## **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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information									
For calenda	ar plan year 2017 or t	fiscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This ret	turn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions.)						
		a one-participant plan	a foreign plan						
<b>B</b> This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check b	box if filing under:		DFVC program						
	· - · - · · ·	special extension (enter descri	<u> </u>						
Part II		ormation—enter all requested in	formation		Г.,				
1a Name RHINEBECK		PROFIT SHARING PLAN			1b Three-dig plan num	ber			
					(PN) •	001			
					1c Effective	12/01/1973			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			<b>2b</b> Employer (EIN)	Identification Number 14-1557126			
	town, state or provin CPEDIATRICS ASSO	ice, country, and ZIP or foreign post OCIATES, PC	tal code (if foreign, see inst	tructions)	2c Sponsor's telephone number 845-876-4095				
					2d Business	code (see instructions)			
82 HAPEMAI RED HOOK,					621111				
KED HOOK,	141 1207 1								
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		<b>3b</b> Administra	ator's EIN			
					<b>3c</b> Administra	ator's telephone number			
4 16 11					41				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
•	or's name				<b>4d</b> PN				
C Plan N	lame								
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	4			
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	6			
		account balances as of the end of			5c	6			
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	lan year		5d(1)	4			
		articipants at the end of the plan year			5d(2)	4			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					<b>5e</b> 0				
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau					
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a nolete.							
SIGN		d/valid electronic signature.	07/18/2018	ABRAHAM NUSSBAL	JM				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator			
SIGN									
HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or					mployer or plan sponsor			

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If you answered "No" to either line & or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan is its covered under the PBGC premium filing for this plan year (See Instructions (See Instructions to PBGC premium filing for this plan year).  Part III Financial Information  7 Plan Assets and Liabilities  8 (a) Beginning of Year  (b) End of Year  3 Total plan assets.  7 a 319933 1049250  b Total plan iabilities.  7 b 0 0 0 0 0 C Not plan assets (subtract line 7b from line 7a).  7 c 319933 1049250  c Not plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year  (a) Amount  (b) Total  a Contributions received or receivable from: (1) Employers.  (2) Participants.  (3) Others (including rollovers).  8a(1) 10590  D Other (including rollovers).  8b 49010  C Total income (loss).  8b 49010  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8c 40 Benefits paid (including direct orlovers and insurance premiums to provide benefits).  8d 40 Benefits paid (including direct orlovers and insurance premiums to provide benefits).  8d 40 Benefits paid (including direct orlovers and insurance).  8d 9 Other expenses (add lines 8d, 8e, 8f, and 8g).  8d 1 Total expenses (add lines 8d, 8e, 8f, and 8g).  8d 3 3861  1 Not income (loss) (subtract line 8h from line 8b).  8d 3 3861  1 Transfers to (from) the plan (see instructions).  8d 3 3861  1 Not income (loss) (subtract line 8h from line 8b).  8d 3 49 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see instructions).  8d 5 49 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see instructions).  8d 5 49 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see instructions).  8d 40 Transfers to (from) the plan (see		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								es No
7   Plan Assets and Liabilities	С	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No								
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	. 7a	3	19933					
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 10500 (2) Participants. 8a(2) 0 (3) Others (including rollovers). 8a(3) 0 (4) Dither income (loss). 8b 49010  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 59510  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 6 (59510  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 7 (59510  d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 8d  e Certain deemed and/or corrective distributions (see instructions) 8f 3861  g Other expenses. 8g 9  1 Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3861  i Net income (loss) (subtract line 8h from line 8c) 8i 673668  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:  2t 2F 2G 3D  b If the plan provides pension 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:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 250-3-1027 (See instructions with party-in-interest? (Do not include transactions pension of the Plan Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions pension of the Plan Program).  10a X  10b Using the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, or other organization that provides some or all of the benefits under the plan'f (See instructions).  10b If the plan have a loss, whether or not reimbursed by the plan'fee plan'f (See instructions).  10c X  11d Was the plan	b	Total plan liabilities	. 7b		0					
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Other income (loss) (6) Other income (loss) (6) Other income (loss) (6) Other income (loss) (6) Other income (loss) (7) Other income (loss) (8) Others (including rollovers) (8) Other income (loss) (8) Other expenses (loss) (8) Other exp	<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	3′	19933	_	10492			0
(1) Employers				(a) Amoun	t			(b)	Total	
(3) Others (including rollovers)	a		. 8a(1)		10500					
b Other income (loss)		(2) Participants	. 8a(2)		0	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0	_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	. 8b	4	49010					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses			. 8c					59510		
f Administrative service providers (salaries, fees, commissions)	d		. 8d							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	. 8f		3861					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g							
j Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						386	1
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 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:  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)	<u> </u>		. 8i						5564	9
Part V   Compliance Questions			· 8j	6	673668					
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	_									
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 150000  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 X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 6942  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a 		feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
10 During the plan year:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  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.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	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?  • 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.)  • Has the plan failed to provide any benefit when due under the plan?  • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  • 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	b				10b		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?  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.)  f Has the plan failed to provide any benefit when due under the plan?  10e  X  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g  X  6942  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  X	С	Was the plan covered by a fidelity bond?			10c	X			15	0000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan?					X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<del>-</del>		-		10g	X				6942
	h	2520.101-3.)	· ·····		10h		X			
	i				10i					

