Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	1			
For calend	lar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017	
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) (employer information in ac		=
		a one-participant plan	a foreign plan			
b This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC pro	ogram
D (!!	l	special extension (enter desc				
Part II		ormation—enter all requested in	formation		41	
1a Name MARK SAN	•	AL MEDICINE, PLLC PENSION PL	_AN		1b Three plan n (PN)	umber
					1c Effecti	ve date of plan 01/01/2002
		oyer, if for a single-employer plan)			2b Emplo	yer Identification Number
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign pos		structions)	(EIN)	13-4016100
-	DIGURSKY, INTERNA	sit detions)	2c Spons	sor's telephone number 914-237-0959		
			2d Busine	ess code (see instructions)		
875 YONKE YONKERS,	RS AVENUE NY 10704			621111		
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		3b Admin	istrator's EIN
					3c Admin	istrator's telephone number
					7.4	
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN	
	sor's name	Thou o manne, and, and plan manne	aa a p.a	and talet return, open	4d PN	
C Plan N	Name					
Fo. Tatal					5a	1
_	•	s at the beginning of the plan year.			5b	<u>'</u> 1
		s at the end of the plan year account balances as of the end of				ı
comp	lete this item)				5c	
d(1) Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	1
		articipants at the end of the plan ye			5d(2)	1
than	100% vested	terminated employment during th			5e	0
		or incomplete filing of this retur ther penalties set forth in the instru				
SB or Scho		ind signed by an enrolled actuary,				
SIGN		/valid electronic signature.	09/17/2013	MARK SANDIGURSK	Y, M.D.	
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing a	s plan administrator
SIGN		d/valid electronic signature.	09/17/2013	MARK SANDIGURSK		
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing a	s employer or plan sponsor

Form 5500-SF 2017 Page **2**

b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			. (See instructions.)				
Pa	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year				
a	Total plan assets	7a	96	68203				1135418				
b	Total plan liabilities	7b		0				0				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	96	68203				1135418				
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) T											
a	Contributions received or receivable from: (1) Employers											
	(2) Participants	8a(2)		0	_							
	(3) Others (including rollovers)	8a(3)		0	_							
<u>b</u>	Other income (loss)	8b		77215								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						167215				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)											
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	_							
f	Administrative service providers (salaries, fees, commissions) 8f 0											
g												
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)											
<u> </u>	i Net income (loss) (subtract line 8h from line 8c)											
	Transfers to (from) the plan (see instructions)	8j		0								
	t IV Plan Characteristics	_										
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	es in the instr	uctions:				
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		Amount				
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X						
С				10c	Х			75000				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		10d		X							
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.)	10e		X								
f	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	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)											
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i								

Form 5500-SF 2017 Page 3	-	1	1		
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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 Sch (Form 5500) and line 11a below)		В	X	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		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			
С	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	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s 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
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	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	or calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and endin	g 12/3	31/2017	
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless r	easonable ca	use is establishe	 d.		
Α	Name of plan MARK SANDIGURSKY, INTERNAL MEDICINE, PLLC PENSION PLAN		B Three-diq	git) •	001
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARK SANDIGURSKY, INTERNAL MEDICINE, PLLC		D Employer	Identifica 13-401	ation Number (E	EIN)
Е	Type of plan: X Single Multiple-A Multiple-B F Prior y	ear plan size:	X 100 or fewer	101-	500 More th	an 500
F	Part I Basic Information					
1		ear <u>2017</u>				
2						
	a Market value			2a		967345
	b Actuarial value		Number of	2b	sted Funding	967345
3	Funding target/participant count breakdown	` '	Number of articipants	` '	Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0		0	0
	b For terminated vested participants		0		0	0
	C For active participants		1		980473	980473
	d Total		1		980473	980473
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule at-risk status for fewer than five consecutive years and disregarding loading for			4b		
5	Effective interest rate			5		5.84%
6	Target normal cost			6		0
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statem accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking combination, offer my best estimate of anticipated experience under the plan. SIGN					
	HERE				09/21/201	8
	Signature of actuary				Date	
L	LEE KAMINETZKY, PH.D.		<u> </u>		17-04473	3
	Type or print name of actuary			Most	recent enrollmer	nt number
F	PLANNED RETIREMENT CONSULTANTS				201-447-60	_
	Firm name 555 GOFFLE ROAD RIDGEWOOD, NJ 07451		Te	lephone	number (includ	ing area code)
	Address of the firm		_			
If the	ne actuary has not fully reflected any regulation or ruling promulgated under the sta	tute in comple	ting this schedule	e, check	the box and see	e [

