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d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with a	account balances as of the end of t	the plan year (only define	ed contribution plans	5c	3
d(2) Total number of active participants at the end of the plan year 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	•	,			F	5d(1)	4
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	• •			-	F		5
than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	e Numb	per of participants who	terminated employment during the	plan year with accrued	benefits that were less	5e	0
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	100% vested	or incomplete filing of this return	/report will be assesse	d unless reasonable cau		blished.
belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/27/2018 DAVID DYNEGA Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Under pena	alties of perjury and oth	ner penalties set forth in the instruc	tions, I declare that I hav	ve examined this return/rep	oort, includi	ng, if applicable, a Schedule
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				s well as the electronic v	version of this return/report	, and to the	e best of my knowledge and
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized/	valid electronic signature.	07/27/2018	DAVID DYNEGA		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing	as plan administrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor	SIGN						
	HERE				Enter name of individu	ual signing	

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					. X Yes	No
b	Are you claiming a waiver of the annual examination and report of a					,			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							. <u>A</u> res	No
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	rmined
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th								
	· · · · · · · · · · · · · · · · · · ·	01 200 p		ian you				(000 mone	iotiono.)
Pa	rt III Financial Information		1						
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Year	
а	Total plan assets	7a		0				18333	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				18333	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:	- (1)		4057					
	(1) Employers	8a(1)		1357					
	(2) Participants	8a(2)		6335					
	(3) Others (including rollovers)	8a(3)		10506					
	Other income (loss)	8b		135					
· · · ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18333	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						18333	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu	tions with	in the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		Х			
e	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		х			

Х

Х

Х

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.)

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.....

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

Form 5500-SF	Short Form Annual	Deturn /De			
Department of the Treasury Internal Revenue Service	Short Form Annual	Benefit Plan			OMB Nos. 1210-0110 1210-0089
Department of Labor Employee Benefits Security Administration	This form is required to be filed u Income Security Act of 1974 (Ef	tion, and sections e	005/(0) and $6058(a)$ of the	Retirement	2017
Pension Benefit Guaranty Corporation		cvenue code (the co	de).		This Form is Open to
Part I Annual Report Ic	Complete all entries in acc Intification Information	ordance with the in	structions to the Form	5500-SF.	Public Inspection
For calendar plan year 2017 or fisc	ionalication information		and the second		
	and the second se	1/01/2017	and ending	12/	31/2017
A This return/report is for:	a single-employer plan	not of participating (plan (not multiemployer) employer information in a	(Filers checki accordance wi	ng this box must attach a the form instructions.)
B This return/report is		a loreign plan			
ž		the final return/repor			
C Check box if filing under:		a short plan year ret	urn/report (less than 12 r	nonths)	
Check box if filing under:		automatic extension	i	DFVC pro	ogram
Part II Basic Plan Inform	special extension (enter descriptio	on)			
1a Name of plan	nation—enter all requested inform	ation			
Detail Renovations 40	1(k) Plan			1b Three-	
10				plan ni (PN)	and the second se
					ve date of plan
2a Plan sponsor's name (employer	if for a single-employer plan)			01/0	1/2017
walling address (include room, a	apt suite no and street or DO Do	x)		2b Employ	ver Identification Number
Detail Renovations, In	country, and ZIP or foreign postal co	de (if foreign, see ins	structions)	2c Sponse	6-0085578 or's telephone number
				(516)487-0753
615 Middle Neck Road				20 Busine	ss code (see instructions)
Great Neck		NI	11000		
3a Plan administrator's name and a	ddress X Same as Plan Sponsor.	N I	11023	5414	
				3b Adminis	strator's EIN
				3c Adminis	strator's telephone number
4					
the plan, enter the plan sponsor	an sponsor or the plan name has cha r's name, EIN, the plan name and th	anged since the last i e plan number from t	return/report filed for the last return/report.	4b EIN	
 a Sponsor's name c Plan Name 			and a second point	4d PN	
5a Total number of participants at th	ne beginning of the plan year			5a	
D Total number of participants at the second sec	ne end of the plan year			5b	4
• Number of participants with acco	ount balances as of the end of the ni	an year (only defined	contribution along	5c	5
d(1) Total number of active particip	pants at the beginning of the plan ve	9r		STUDIES	3
d(2) Total number of active particip	ants at the end of the plan year	ai		5d(1) 5d(2)	4
 Number of participants who tern 	inated employment during the plan	year with accrued be	polito that was low		5
Caution: A penalty for the late or in	complete filing of this roturn/rong			5e	0
Under penalties of perjury and other p SB or Schedule MB completed and si	penalties set forth in the instructions,	I declare that I have	examined this return/ret	ise is establis	if applicable a Cabadula
SB or Schedule MB completed and si belief, it is true, correct, and complete	gned by an enrolled actuary, as wel	I as the electronic ve	rsion of this return/report	, and to the be	est of my knowledge and
SIGN	118 hours	7/27/18	David Dynega		
HERE Signature of plan admin		Date			
SIGN	00		Enter name of individu	a signing as	bian administrator
HERE Signature of employer/	olan sponsor	Date	Enter name of individu	al signing as a	employer or plan sponsor

work Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2017) v.170203

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6a	Were all of the plan's associated wines the second				
b	Are you claiming a waiver of the annual examination and report of an induced state.	X	Yes		No
	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	Π	No
C	If the plan is a defined bonoft plan is it around 00, 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 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year______. (See instructions.)

