

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>														
<div>Part I Annual Report Identification Information</div> <div>For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 05/18/2015</div> <div><div>A This return/report is for:</div><div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)</div><div><input type="checkbox"/> a one-participant plan</div><div><input type="checkbox"/> a foreign plan</div></div><div><div>B This return/report is</div><div><div><input type="checkbox"/> the first return/report</div><div><input checked="" type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)</div></div><div><div>C Check box if filing under:</div><div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div></div></div></div>																
<div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>DERMATOLGY WEST 57TH SERVICES 401(K) PROFIT SHARING PLAN &amp; TRUST</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>001</div></div><div><div>1c Effective date of plan</div><div>01/01/2010</div></div></div> <div><div><div>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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</div><div>DERMATOLOGY WEST 57TH SERVICES</div><div>16 STONE HILL DR NORTH HILLS, NY 11040</div></div><div><div>2b Employer Identification Number (EIN)</div><div>27-1625127</div></div><div><div>2c Sponsor's telephone number</div><div>516-365-6463</div></div><div><div>2d Business code (see instructions)</div><div>621399</div></div></div> <div><div><div>3a Plan administrator's name and address</div><div><input checked="" type="checkbox"/> Same as Plan Sponsor.</div></div><div><div>3b Administrator's EIN</div><div>3c Administrator's telephone number</div></div></div> <div><div><div>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</div><div><div>a Sponsor's name</div><div>4b EIN</div><div>4c PN</div></div></div><div><div><div>5a Total number of participants at the beginning of the plan year</div><div>5b Total number of participants at the end of the plan year</div><div>5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>5d(1) Total number of active participants at the beginning of the plan year</div><div>5d(2) Total number of active participants at the end of the plan year</div><div>5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</div></div><div><div>23</div><div>0</div><div>0</div><div>19</div><div>0</div><div>0</div></div></div><div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>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.</div><table><tr><td rowspan="2">SIGN HERE</td><td>Filed with authorized/valid electronic signature.</td><td>06/08/2018</td><td>BRUCE HELLER</td></tr><tr><td>Signature of plan administrator</td><td>Date</td><td>Enter name of individual signing as plan administrator</td></tr><tr><td rowspan="2">SIGN HERE</td><td></td><td></td><td></td></tr><tr><td>Signature of employer/plan sponsor</td><td>Date</td><td>Enter name of individual signing as employer or plan sponsor</td></tr></table><div><div>Preparer's name (including firm name, if applicable) and address (include room or suite number )</div><div>BRUCE HELLER</div><div>16 STONE HILL DR NORTH HILLS, NY 11040</div></div><div><div>Preparer's telephone number</div><div>516-365-6463</div></div></div></div> <div><div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div><div>Form 5500-SF (2015) v. 150123</div></div>			SIGN HERE	Filed with authorized/valid electronic signature.	06/08/2018	BRUCE HELLER	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
SIGN HERE	Filed with authorized/valid electronic signature.	06/08/2018		BRUCE HELLER												
	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													

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets.....	<b>7a</b>	1526	0
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	1526	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	0	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	-5	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		-5
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	794	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions).....	<b>8f</b>	727	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		1521
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		-1526
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

**Part 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:  
2E 2F 2G 2J 2T 3D

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

**Part V Compliance Questions**

10 During the plan year:		Yes	No	N/A	Amount
<b>a</b> 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) .....	<b>10a</b>		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X			20000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X		
<b>e</b> 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.) .....	<b>10e</b>		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<b>10g</b>		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X		
<b>i</b> 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.....	<b>10i</b>				
<b>j</b> Did the plan trust incur unrelated business taxable income? .....	<b>10j</b>				

**Part VI 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)..... ☐ Yes ☒ No

**11a** Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a**

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**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 ruling granting the waiver. .... Month ..... Day ..... Year .....

