-	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	065 of the Employee Re								
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		This Form					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	Public Inspection				
Part I		dentification Information		·						
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan									
A This ret	urn/report is for:	X a single-employer plan	list of participating em			vith the form instructions.)				
B This retu	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
•		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descri								
Part II		mation—enter all requested info	ormation		41	I				
1a Name	of plan JAFFIN, M.D. 401K PRO				1b Thre	e-digit number				
BARRY W.J	JAFFIN, M.D. 401K PRO	OFIT SHARING PLAN			(PN)					
					· · ·	ctive date of plan				
2a Plan si	ponsor's name (employ	er, if for a single-employer plan)			2b Empl	01/01/1999 loyer Identification Number				
Mailing	g address (include room	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		uctions)	(EIN)	13-4157484				
	IAFFIN, M.D, P.C.				2c Spor	nsor's telephone number 212-721-2600				
					2d Busir	ness code (see instructions)				
620 COLUMI	BUS AVE NY 10024-1406					621111				
in Entri Fortara,	111 10021 1100									
3a Plan a	dministrator's name and	d address X Same as Plan Spons	sor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor or the plan name has	s changed since the last re	eturn/report filed for	4b EIN					
this pl	an, enter the plan spon	sor's name, EIN, the plan name ar			4d PN					
C Plan N	or's name Iame				4U PN					
5a Total r	number of participants a	at the beginning of the plan year			5a	8				
		at the end of the plan year			5b	7				
		ccount balances as of the end of the			5c	7				
d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	7				
• •		ticipants at the end of the plan yea			5d(2)	7				
than	100% vested	terminated employment during the			5e	0				
Caution: A	penalty for the late o	r incomplete filing of this return	/report will be assessed	unless reasonable cau						
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete								
SIGN		/alid electronic signature.	06/28/2018	BARRY JAFFIN						
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator				
SIGN										
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor				
					an orgining	as simpleyer of plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions)									
under 20 CFR 250.104-467 (See instructions on waiver eligibility and conditions.) Image: CFR 250.104-467 (See instructions on waiver eligibility and conditions.) Image: CFR 250.104-467 (See instructions.) C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Image: CFR 250.104-467 (See instructions.) Part III Financial Information Image: CFR 250.104-467 (See instructions.) Ves in solutions.) Part III Financial Information Image: CFR 250.104-467 (See instructions.) Ves in solutions.) Part III Financial Information Image: CFR 250.104-467 (See instructions.) Ves in solutions.) Part III Financial Information Image: CFR 250.104-467 (See instructions.) Ves in solutions.) Ves in solutions.) Part III Financial Information Total plan assets. 7a 1967306 0 </th <th>6a</th> <th>Were all of the plan's assets during the plan year invested in eligib</th> <th>le assets?</th> <th>? (See instructions.)</th> <th></th> <th></th> <th></th> <th></th> <th>X Yes No</th>	6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					X Yes No
If you answered "No" to either line 6 as or line 6b, the plan cannot use PCm 5500-SF and must instead use Fm 5500. Image: Comparison of the plan is a defined benefit plan, is it covered under the PBGC premium fling for this plan year	b								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?				,					
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	c	-						_	
Part III Financial Information 7 Plan Assets and Liabilities 7a 1802777 1673358 b Total plan assets 7a 1302777 1673358 b Total plan assets (subtract line 7b from line 7a) 7c 1362777 1573358 c Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 7794 (2) Participants. 8a(2) 56432 (3) Other income (losi) 8b 222947 C Total income (losi) 8b 222947 C Total income (losi) 8c 64047 d Benefits paid (including gride rollovers and insurance promiums 8d 64047 d Contrain deemed and/or corrective distributions (see instructions). 8e 9 f Administrative service providers (elables, lese, commissions). 8f 12545 g Other expenses. 8g 9 12545 g Other expenses. 8g 210581 110581 g Total expenses (add lines 8d, 8e, 8f, and 8g). </th <th>Ŭ</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>L</th> <th></th> <th></th>	Ŭ						L		
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 1392777 1573358 b Total plan assets (subtract line 7b from line 7a) 7c 1362777 1573358 c Net plan assets (subtract line 7b from line 7a) 7c 1362777 1573358 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 7794 (b) Total (a) Participants 8a(2) 56432 (c) 16 Enployers 287173 (b) Other income (loss) 8b 222947 287173 0 0 0 c Total income (loss) 8b 222947 287173 0			0. 200 p	,	ian yea	•			_: (000 mon donomon)
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D Total plan liabilities Tb 0 0 C Net plan assets (subtract line 7b from line 7a)	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
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8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 7794 (1) Employers. 8a(2) 56432 (2) Participants. 8a(2) 56432 (3) Other income (loss) 8a(3) 222947 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 222947 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 64047 e C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 64047 e C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 64047 e C Cortain deemed and/or corrective distributions (see instructions) 8e 64047 f Administrative service providers (salaries, fees, commissions) 8f 12545 9 g Other expenses. 8g 9 210581 9 j Transfers to (from) the plan (see instructions) 8j 210581 9 j Transfers to (from) the plan (see instructions) 8j 2 10 <	b	Total plan liabilities	7b		0				0
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h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 76592 i Net income (loss) (subtract line 8h from line 8c) 8i 210581 j Transfers to (from) the plan (see instructions) 8j 210581 Part IV Plan Characteristics 8j 210581 ga 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 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 Yes No Amount 10 During the plan year: Yes No Amount Amount X Amount X Amount X Amount X 146615 X<	f	Administrative service providers (salaries, fees, commissions)	8f		12545				
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j Transfers to (from) the plan (see instructions) Bj 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 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 Amount a 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) Ioa X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Iob X c Was the plan covered by a fidelity bond? Ioc X 146615 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Iod 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 Iod X	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						76592
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 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 Amount a 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 146615 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	<u> </u>		8i						210581
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Part V Compliance Questions 10 During the plan year: Yes No Amount a 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)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:
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10 During the plan year: Yes No Amount a 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) Image: Transaction of the plan and the pl	Par	t V Compliance Questions							
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reported on line 10a.) 10b X C Was the plan covered by a fidelity bond?		Program)			10a		x		
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 10d X	b				10b		×		
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	Х			146615
carrier, insurance service, or other organization that provides some or all of the benefits under	d				10d		X		
	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e	X			8241