Page	2 -	ľ
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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding E	Baland	ces						
_								(a) C	arryover balance		(b) P	refundir	ng balance
7		_	•		able adjustments (line 13 fr				0				127296
8			•	•	nding requirement (line 35				0				0
9	, ,								0				127296
10	Interest c	n line 9	using prior year's	actual retu	rn of <u>6.29</u> %				0				8007
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:								
	a Presen	it value o	f excess contribut	ions (line 3	38a from prior year)								9115
					a over line 38b from prior ye interest rate of								538
	` '		•	•	edule SB, using prior year's								0
					ar to add to prefunding balan								9653
	d Portion	of (c) to	be added to pref	unding bala	ance								9653
12	12 Other reductions in balances due to elections or deemed elections									111892			
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									33064			
	art III		ding Percenta				<u> </u>						
										14	95.28%		
15 Adjusted funding target attainment percentage									15	95.28%			
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	80.00%			
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	fundin	ng target,	enter suc	h percentage			17	%
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18					ar by employer(s) and emp	loyees					•		
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(N	(a) Date MM-DD-Y		(b) Amount pa employer(s		(c	Amoui emplo	nt paid by byees
0	7/07/2017	•		40000	0								
0	4/05/2018			50000	0								
						Tota	als ▶	18(b)		90000	18(c)		0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with	a valua	tion date	after the	beginning of the ye	ear:			
					num required contributions		-			9a			0
	b Contrib	outions m	nade to avoid restr	ictions adj	usted to valuation date					9b			0
					ired contribution for current y	ear adju	usted to va	aluation d	ate 1	9с			85385
20													
												······ <u>^</u>	Yes No
					installments for the current	-		uriely ma	aiiiiei ?		•••••	······ <u> </u>	Yes X No
	C If line 2	∠∪a is "Y	es," see instructio	ns and cor	nplete the following table a Liquidity shortfall as of er			nis plan v	/ear				
		(1) 1s	t		(2) 2nd		OI UI	'	3rd			(4) 4th	
			0		0				0		(4) 4(1)		

P	art V	Assumpti	ions Used to Determin	e Funding Target and Tar	get Normal Cost						
21	Discount	rate:			_						
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %	ı	N/A, full yield curve used				
	b Applica	able month (er	nter code)			21b	0				
22	Weighted	d average retire	ement age			22	62				
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined Pres	cribed - separate	Substitu	ute				
Pa	art VI	Miscellane	ous Items								
24		•		arial assumptions for the current p	•						
25	Has a me	ethod change l	been made for the current pla	n year? If "Yes," see instructions i	egarding required attach	ment	Yes X No				
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instructi	ons regarding required a	attachmen	tYes X No				
27				r applicable code and see instruct		27					
P	art VII	Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years						
			<u> </u>	ears		28	0				
29				unpaid minimum required contribu		29	0				
30	Remainir	ng amount of u	unpaid minimum required cont	ributions (line 28 minus line 29)		30	0				
Pa	art VIII	Minimum	Required Contribution	n For Current Year							
31											
	a Target	normal cost (li	ne 6)			31a	0				
	b Excess	assets, if app	blicable, but not greater than li	ne 31a		31b	0				
32	Amortiza	tion installmen	nts:		Outstanding Bala	nce	Installment				
	a Net sho	ortfall amortiza	ation installment			46192	11041				
	b Waiver	amortization	installment			0	0				
33				er the date of the ruling letter grant) and the waived amount		33					
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	11041				
				Carryover balance	Prefunding balar	nce	Total balance				
35			se to offset funding	0		0	0				
36	Additiona	al cash require	ment (line 34 minus line 35)			36	11041				
	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	85385				
38	Present v	alue of exces	s contributions for current yea	r (see instructions)							
				· · · · · · · · · · · · · · · · · · ·		38a	74344				
	b Portion	included in lir	ne 38a attributable to use of p	refunding and funding standard ca	rryover balances	38b	0				
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							0				
40	40 Unpaid minimum required contributions for all years										
Pa	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)										
41	41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedu	ule elected					2 plus 7 years 15 years				
	b Eligible	plan year(s) f	for which the election in line 4	1a was made		20	008 2009 2010 2011				
42	Amount o	of acceleration	adjustment			42	<u> </u>				
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43					