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## Part VII Plan Terminations and Transfers of Assets

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b> 0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)
	<b>13c(3)</b> PN(s)

## Part VIII Trust Information

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
<b>14c</b> Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number

## Part IX IRS Compliance Questions

<b>15a</b> Is the plan a 401(k) plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....	<input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> ADP/ACP test
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....	<input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test
<b>16b</b> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17a</b> Has the plan been timely amended for all required tax law changes? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).	
<b>17c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.	
<b>17d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.	
<b>18</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19</b> Were in-service distributions made during the plan year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," enter amount .....	<b>19</b>
<b>20</b> 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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 57<sup>th</sup> 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.

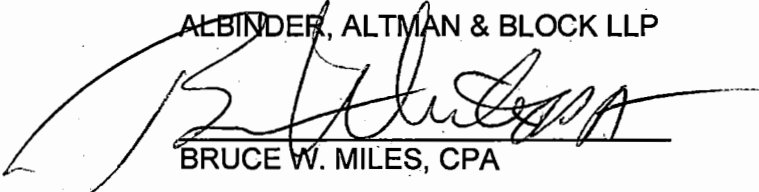
Please also be aware that the company's mailing address is 16 Stone Hill Drive, North Hills, NY 11040 and the former sponsor's telephone number is now 516-365-6463.

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,

ALBINDER, ALTMAN & BLOCK LLP

  
BRUCE W. MILES, CPA

BWM:sl

Enclosure

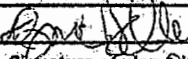
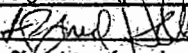
<b>Form 5500-SF</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b> This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1510-0110 1510-0089 <hr/> <b>2015</b> This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 05/18/2015	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
B This return/report is:	
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFV/C program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information</b> —enter all requested information	
1a Name of plan DERMATOLOGY WEST 57TH SERVICES	1b Three-digit plan number (PN) ▶ 001
401(K) PROFIT SHARING PLAN & TRUST	1c Effective date of plan 01/01/2010
2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) Dermatology West 57th Services  315 W 57TH ST NEW YORK NY 10019-3158	2b Employer Identification Number (EIN) 27-1625127
	2c Sponsor's telephone number (917)822-5822
	2d Business code (see instructions) 621399
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor SAME	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN
a. Sponsor's name	4c PN
5a Total number of participants at the beginning of the plan year	5a 23
b Total number of participants at the end of the plan year	5b 0
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c 0
d(1) Total number of active participants at the beginning of the plan year	5d(1) 19
d(2) Total number of active participants at the end of the plan year	5d(2) 0
e Number of participants that 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.**

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	 Signature of plan administrator	8/27/2015	BRUCE HELLER
		Date	Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	8/27/2015	BRUCE HELLER
		Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not Determined

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets	7a	1526	0
<b>b</b> Total plan liabilities	7b	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a)	7c	1526	0

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
<b>b</b> Other income (loss)	8b	-5	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-5
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	794	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	8e	0	
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f	727	
<b>g</b> Other expenses	8g	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1521
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	8i		-1526
<b>j</b> Transfers to (from) the plan (see instructions)	8j	0	

**Part 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:  
2E 2F 2G 2J 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:	Yes	No	N/A	Amount
<b>a</b> 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		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b		X		
<b>c</b> Was the plan covered by a fidelity bond? 10c	X			20000
<b>d</b> 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		
<b>e</b> 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		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? 10f		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h		X		
<b>i</b> 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				
<b>j</b> 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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☒ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40. 11a
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> 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 ruling granting the waiver. .... Month      Day      Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
<b>b</b> Enter the minimum required contribution for this plan year.....	<b>12b</b>
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>12c</b>
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>	0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII Trust Information**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
<b>14c</b> Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number

**Part IX IRS Compliance Questions**

<b>15a</b> Is the plan a 401(k) plan? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....	<input type="checkbox"/> Design-based safe harbor method	<input type="checkbox"/> ADP/ACP test
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(iii))? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test
<b>16b</b> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>17a</b> Has the plan been timely amended for all required tax law changes? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ..... Enter the applicable code ____ (See instructions for tax law changes and codes).		
<b>17c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ..... and the letter's serial number .....		
<b>17d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter .....		
<b>18</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19</b> Were in-service distributions made during the plan year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," enter amount.....	<b>19</b>	
<b>20</b> 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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	