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10f

10g

10h

10i

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

 ${f h}$ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i,

2520.101-3.)

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.....

Page 3- 1

Part	VIF	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below)	Sche	dule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? 	tion	302 o	f	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver.	and	enter _ Da		of the le		uling
If y	you co	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	6 X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	ו(s) י	to				
1	3c(1) Ւ	lame of plan(s): 13c	:(2)	EIN(s)		13	c(3)	PN(s)

Department of the Treasury	Short Form Annu	ual Return/Rep Benefit Pla	ort of Small Emp	loyee	(OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file	ed under sections 104 a	nd 4065 of the Employee	Retirement		2017
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	I INCOME SECURILY ACT AT 1972	4 (ERISA), and sections Revenue Code (the (6057(b) and 6058(a) of th	e Internal		orm is Open to
	Complete all entries in	accordance with the i	nstructions to the Form	5500-SE	Publ	ic Inspection
Part I Annual Report	t Identification Information	1				
For calendar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/3	1/2017	(
A This return/report is for:	X a single-employer plan	a multiple-employe	er plan (not multiemployer) gemployer information in a	(Filers check	ing this bo	x must attach a
B This return/report is	a one-participant plan	a foreign plan				indiacions.
D This reconneport is	the first return/report	the final return/rep	ort			
•	an amended return/report	a short plan year re	eturn/report (less than 12 n	nonths)		
C Check box if filing under:	Form 5558	automatic extension	n	DFVC pr	ogram	
	special extension (enter descr	ription)			Ū	
Part II Basic Plan Info	prmation—enter all requested inf	formation				
1a Name of plan				1b Three	-diait	
BARRY W. JAFFIN, M.D	. 401K PROFIT SHARING	G PLAN			umber	001
				1c Effecti		plan
2a Plan sponsor's name (emplo Mailing address (include roor	M. apt., suite no, and street, or P ∩	() Box)		2b Emplo	yer Identifi	cation Number
City or town, state or province BARRY W. JAFFIN, M.I	e. country, and ZIP or foreign posts	al code (if foreign, see ir	nstructions)		13-4157	0ne number
	, 100			212-7	21-260	0
620 COLUMBUS AVE				2d Busine 62111	ess code (s	ee instructions)
NEW YORK	NY 10024-1406	5		02111	-	
3a Plan administrator's name an	d address 🛛 Same as Plan Spon			3b Admini	strator's El	N
				3c Admini	strator's te	lephoné number
4 If the name and/or EIN of the this plan, enter the plan spon	plan sponsor or the plan name has	s changed since the las	return/report filed for	4b EIN		
 4 If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name 	plan sponsor or the plan name has sor's name, EIN, the plan name an	s changed since the las nd the plan number from	return/report filed for the last return/report.	4b EIN4d PN		
a Sponsor's name C Plan Name	soi s name, Ein, the plan name an	nd the plan number from	the last return/report.	4d PN		
a Sponsor's name C Plan Name 5a Total number of participants a	at the beginning of the plan year	id the plan number from	the last return/report.	4d PN 5a		8
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with ac c Number of participants with ac 	at the beginning of the plan year	nd the plan number from	the last return/report.	4d PN 5a 5b		8
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with ac complete this item) 	at the beginning of the plan year at the end of the plan year ccount balances as of the end of th	nd the plan number from	the last return/report.	4d PN 5a 5b 5c		
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with accomplete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the icipants at the beginning of the plan icipants at the end of the plan year	nd the plan number from The plan year (only define n year	the last return/report.	4d PN 5a 5b 5c 5d(1)		7 7 7 7
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with ac complete this item) d(1) Total number of active participants who the than 100% vested	at the beginning of the plan year at the end of the plan year at the end of the plan year ccount balances as of the end of the icipants at the beginning of the plan icipants at the end of the plan year erminated employment during the p	nd the plan number from ne plan year (only define n year	the last return/report. d contribution plans enefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e		