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Part I Identification

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

OMB No. 1545-0212

Number, street, and room or suite no. (if a P.O. box, see instructions) 875 Yonksers Avenue Coy for the state, and 2IP code Yonksers Plan name Plan year ending— MM DD YYYY Mark Sandigursky, Internal Medicsine, PLLC Pension Plan Plan number MM DD YYYY Mark Sandigursky, Internal Medicsine, PLLC Pension Plan Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. Prequest an extension of time until 10 / 15 / 2018 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA The application is automatically approved to the date shown on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8555-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8555-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5530 series, and/or Form 8555-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series. Partill Extension of Time To File Form 5330 (see instructions)	Α	Name of filer, plan administrator, or plan sponsor (see instructions)	В	File	's ide	ntifyi	ng number (s	ee instruction:	s)	
Social security number (SSN) (9 digits XXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Mark Sandigursky, Internal Medicine, PLLC	1	Emp	loyer i	dentif	fication numbe	er (EIN)(9 digits	XX-XXXXXXX)	
Chy or town, state, and 2IP code You have s Plan name Plan pear ending- MMM DD YYYY Mark Sandigursky, Internal Medicine, PLLC Pension Plan O 0 1 12 31 2017 Part III Extension of Time To File Form 5500 Series, and/or Form 8955-SSA 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. 2 I request an extension of time until 10 / 15 / 2018 to file Form 5500 series (see instructions). Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA (see instructions). Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5508 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) 4 I request an extension of time until / / to file Form 5330. 4 I request an extension of time until / / to file Form 5330. a Enter the Code section(s) imposing the tax		Number, street, and room or suite no. (If a P.O. box, see instructions)		13-	4016	100				
Plan name Plan year ending- mumber Name Name Plan year ending- mumber Name		875 Yonkers Avenue		Soci	al sec	urity n	number (SSN)	(9 digits XXX-X	X-XXXX)	
Plan name Plan pear ending- number MMM DD YYYY Mark Sandigursky, Internal Medicine, PLLC Pension Plan 0 0 1 1 12 31 2017 Part III Extension of Time To File Form 5500 Series, and/or Form 8955-SSA Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. 1		City or town, state, and ZIP code								
Plan name Number MM DD YYYN		Yonkers NY 10704								
Mark Sandigursky, Internal Medicine, PLIC Pension Plan The Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. I request an extension of time until	С	Plan name				L	Pla		ding	
Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. 2 I request an extension of time until 10 / 15 / 2018 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series. 3 I request an extension of time until 10 / 15 / 2018 to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) 4 I request an extension of time until / to file Form 5330. 4 I request an extension of time until / to file Form 5330. 5 Enter the Code section(s) imposing the tax				num	er		MM	DD	YYYY	
Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above. 2 I request an extension of time until 10 / 15 / 2018 to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series. 3 I request an extension of time until 10 / 15 / 2018 to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if. (a) the Form 5508 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) 4 I request an extension of time until /			L	0	1		12	31	2017	
Trequest an extension of time until 10 / 15 / 2018	Pai	till Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA ———							
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series. 3 I request an extension of time until 10 / 15 / 2018 to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if. (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) 4 I request an extension of time until / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. a Enter the Code section(s) imposing the tax	1		e first l	Form	5500	seri	ies return/re	eport for the	plan listed	
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA. The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) 4 I request an extension of time until / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. a Enter the Code section(s) imposing the tax	2					instr	ructions).			
the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date. Part III Extension of Time To File Form 5330 (see instructions) 4 I request an extension of time until	3			•		nstru	ictions).			
I request an extension of time until		the normal due date of Form 5500 series, and/or Form 8955-SSA for which this	s exten	sion	s rec					
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330. a Enter the Code section(s) imposing the tax	Par	Extension of Time To File Form 5330 (see instructions)								
b Enter the payment amount attached	4			al due	e date	e of I	Form 5330.			
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date	a	Enter the Code section(s) imposing the tax	•	a						
State in detail why you need the extension: Client information is not yet complete.	b	Enter the payment amount attached				•	. •	b		
Client information is not yet complete.			/ameno	imen	date		. ▶	С		
Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized		• •								
Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized										
Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized										
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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized										
to prepare this application.			his form	are tro	ie, coi	rect,	and complete,	and that I am a	authorized	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 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