Pa							The second second second second		
1	Plan Assets and Liabilities		(a) Beginning	of Yea	ır		(b) End of	Vaar	
a	Total plan assets	7a			0				8,33
	Total plan liabilities	7b						1	0,33
<u>с</u>	Net plan assets (subtract line 7b from line 7a)	7c			0			1	8,33
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) Tota		0,00
a	Contributions received or receivable from: (1) Employers						(6) 1014		No.
	(2) Participants	8a(1)		and the second	357				
	(3) Others (including rollovers)	8a(2)			335				
b	Other income (loss)	8a(3)		10,	506				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b			135				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d						18	3,33
е	Certain deemed and/or corrective distributions (see instructions)	8e		-	-	-			
f	Administrative service providers (salaries, fees, commissions)	8f			-				-
	Other expenses	8g			-	-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		S. 13 14	The second				
i	Net income (loss) (subtract line 8h from line 8c)	81			-			1.0	(
								1	
J	Transfers to (from) the plan (see instructions)	Q;						+0	, 333
	Iransfers to (from) the plan (see instructions) t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	8j feature code	s from the List of P	lan Cha	racteri	stic Codes	in the instructi	140.00	, 333
9a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fer	feature code						ons:	, 333
9a b Par	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature The plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions	feature code						ons:	, 333
9a b Par 10	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: During the plan year:	feature codes	from the List of Pla					ons: ns:	, 333
9a b Par 10 a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vergram)	feature codes eature codes ions within the pluntary Fidu	from the List of Pla ne time period uciary Correction		acteris	tic Codes in	n the instructio	ons: ns:	
9a b Par 10 a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program) Were there any nonexempt transactions with any party-in-interest?	feature codes eature codes ions within the pluntary Fidu	from the List of Pla ne time period iciary Correction	an Chan	acteris	tic Codes i	n the instructio	ons: ns:	,333
9a b Par 10 a b	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fee t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	feature codes eature codes ions within to pluntary Fidu	from the List of Pla ne time period uciary Correction lude transactions	an Chan	acteris	tic Codes in	n the instructio	ons: ns:	, 333
9a b Par 10 a b c	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond?	feature codes eature codes ions within ti pluntary Fidu	from the List of Pla ne time period iciary Correction lude transactions	an Chara 10a	acteris	No X	n the instructio	ons: ns:	, 333
9a b Par 10 a b c d	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Voltage Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	feature codes eature codes ions within the pluntary Fidu ? (Do not inc idelity bond,	from the List of Pla ne time period uciary Correction lude transactions that was caused	an Chara 10a 10b	acteris	No X X	n the instructio	ons: ns:	, 333
9a b Par 10 a b c d	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some service.	feature codes eature codes ions within ti pluntary Fidu ? (Do not inc idelity bond, er persons b	from the List of Pla ne time period iciary Correction lude transactions that was caused y an insurance	10a 10b 10c 10d	acteris	No X	n the instructio	ons: ns:	
9a b Par 10 a b c d	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volter Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	feature codes eature codes ions within the pluntary Fidu ? (Do not inc idelity bond, er persons b e or all of the	from the List of Pla ne time period uciary Correction lude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	acteris	No No X	n the instructio	ons: ns:	, 333
9a b Par 10 a b c d e	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Ve Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature codes eature codes ions within the pluntary Fidu ? (Do not inc idelity bond, er persons b or all of the ?	from the List of Pla ne time period uciary Correction lude transactions that was caused y an insurance benefits under	10a 10b 10c 10d 10e 10f	acteris	No X	n the instructio	ons: ns:	, 33.
9a b Par 10 a b c d d e f g	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feet t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Volter Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	feature codes eature codes ions within the pluntary Fidu ? (Do not inc idelity bond, er persons b e or all of the ? of year-end	from the List of Pla ne time period uciary Correction lude transactions that was caused y an insurance benefits under	10a 10b 10c 10d	acteris	No No X	n the instructio	ons: ns:	, 33.

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11	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)		SB		Yes	
11a	Enter the unpaid minimum required contributions for all years from Schedule SR (Form 5500) line to				-	
12	ERISA?	section 302	of		☐ Yes	
-	prote and rea of anos red, red, and ree pelow as applicable)	••••••				
d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	is, and enter	er the da			uling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	L	ay	Y	'ear	
b	Enter the minimum required contribution for this plan year	121				-
C	Enter the amount contributed by the employer to the plan for this plan year	120				
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)	120	-			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes			NUA
Part	VII Plan Terminations and Transfers of Assets		les			N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?	-	Πν	es E	V No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			es 2	X No	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	13a er the				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s) to			es 🛛 N	10
1	3c(1) Name of plan(s):					
		3c(2) EIN(5)	1	3c(3) PN	N(s)