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with ac complete this item) d(1) Total number of active parti d(2) Total number of active parti e Number of participants who te than 100% vested 	at the beginning of the plan year at the end of the plan year at the end of the plan year ccount balances as of the end of the icipants at the beginning of the plan icipants at the end of the plan year erminated employment during the p	nd the plan number from ne plan year (only define n year	the last return/report. d contribution plans enefits that were less	4d PN 5a (5b (5c (5d(1) (5d(2) (5e (7 7 7 7 7 0
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants ai c Number of participants with ac complete this item) d(1) Total number of active participants who to the second second	at the beginning of the plan name an at the beginning of the plan year at the end of the plan year ccount balances as of the end of the icipants at the beginning of the plan icipants at the end of the plan year erminated employment during the p rincomplete filing of this return/r er penalties set forth in the instruction is signed by an environment of the instruction	nd the plan number from ne plan year (only define n year plan year with accrued to report will be assessed	the last return/report. d contribution plans enefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establis	ihed. if applicab	7 7 7 7 7 0
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with ac complete this item)	at the beginning of the plan name an at the beginning of the plan year at the end of the plan year ccount balances as of the end of the icipants at the beginning of the plan icipants at the end of the plan year erminated employment during the p rincomplete filing of this return/r er penalties set forth in the instruction is signed by an environment of the instruction	nd the plan number from ne plan year (only define n year plan year with accrued to report will be assessed	the last return/report. d contribution plans enefits that were less d unless reasonable cause e examined this return/report,	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establis	shed. if applicab sst of my kr	7 7 7 7 7 0
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants with ac complete this item)	at the beginning of the plan name an at the beginning of the plan year at the end of the plan year ccount balances as of the end of th icipants at the beginning of the plan icipants at the end of the plan year erminated employment during the p r incomplete filing of this return/r er penalties set forth in the instruction I signed by an enrolled actuary, as ate.	nd the plan number from ne plan year (only define n year plan year with accrued to report will be assessed	the last return/report. d contribution plans enefits that were less d unless reasonable cause e examined this return/report, Barry Jaffin	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establis ort, including, and to the be	if applicab est of my kr	7 7 7 7 0 le, a Schedule nowledge and
 a Sponsor's name c Plan Name 5a Total number of participants a b Total number of participants ai c Number of participants with accomplete this item) d(1) Total number of active parti d(2) Total number of active parti d(1) Total number of active parti d(2) Total number of participants who te than 100% vested Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed and belief. 	at the beginning of the plan year at the end of the plan year at the end of the plan year ccount balances as of the end of the icipants at the beginning of the plan icipants at the end of the plan year erminated employment during the p rincomplete filing of this return/r er penalties set forth in the instruction isigned by an enrolled actuary, as pte.	ne plan year (only define ne plan year (only define n year plan year with accrued b report will be assessed ons, I declare that I have well as the electronic ve	the last return/report. d contribution plans enefits that were less d unless reasonable cause e examined this return/report,	4d PN 5a 5b 5c 5d(1) 5d(2) 5e se is establis ort, including, and to the be	if applicab est of my kr	7 7 7 7 0 le, a Schedule nowledge and