_		rt Identification Information	<u> </u>							
For	calendar plan year 2017 or	fiscal plan year beginning		01/01/2017		and ending	1	2/31/2017		
Α	This return/report is for:	x a single-employer plan		a list of participating		an (not multiemployer nployer information in				
R	This return/report is:	a one-participant plan the first return/report		a foreign plan the final return/repor						
	riiis returnireport is.	<u> </u>	쁘	•		./va.ma.mt /lana thram 42				
		an amended return/report	Ц°	a snort plan year ret	urn	/report (less than 12	montns)		
С	Check box if filing under:	x Form 5558	[] {	automatic extension				DFVC progr	am	
		special extension (enter desc	ription	1)						
		formation enter all requested	inform	nation						
1a	Name of plan						1b	Three-digit		
	Mark Sandigursky,	Internal Medicine, PLLC	. Pen	sion Plan				plan number (PN) ►	001	
			1c	Effective date						
2a	Mailing Address (include re	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P nce, country, and ZIP or foreign pos	.O. Box	X)	otri	uctions)	2b	Employer Iden (EIN) 13-40	tification Number	
*	•	Internal Medicine, PLLC		ue (ii ioreigii, see iii	Sut	uctions)	2c	Sponsor's telep		
							2d		(see instructions)	
	875 Yonkers Avenue	9						621111	(,	
	US Yonkers NY 10704									
3a	Plan administrator's name	and address X Same as Plan Sp	опѕог				3b	Administrator's	EIN	
							3с	Administrator's	telephone number	
4		the plan sponsor or the plan name bonsor's name, EIN, the plan name					4b	EIN		
а	Sponsor's name	onsors hame, and, the plan hame of	and the	e plan number nom	CITC	ast returniteport.	4d	PN		
	Plan Name						"			
5a	Total number of participant	ts at the beginning of the plan year		********************************		********************************	58	1	1	
b		ts at the end of the plan year)	1	
С		h account balances as of the end of			d c	ontribution plans	50	;		
d		articipants at the beginning of the pl				412<444.00	5d(1)	1	
d	(2) Total number of active p	articipants at the end of the plan yea	ar	***************************************	•••••	***************************************	5d(2)	1	
е		o terminated employment during the		·			5	е	0	
Cá	aution: A penalty for the lat	te or incomplete filing of this retu	rn/ren	ort will be assesse	ı be	inless reasonable c	ause is	established		
	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									
SE	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.									
2200	ign X lake	tautor	\nearrow	191718	T _N	MARK SANDIGURS	KY, M	.D.		
083238	IERE Signature of plan ad		$\overline{}$	Date	╅	Enter name of individu			inistrator	
	VIII	SAND	$\vdash $	19 17-18	$\overline{}$	MARK SANDIGURS		<u> </u>		
10/03/07/63	IGN Signature of employ	•		Date	+	Enter name of individu			or plan sponsor	
833000	Service Silverio Oi Cimpioy			1	Т,	Harris of Highland		ac ciripicyci	J. p.a., oponion	

