	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089				
	nal Revenue Service	This form is required to be filed			2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (	057(b) and 6058(a) of the de).	This Form is Op				
Pension Be	enefit Guaranty Corporation	tructions to the Form 5	Public Inspection 5500-SF.					
Part I		dentification Information						
For calenda	ar plan year 2017 or fis	cal plan year beginning 01/01/20			2/31/2017	the difference of a first start		
A This ret	turn/report is for:	a single-employer plan	list of participating e			king this box must attach a vith the form instructions.)		
<b>B</b> This rate	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descri	,					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name	•				1b Thre	e-digit number		
ORTHOPAE	DIC ASSOCIATES OF	ROCHESTER, P.C. 401(K) PROF	TI SHARING PLAN		(PN)			
			1c Effect	tive date of plan				
2a Plan s	ponsor's name (employ	ver, if for a single-employer plan)			2b Empl	12/01/1976 loyer Identification Number		
Mailing	g address (include room	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		structions)	(EIN) 16-1079783			
	DIC ASSOCIATES OF		ii code (ii ioreign, see ins	silucionsy	2c Sponsor's telephone number 585-723-3000			
					2d Business code (see instructions)			
2410 RIDGE ROCHESTEI	WAY AVENUE R, NY 14626				621111			
<b>3a</b> Plan a	dministrator's name an	d address X Same as Plan Spon	sor.		3D Admi	nistrator's EIN		
					<b>3c</b> Administrator's telephone number			
		plan sponsor or the plan name ha			4b EIN			
•	or's name	sor's name, EIN, the plan name ar	id the plan number from	the last return/report.	<b>4d</b> PN			
C Plan N	lame							
5a Total r	number of participants	at the beginning of the plan year			5a	61		
		at the end of the plan year			5b	53		
		account balances as of the end of t		•	5c	53		
<b>d(1)</b> Tota	al number of active par	ticipants at the beginning of the pla	n year		5d(1)	47		
• •		ticipants at the end of the plan yea			5d(2)	40		
		terminated employment during the			5e	7		
Caution: A	penalty for the late o	or incomplete filing of this return	/report will be assesse	d unless reasonable cau				
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as						
SIGN		valid electronic signature.	09/25/2018	JOHN KLIBANOFF, M	1D			
HERE	Signature of plan ad		Date			as plan administrator		
SIGN					ter name of individual signing as plan administrator			
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor		
L	- signature et employ	,,						

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

Form 5500-SF (2017) v.170203

6a									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
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 Not determined								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	9739064	11314968					
b	b Total plan liabilities								
С	Net plan assets (subtract line 7b from line 7a)	7c	9739064	11314968					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	293211						

Net plan assets (subtract line 7b from line 7a)	/C	97 3 900 4	11314900
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	293211	
(2) Participants	8a(2)	163578	
(3) Others (including rollovers)	8a(3)	0	
Other income (loss)	8b	1564154	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2020943
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	443764	
Certain deemed and/or corrective distributions (see instructions)	8e	0	
Administrative service providers (salaries, fees, commissions)	8f	1275	
Other expenses	8g		
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		445039
Net income (loss) (subtract line 8h from line 8c)	8i		1575904
Transfers to (from) the plan (see instructions)	8j		
rt IV Plan Characteristics			·
If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2T 3D	feature co	des from the List of Plan Characte	ristic Codes in the instructions:
If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Characteri	istic Codes in the instructions:
	Income, Expenses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers         (2) Participants.         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         Benefits paid (including direct rollovers and insurance premiums to provide benefits)         Certain deemed and/or corrective distributions (see instructions)         Administrative service providers (salaries, fees, commissions)         Other expenses         Total expenses (add lines 8d, 8e, 8f, and 8g)         Net income (loss) (subtract line 8h from line 8c)         Transfers to (from) the plan (see instructions)         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension         2E       2J         2K       2T	Income, Expenses, and Transfers for this Plan Year         Contributions received or receivable from:         (1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         Other income (loss)       8b         Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d         Certain deemed and/or corrective distributions (see instructions)       8e         Administrative service providers (salaries, fees, commissions)       8f         Other expenses       8g         Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         Net income (loss) (subtract line 8h from line 8c)       8i         Transfers to (from) the plan (see instructions)       8j         rt IV       Plan Characteristics         If the plan provides pension benefits, enter the applicable pension feature con 2E       2J         2E       2J       2K       2T	Income, Expenses, and Transfers for this Plan Year(a) AmountContributions received or receivable from: (1) Employers8a(1)293211(2) Participants8a(2)163578(3) Others (including rollovers)8a(3)0Other income (loss)8b1564154Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d443764Certain deemed and/or corrective distributions (see instructions)8e0Administrative service providers (salaries, fees, commissions)8f1275Other expenses8g1275Other expenses (add lines 8d, 8e, 8f, and 8g)8h1Net income (loss) (subtract line 8h from line 8c)8iTransfers to (from) the plan (see instructions)8iIf the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character

