | | | Yes | No No | |
| 11a | Enter the unpaid minimum required contribution for current year fro | m Sched | ule SB (Form 5500) line | 40 | | <u>1</u> | 1a | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of the | e Cod | e or se | ction | 302 of E | ERISA? | | Yes | No 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 instructure granting the waiver. Mont | • | nter th Day | | e letter ruli Year | ng |
| 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 | <u> </u> | | |
| | | | | | |
| 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 to the left onegative amount) | of a | 12d | • | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No [| N/A |
| art VIII Plan Terminations and Transfers of Assets | , | | | - | |
| 3a Has a resolution to terminate the plan been adopted in any plan year? | | \overline{A} | es No | | , |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? | nder the co | ntrol | | ⊠ Yes | No |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | | | | . | |
| 13c(1) Name of plan(s): | 130 | (2) Eli | N(s) | 13c(3) | PN(s) |
| | | | | <u> </u> | |
| | | | | | |
| art VIII Trust Information | | | | | |
| a Name of trust | 14 | 4b Tr | ust's EIN | | |
| | İ | | • | • | |
| | | | | | |
| | | | | | |
| 1c Name of trustee or custodian | 114 | | ustee's or cu | | |
| | Ì | lei | ephone nun | nper | |
| | | | | | |
| art IX IRS Compliance Questions | | | | | |
| entergripting the state of the | | | 00 | ∏No | |
| | | _ Y | 69 | 1110 | |
| 5a Is the plan a 401(k) plan? | | | Design- | | |
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