Form	5500	CE.	2017	,

Page 2

6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)			•••••	•••••	••••	X Yes	ПNо	
b	Are you claiming a waiver of the annual examination and report of a			untar	ıt (IQF	PA)			t		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•					********	XYes	□No	
^	If you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan in it reversed under the DRCC in								. 🗆 51-4 -		
·	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not o		
Comment on	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium ning for this year						(See instru	ictions.)	
Pa	rt III Financial Information	an Nadace (See See See State of Section 4 and See See									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year		
<u>a</u>	Total plan assets	7a	9(1,135,418							
<u>b</u>	Total plan liabilities	7b			0	-				0	
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c		68,2	03	+			1,135	,418	
$\frac{o}{a}$	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount					(a)	Total		
	(1) Employers	8a(1)		90,0	00						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
<u>b</u>	Other income (loss)	8b		77,2	15						
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					er week wood stronge	STATE OF THE STATE	167	,215	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0						
g	Other expenses	8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					DO-SERVICE DE LA CONTRACTOR DE LA CONTRA	Philippon and the Mildell Philippin	167	,215	
j Estables	Transfers to (from) the plan (see instructions)		0								
	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for $1A - 3B - 3D$	eature cod	es from the List of Plan C	harad	terist	ic Cod	des in th	ne instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	es in the	instructi	ions:		
(10025-12516)	Solitor and T					***			-		
Pa	rt V Compliance Questions					·					
<u>10</u>	During the plan year:				Yes	No	N/A		Amount		
а	, , , , , , , , , , , , , , , , , , , ,		•								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	•	•	10a		x					
b				100							
	reported on line 10a.)			10b		х					
				10c	X					75,000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	•	10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of	the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		10h								
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	I notice or one of the	10i							

Page	3	_	

Form 5500-SF 2017

Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at (Form 5500 and line 11a below)				X Yes	☐ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		ion 302	of	☐ Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions, a	nd ente	r the dat	e of the lette	r ruling
	granting the waiver		Da	ıy	Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year.		12b			
С	Enter the amount contributed by the employer to the plan for the 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)						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					
Par	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to			
1	3c(1) Name of plan(s):	13c(2) EI	N(s)		13c(3) F	PN(s)

Schedule SB, line 32 - Schedule of Amortization Bases

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001

For the plan year 01/01/2017 through 12/31/2017

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2016	177,816	Shortfall	157,867	6	29,379
	01/01/2017	-111,675	Shortfall	-111,675	7	-18,338
Totals:				\$46,192		\$11,041

SANDIGURDB

August 24, 2018

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001 For the plan year 01/01/2017 through 12/31/2017

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001

For the plan year 01/01/2017 through 12/31/2017 Valuation Date: 01/01/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	07/07/2017	\$40,000					
Applied to Additional Contribution	01/01/2017	28,608	27,788	0	0	5.84	0
Applied to MRC	01/01/2017	1,456	1,414	0	0	5.84	0
Applied to Quarterly Contribution	04/15/2017	2,484	2,388	0	2,484	5.84	10.84
Applied to Quarterly Contribution	07/15/2017	2,484	2,413	0	2,484	5.84	0
Applied to Quarterly Contribution	10/15/2017	2,484	2,413	0	2,484	5.84	0
Applied to Quarterly Contribution	01/15/2018	2,484	2,413	0	2,484	5.84	0
Deposited Contribution	04/05/2018	\$50,000					
Applied to Additional Contribution	01/01/2017	50,000	46,556	0	0	5.84	0
Totals for Deposited Contribution		\$90,000	\$85,385	\$0	\$9,936		

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001

For the plan year 01/01/2017 through 12/31/2017

Valuation Date:

01/01/2017

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Retrospective Compensation - Highest 5 consecutive years of the last10 years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.57
Segment 2	6 - 20	3.77
Segment 3	> 20	4.73

Segment rates as of September 30, 2016 As permitted under IRC 430(h)(2)(C)(iv)(II) -

HATEA		
Segment #	Year	Rate %
Segment 1	0 - 5	4.16
Segment 2	6 - 20	5.72
Segment 3	> 20	6.48

Pre-Retirement - Mortality Table -

None

Early Retirement Table - None

Turnover Table -None

Disability Table -None

Salary Scale -None

Expense Load -None

Ancillary Ben Load -None

Post-Retirement - Mortality Table -

17C - 2017 Combined

Cost of Living -

None

Lump Sum -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 6%

17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on top 20% of employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001

For the plan year 01/01/2017 through 12/31/2017

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Use social security retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V Summary of Plan Provisions

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001

For the plan year 01/01/2017 through 12/31/2017

Employer: Mark Sandigursky, Internal Medicine, PLLC

Type of Entity - Sole-Proprietorship

EIN: 13-4016100

Plan #: 001

Plan Type: Defined Benefit

<u>Dates:</u> Effective - 01/01/2002 Year end - 12/31/2017 Valuation - 01/01/2017

Top Heavy Years - 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015,

2016, 2017

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

TIN:

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Be

Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of plan year during which eligibility satisfied