## Part V **Compliance Questions** Yes 10 During the plan year: No Amount Was there a failure to transmit to the plan any participant contributions within the time period а described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Х Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions Х reported on line 10a.).... 10b Was the plan covered by a fidelity bond? ..... С Х 10c 500000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused Х by fraud or dishonesty? ..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е 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? ..... Х 10f Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... Х g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 2520.101-3.) ..... 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10i

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Page 3- 1

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	×I	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	: <b>(3)</b> F	'N(s)

	5 FROM-			T-649	P0003/0004 F-075					
Form 5500-SF	Short Form Annu		t of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	1025 af the Eastering Dut		2017					
Department of Labor Employee Benefits Security Administratio	Income Security Act of 1974	4 (ERISA), and sections 60	)57(b) and 6058(a) of the In	temai	This Form is Open to					
Pension Benefit Guaranty Corporation		Revenue Code (the Code).								
	rt Identification Information	1	inclous to the Form 550	V-9F.						
For calendar plan year 2017 or	fiscal plan year beginning 01/01/20		and ending 12/31/							
A This return/report is for:	X a single-employer plan	list of participating e	olan (not multiemployer) (Fil mployer information in acco	ers check rdence w	ing this box must attach a ith the form instructions.)					
B This return/report is	a one-participant plan									
- · · · · · · · · · · · · · · · · · · ·	the first return/report	the final return/report		u. <b>k</b>	,					
<b>A A A A A A A A A A</b>	an amended return/report	a snort plan year retu	m/report (less than 12 mon	inș)						
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram					
20022411 Dente Dien Lei	special extension (enter desc	1		i ya na kana ka ka kana mana na mana	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
Rart II Basic Plan Inf 1a Name of plan	formation-enter all requested in	formation		b Three	1:-14					
•	ester, P.C. 401(k) Profit Sharing Pla	ň	1		umber					
		Networkstate R	1	And a state of the	ve date of plan					
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				yer Identification Number 16-1079783					
City or town, state or provin Orthopsedic Associates of Roche	nce, country, and ZIP or foreign post ester, PC	al code (if foreign, see inst	ructions) 2	TRADES	or's telephone number (585) 723-3000					
			2		ess code (see instructions)					
2410 Ridgeway Avenue				62111	1					
Rochester, NY 14626				57410300562						
3a Plan administrator's name a	and address 🛛 Same as Plan Spor	isor.	31	Admini	strator's EIN					
			30	3 Admini	strator's telephone number					
4 If the name and/or EIN of the plan, enter the plan spin.	he plan sponsor or the plan name ha onsor's name. EIN, the plan name a	is changed since the last n nd the plan number from ti	etum/report filed for 41	EIN						
<ul> <li>4 If the name and/or EIN of the this plan, enter the plan spin a Sponsor's name</li> <li>C Plan Name</li> </ul>	he plan sponsor or the plan name ha onsor's name, EIN, the plan name a	is changed since the last n ind the plan number from t	ie last retum/report.	S EIN S PN						
this plan, enter the plan sp â Sponsor's name c Plan Name	onsor's name, EIN, the plan name a	nd the plan number from t	ie last retum/report. 40	I FN						
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant	onsor's name, EIN, the plan name a	nd the plan number from t	te last return/report. 4(	5a	61					
this plan, enter the plan sp <b>a</b> Sponsor's name <b>c</b> Plan Name <b>5a</b> Total number of participant <b>b</b> Total number of participant	onsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year	nd the plan number from t	e last return/report. 4(	5a 5b						
<ul> <li>this plan, enter the plan spinal sp</li></ul>	onsor's name, EIN, the plan name a ts at the beginning of the plan year is at the end of the plan year n account balances as of the end of t	ind the plan number from tr be plan year (only defined	contribution plans	5a 5b 5c	53 53					
<ul> <li>this plan, enter the plan spinal sp</li></ul>	onsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year n account balances as of the end of t articipants at the beginning of the pla	ınd the plan number from tr he plan year (only defined	contribution plans	5a 5b 5c d(1)	53 53 47					
<ul> <li>this plan, enter the plan spinal sp</li></ul>	onsor's name, EIN, the plan name a ts at the beginning of the plan year is at the end of the plan year n account balances as of the end of t	ind the plan number from t the plan year (only defined ah year	contribution plans	5a 5b 5c d(1) d(2)	53 53 47 40					
<ul> <li>this plan, enter the plan spin a Sponsor's name</li> <li>C Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	onsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year n account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan yea o terminated employment during the	Ind the plan number from t the plan year (only defined ah year ar	te last return/report. 4( contribution plans 5) nefits that were less	5a 5b 5c d(1) d(2) 5e	53 53 47 40 7					
<ul> <li>this plan, enter the plan spinal sponsor's name</li> <li>C Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	onsor's name, EIN, the plan name a ts at the beginning of the plan year is at the end of the plan year n account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan yea o terminated employment during the <u>e or incomplete filing of this return</u> other penalties set forth in the instruc- and signed by an enrolled ectuary, as	Ind the plan number from the plan year (only defined the plan year (only defined the plan year with accrued be <u>plan year with accrued be</u> <u>treport will be assessed</u> tions, I declare that I have	te last return/report. 4( contribution plans contribution plans 5) nefits that were less unless reasonable cause l sxamined this return/report, an	5a 5b 5c d(1) d(2) 5e s establik inclùding d to the b	53 53 47 40 7 shed.					