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6a t	 Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility) 	an indeper and conditi	ident qualified publi	c accou	ntant (IQPA)		X Yes No
	 If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the 	not use Foi Insurance pi	rm 5500-SF and mi rogram (see ERISA	ust inst section	ead us 4021)	se Form 5 ? □ \	500. Yes ∏No ∏] Not determined See instructions.)
-		· · · · ·						
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	r		(b) End of	Year
		7a	1	,362	,777			1,573,358
b		7b			0			0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	1	,362	,777			1,573,358
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int			(b) Tot	
a 	Contributions received or receivable from: (1) Employers	8a(1)		7,	794			
.=	(2) Participants	8a(2)		56,	432			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		222,	947			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						287,173
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		64,	047			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		12,	545			
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			76,592
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						210,581
j	Transfers to (from) the plan (see instructions)	8i						210,001
Pai	t IV Plan Characteristics	0,						
9a	If the plan provides pension benefits, enter the applicable pension for $2E$ 2F 2G 2J 3D	eature code	es from the List of P	lan Cha	racteri	stic Codes	s in the instruct	ions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Pla	n Chara	acteris	ic Codes	in the instruction	ons:
Par	V Compliance Questions					_		·
10	During the plan year:				Yes	No		
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	luntary Eidi	ician/ Correction		103	x	Amo	punt
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10a	_	X		
c	Was the plan covered by a fidelity bond?			10b	х			146 615
d	Did the plan have a loss, whether or not reimbursed by the plan's fit by fraud or dishonesty?	delity bond	that was assured	10c 10d		x		146,615
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.).	r persons b	y an insurance	10a	x			8,241
f	Has the plan failed to provide any benefit when due under the plan?			10e		x		0,271
g	Did the plan have any participant loans? (If "Yes," enter amount as a			10g		x		

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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

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Part VI Pension Funding Compliance			
 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Ye (Form 5500) and line 11a below)	s," see instructions and complete Sched	ule SB	│ │ Yes │ N
11a Enter the unpaid minimum required contributions for all upons for al			
ERISA?	s of section 412 of the Code or section 3	222200000000000000000000000000000000000	Yes X N
granting the waiver.	in this plan year, see instructions, and er	iter the date	of the letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	Month	Day	Year
b Enter the minimum required contribution for this plan uses	500), and skip to line 13.		
b Enter the minimum required contribution for this plan year	12	2b	
d Subtract the amount in line 12c from the employer to the plan for this plan year		2c	
		d	
g and the period of the 120 be met by the funding de	adline?	Yes	No 1 N/A
The reminations and Transfers of Assets			
3a Has a resolution to terminate the plan been adopted in any plan year?		—	0
assets that reverted to the employer this y	0.01	Yes	X No
 control of the PBGC? c If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.) 	another plan(s), identify the plan(s) to		Yes X No
13c(1) Name of plan(s):			
	13c(2) EIN(s)	13c(3) PN(s)