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 5 consecutive years of the last10 years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the fixed benefit formula below:

60% of average monthly compensation reduced by 1/25 for each year of service less than 25 years

plus Fresh Start Accrued Benefit

Accrued Benefit - Pro-rata based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit -

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$215,000

Maximum 401(a)(17) compensation - \$270,000

Normal Form: Life Annuity

Optional Forms: Lump Sum
Life Annuity Guaranteed for 10 Years

Life Annuity Guaranteed for 10 fears

Joint with 50%, 75% or 100% Survivor Benefit

Schedule SB, Part V Summary of Plan Provisions

Mark Sandigursky, Internal Medicine, PLLC Pension Plan 13-4016100 / 001

For the plan year 01/01/2017 through 12/31/2017

Vesting Schedule:	Years	Percent
	0-1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%

Service is calculated using all years of service

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.04
Segment 2	6 - 20	4.03
Segment 3	> 20	4.82

Mortality Table - 17E - 2017 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 6%

Mortality Table - None

Post-Retirement - Interest - 6%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

	File as an attachme	ent to Form 5500 or	5500-SF.					
For calendar plan year 2017 or fiscal p	olan year beginning 01/01	/2017	and ending	12/31/2017	7			
▶ Round off amounts to nearest do	▶ Round off amounts to nearest dollar.							
Caution: A penalty of \$1,000 will be	e assessed for late filing of this report	unless reasonable ca	use is established.					
A Name of plan			B Three-digit					
Mark Sandigursky, Internal	Medicine, PLLC Pension P	Plan	plan number (PN) ▶	001			
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF		D Employer Identif	ication Numbe	er (EIN)			
Mark Sandigursky, Internal	Medicine, PLLC		13-4	016100				
E Type of plan: X Single Multiple	e-A Multiple-B	Prior year plan size:	x 100 or fewer 10	1-500 M	ore than 500			
Part I Basic Information								
1 Enter the valuation date:	Month 01 Day 01	Year2017	_					
2 Assets:								
a Market value	••••	****************	2	a	967,34			
b Actuarial value			2	b	967,34			
3 Funding target/participant count b	reakdown:	(1) Number of participants	(2) Vested Fur Target	nding	(3) Total Funding Target			
a For retired participants and ben	eficiaries receiving payment	0		0	(
b For terminated vested participa	nts	0		0	(
	•••••	1	9	980,473				
	• • • • • • • • • • • • • • • • • • • •	1	9	80,473	980,473			
4 If the plan is in at-risk status, cher	ck the box and complete lines (a) and	(b)						
a Funding target disregarding pre	scribed at-risk assumptions			a				
	assumptions, but disregarding transit		have been in 4	b				
5 Effective interest rate		************	5		5.84 %			
6 Target normal cost	•••••		6	;				
Statement by Enrolled Actuary To the best of my knowledge, the information supp	olied in this schedule and accompanying schedule	s statements and attachmen	ats if any is complete and ac	curata Fach praeri	ibed assumption was applied in			
accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	n my opinion, each other assumption is reasonable							
SIGN Le Carri	- The		E alem	ber 2	1,2018			
S. S	Signature of actuary			Date	7			
Lee Kaminetzky,	•			17-0447				
	or print name of actuary		Mos	st recent enroll	ment number			
PLANNED RETIREM	ENT CONSULTANTS			(201) 447-	6010			
	Firm name		Telepho	ne number (in	cluding area code)			
555 GOFFLE ROAD								
US RIDGEWOOD	NJ 07451							
	Address of the firm							
If the actuary has not fully reflected any	regulation or ruling promulgated unde	er the statute in compl	eting this schedule, cl	neck the box a	nd see			