<ul> <li>this plan, enter the plan spinal sponsor's name</li> <li>C Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participant of participants with complete this item)</li></ul>	onsor's name, EIN, the plan name a ts at the beginning of the plan year is at the end of the plan year n account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan yea o terminated employment during the <u>e or incomplete filing of this return</u> other penalties set forth in the instruc- and signed by an enrolled ectuary, as	Ind the plan number from the plan year (only defined the plan year (only defined the plan year with accrued be <u>plan year with accrued be</u> <u>treport will be assessed</u> tions, I declare that I have	te last return/report. 4( contribution plans 5) nefits that were less unless reasonable cause less axamined this return/report.	5a 5b 5c d(1) d(2) 5e s establik inclùding d to the b	53 53 47 40 7 shed.					
<ul> <li>this plan, enter the plan spin a Sponsor's name</li> <li>C Plan Name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item)</li></ul>	onsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year n account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan yea the the plan yea the plants at the end of the plants at the end of the plants at the end of the plants at the plant the plants at the end of the plants at the plants at the plants at the plants at the pla	Ind the plan number from the plan year (only defined the plan year (only defined the plan year with accrued be <u>plan year with accrued be</u> <u>treport will be assessed</u> tions, I declare that I have	contribution plans contribution plans 5 mefits that were less unless reasonable cause less and this return/report, an Son of this return/report, an Date Viting of the set of th	5a           5b           5c           d(1)           d(2)           5e           s estabilit           including           d to the b           -f-f-	53 53 47 40 7 shed. . If applicable, a Schedule est of my knowledge and					
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants with complete this item)	onsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year n account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan yea the the plan yea the plants at the end of the plants at the end of the plants at the end of the plants at the plant the plants at the end of the plants at the plants at the plants at the plants at the pla	Ind the plan number from the plan year (only defined the plan year (only defined the plan year with accrued be <u>plan year with accrued be trons, I declare that I have so well as the electronic version (X9/21/18)</u>	contribution plans contribution plans contribution plans sin 5 sin 5 sin 6 fits that were less unless reasonable cause less sxamined this return/report, an contribution of this return/report, an contribution view of the set of the	5a           5b           5c           d(1)           d(2)           5e           s estabilit           including           d to the b           -f-f-	53 53 47 40 7 shed. . If applicable, a Schedule est of my knowledge and					
this plan, enter the plan sp a Sponsor's name c Plan Name 5a Total number of participant b Total number of participants c Number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants wh than 100% vested Caution: A penalty for the late Under penalties of perjury and c SB or Schedule MB completed a belief, it is true, correct, and con SIGN HERE Signature of plan	onsor's name, EIN, the plan name a is at the beginning of the plan year is at the end of the plan year n account balances as of the end of the articipants at the beginning of the plan articipants at the end of the plan yea o terminated employment during the e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled ectuary, as mplete.	the plan year (only defined the plan year (only defined an year plan year with accrued be <u>vreport will be assessed</u> tions, I declare that I have s well as the electronic vers <u>velocity JJ</u>	contribution plans contribution plans 5 mefits that were less unless reasonable cause less axamined this return/report, an DDCC V UDCC ( Raymend Stafanjeh, MD Enter name of individual s	Image: PN           5a           5b           5c           d(1)           d(2)           s estabili           including           d to the bill           J-f-           igning as	53 53 47 40 7 shed. . If applicable, a Schedule est of my knowledge and					

Form 5500-SF 2017

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Part IV | Plan Characteristics

2E 2J 2K 2T 3D

j

9a

b

Transfers to (from) the plan (see instructions) .....

Page	2
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445039

1575904

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 an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
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							
<b>Freedor</b>		0. 000 p						
Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	9739064	11314968				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	9739064	11314968				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	293211					
	(2) Participants	8a(2)	163578					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	1564154					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2020943				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	443764					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	1275					
~	Other expenses	8g						

8h

8i

8j

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

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

Part	V Compliance Questions				
10	During the plan year:	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period descr bed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
с	Was the plan covered by a fidelity bond?	10c	х		500000
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		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?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<b>1</b> 0i			

Form 5500-SF 2017

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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 o	f	🗌 Yes 🛛	No			
Contraction of the local diversion of the	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		Stars Legt Water International States and Sta					
a	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 Da		of the letter ruling Year	g			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
<u>b</u>	Enter the minimum required contribution for this plan year	12b	L					
<u> </u>	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						
e	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	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 🕅 No				
С	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s	)			