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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)									
11a	Enter the unpaid minimum required contributions 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 ERISA?	n 302 of			es X No				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
C Enter the amount contributed by the employer to the plan for this plan year									
d	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)	12d							
е	Yes	No	N/A						
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No	)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

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

1210-0089

OMB Nos. 1210-0110

2017

This Form is Open to Public Inspection

Part		t Identification Information			<u> </u>			
For calend	lar plan year 2017 or 1	fiscal plan year beginning 01/01/201	——————————————————————————————————————	and ending 12/3				
A This return/report is for:    X   a single-employer plan								
D Thin		a one-participant plan	a foreign plan					
D Inis ret	urn/report is							
		nonths)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am		
D. 411	15 . 5	special extension (enter descri	·					
Part II		ormation—enter all requested info	ormation		T			
1a Name RHINEBEC	·	PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶			
					1C Effective 12/01/19			
		oyer, if for a single-employer plan)			2b Employer	Identification Number		
		om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		ructions)	(EIN) 14-	<del></del>		
	K PEDIATRICS ASSO		, , , , , , , , , , , , , , , , , , ,	,,	2C Sponsor's	s telephone number (845) 876-4095		
						code (see instructions)		
82 HAPEMA	AN ROAD				621111			
RED HOOK	, NY 12571							
<b>3a</b> Plan a	dministrator's name a	nd address 🛛 Same as Plan Spons	sor.		3b Administrator's EIN			
					3c Administra	ator's telephone number		
		ne plan sponsor or the plan name has consor's name, EIN, the plan name an			4b EłN			
	or's name	onsor's name, Lift, the plan name an	id the platt fidiniber from t	ne last retum/report.	4d PN			
C Plan N	lame							
<b>5a</b> Total i	number of participants	s at the beginning of the plan year			5a	4		
<b>b</b> Total i	number of participants	s at the end of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	6		
		account balances as of the end of the			5c	6		
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	n year		5d(1)	4		
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan year	Г		5d(2)	4		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0			
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable car				
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.						
SIGN	1 the		7.18.18	Abraham Nussbaum				
HERE	Signature of plan	> administrator	Date	Enter name of individ	an administrator			
SIGN								
HERE For Paperwi	Signature of emplo	oyer/plan sponsor ce, see the Instructions for Form 5500-	Date SE	Enter name of individ	ual signing as er	nployer or plan sponsor Form 5500-SF (2017)		
OI LADELYN	OF REGUESION MEL NUU	es, assume manuscroup for Form 3300-	VI .			("Utilit 0000\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						X Yes No X Yes No			
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pai	t III   Financial Information	1	Γ							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End o	f Year		
a	Total plan assets	7a		31993	33			1049250		
<u>b</u>	Total plan liabilities	7b			0			0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		31993	33			1049250		
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) To	tal		
_	Contributions received or receivable from:  (1) Employers	8a(1)		1050	-					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)				0					
<u>b</u>	Other income (loss)			4901	0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						59510		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		386	61					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)							3861		
	Net income (loss) (subtract line 8h from line 8c)							55649		
j	Transfers to (from) the plan (see instructions)	8i		67366	88					
Par	t IV Plan Characteristics	-,	1							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D	feature co	odes from the List of Pl	an Chai	racteris	stic Co	odes in the instru	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instruc	ctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Aı	mount		
а	Was there a failure to transmit to the plan any participant contribudescr bed in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х			150000		
d				10d		Х				
е	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		Х				
f	Has the plan failed to provide any benefit when due under the plan?					Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х			6942		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		Х				
i										

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Part \	/I 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)										
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12										
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter t Day		of the lette Year	er ruling					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year	12b								
C I	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 of a negative amount)	12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A					
Part \	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	5 X N	lo					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to								
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3	B) PN(s)					
					·					