Page 2	

Schedule SB (Form 5500) 2017 Part II **Beginning of Year Carryover and Prefunding Balances** (b) Prefunding balance (a) Carryover balance Balance at beginning of prior year after applicable adjustments (line 13 from prior 0 year) 127,296 Portion elected for use to offset prior year's funding requirement (line 35 from 0 Amount remaining (line 7 minus line 8) 0 127,296 10 Interest on line 9 using prior year's actual return of ____6.29% 0 8,007 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year) 9,115 b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____5.90 %.... 538 **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual C Total available at beginning of current plan year to add to prefunding balance. 9,653 **d** Portion of (c) to be added to prefunding balance 9,653 12 Other reductions in balances due to elections or deemed elections 0 111,892 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 33,064 Part III **Funding Percentages** 14 14 Funding target attainment percentage 95.28 % 15 15 Adjusted funding target attainment percentage 95.28 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 current year's funding requirement 80.00 17 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage Part IV **Contributions and Liquidity Shortfalls** 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (MM-DD-YYYY) (MM-DD-YYYY) employees employees employer(s) employer(s) 07/07/2017 40,000 04/05/2018 50,000 90,000 |18(c) Totals **▶** |18(b) 19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year: 0 a Contributions allocated toward unpaid minimum required contributions from prior years 0 19b **b** Contributions made to avoid restrictions adjusted to valuation date 19c 85.385 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ... 20 Quarterly contributions and liquidity shortfalls: **C** If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year

2nd

(1) 1st

21 Discount rate: a Segment tates: 1st segment	Pa	art V Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost	******		
	21	Discount rate:						
22 Meighted average retirement age		a Segment rates:		N/A, full yield curve used				
Mortality table(s) (see instructions) Resembled - combined Prescribed - separate Substitute		b Applicable month	(enter code)			21b	0	
Part VI Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	_22	Weighted average re	etirement age			22	62	
4 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	23	Mortality table(s) (se	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitu	ute	
## Attachment Pes	Pai	rt VI Miscellane	eous items					
28 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	24	_	· · · · · · · · · · · · · · · · · · ·	•				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment: 27	25	Has a method chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment .	Yes X No	
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contributions for all prior years	26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	d attachme	nt Yes X No	
28 Unpaid minimum required contributions for all prior years	27					27		
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a). 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	Pai	rt VII Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years			
(fline 19a)	28	Unpaid minimum req	uired contributions for all prior	years		28	0	
Part VIII Minimum Required Contribution For Current Year 31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6).	29					29	0	
31 Target normal cost and excess assets (see instructions): a Target normal cost (line 6).	30	Remaining amount o	f unpaid minimum required cor	ntributions (line 28 minus line 29)		30	0	
A Target normal cost (line 6). 31a 00	Pai	rt VIII Minimum	Required Contribution	For Current Year				
b Excess assets, if applicable, but not greater than line 31a	_31	Target normal cost a	nd excess assets (see instruct	ions):				
A mortization installments: a Net shortfall amortization installment b Waiver amortization installment c Waiver amortization installment b Waiver amortization installment c World Month		a Target normal cost	(line 6)			31a	0	
a Net shortfall amortization installment		b Excess assets, if a	pplicable, but not greater than	line 31a		31b	0	
b Waiver amortization installment	32	Amortization installm	ents:		Outstanding Bala	ance	Installment	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net shortfall amort	ization installment			46,192	11,041	
Month Day Year) and the waived amount 33 34 11,041		b Waiver amortizatio	n installment			0	0	
Carryover balance Carryover balance Prefunding Balance Total balance Total balance Carryover balance Prefunding Balance Total balance Carryover balance Prefunding Balance Total balance Carryover balance Prefunding Balance Total balance Total balance Carryover balance O O O O O Additional cash requirement (line 34 minus line 35)	33					33		
Balances elected for use to offset funding requirement	34	Total funding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	11,041	
requirement				Carryover balance	Prefunding Bala	ance	Total balance	
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	35			0		0	0	
(line 19c)	36	Additional cash requi	irement (line 34 minus line 35)			36	11,041	
a Total (excess, if any, of line 37 over line 36)	37					37	85,385	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	38	Present value of exce	ess contributions for current ye	ar (see instructions)				
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		a Total (excess, if an	y, of line 37 over line 36)			38a	74,344	
40 Unpaid minimum required contributions for all years		b Portion included in	line 38a attributable to use of p	orefunding and funding standard o	arryover balances	38b	0	
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions) 41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					0	
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected	40							
a Schedule elected	Par	t IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions))		
	41	If an election was mad	de to use PRA 2010 funding re	lief for this plan:				
		a Schedule elected						
in the state of th							08 2009 2010 2011	
42 Amount of acceleration adjustment								
43 Excess installment acceleration amount to be carried over to future plan years						43		