## 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

Parti	Annual Repor	t identification information	)N				
For calend	lar plan year 2017 or	fiscal plan year beginning 01/0	1/2017	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>B</b> This ret	urn/report is	the first return/report	the final return/repor	rt			
		an amended return/report	a short plan year ret	turn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension	า	DFVC program	m	
		special extension (enter des	• /				
Part II	Basic Plan Inf	formation—enter all requested	information				
1a Name PERRY COI	•	CORPORATION DEFINED CONTI	RIBUTION PLAN		<b>1b</b> Three-digir plan numb (PN) ▶		
					1c Effective d	ate of plan 01/01/2007	
Mailing	g address (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or F	P.O. Box)		2b Employer I (EIN)	dentification Number 13-3852109	
-	r town, state or provin HEN CARPENTRY C	nce, country, and ZIP or foreign po CORPORATION	stal code (if foreign, see in	structions)		telephone number 2-579-1010	
						code (see instructions)	
15 WEST 75 APT 2D	STH STREET					238300	
NEW YORK	, NY 10023						
3a Plan a	administrator's name a	and address X Same as Plan Sp	oonsor.		<b>3b</b> Administra	tor's EIN	
					<b>3c</b> Administra	tor's telephone number	
4 If the	name and/or FIN of the	he plan sponsor or the plan name	has changed since the las	t return/report filed for	4b EIN		
this p	lan, enter the plan sp	ponsor's name, EIN, the plan name					
a Spons C Plan N	sor's name Jame				4d PN		
<b>5a</b> Total	number of participant	ts at the beginning of the plan yea	r		5a	2	
		ts at the end of the plan year			5b	2	
		h account balances as of the end		=	5c		
d(1) Total number of active participants at the beginning of the plan year				5d(1)	0		
d(2) Total number of active participants at the end of the plan year				. 5d(2) 0			
than	100% vested	no terminated employment during	•••••		5e		
		e or incomplete filing of this retu					
SB or Sche		other penalties set forth in the inst and signed by an enrolled actuary molete.					
SIGN		ed/valid electronic signature.	10/18/2018	PERRY COHEN			
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator	
SIGN	Filed with authorize	ed/valid electronic signature.	10/18/2018	PERRY COHEN			
HERE			_				

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
С	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							
Pa	t III Financial Information	1						
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End of Year	
a	Total plan assets	7a		32807			32878	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		32807			32878	
88	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
a	Contributions received or receivable from:  (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b		71				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					71	
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)							
i	Net income (loss) (subtract line 8h from line 8c)	8i					71	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2C	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in the instructions:	
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	Χ		20000	
d				10d		X	20000	
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	f Has the plan failed to provide any benefit when due under the plan?			10f		Χ		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Χ		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X		
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	he require	d notice or one of the	10i				

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Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple (Form 5500) and line 11a below)		Yes X No				
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 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	sectio	n 302 of		🛚	Yes No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver			he date	of the lette Year _		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		12b			0	
C Enter the amount contributed by the employer to the plan for this plan year					0		
d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		X	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 N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
<b>b</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 which assets or liabilities were transferred. (See instructions.)	plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	B) PN(s)	
		-					

## Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

1) !)

less than 100% vested

Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 5057(b) and 6058(a) of the Internal Revenue Code (the Code).

Short Form Annual Return/Report of Small Employee

Benefit Plan

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

r will all service Guaranty Corporation	Complete all entries in	accordance with the instructions	, , , , , , , , , , , , , , , , , , , ,		Inspection
Annual Repo		hardegons	to the Form 50	500-SF.	
or calendar plan year 2017 or	fiscal plan year beginning		and ending	7.0 /2.0	( a
This return/report is for: This return/report is:	a single-employer plan  a one-participant plan the first return/report an amended return/report	a multiple-employer plan (no a list of participating employ a foreign plan the final return/report	ot multiemployer er information in	accordance w	no this have not at the
Check box if filing under:	Form 5558 special extension (enter desc		π (less than 12 i	-	C program
Name of plan	ormation enter all requested	Information			
	TRY CORPORATION DEFINED	CONTRIBUTION PLAN		1b Three- plan nu (PN) ► 1c Effectiv	fligit mber 002
City or town, state or proving	over, if for a single-employer plan) om, apt., suite no. and street, or P.( os, country, and ZIP or foreign post	D. Box) al code (if foreign, see instructions	)	01/01 2b Employ	
PERRY COHEN CARPEN	TRY CORPORATION		,	2c Sponso	's telephone number 579-1010
15 WEST 75TH STREET APT 2D US HEW YORK MY 10023	•			2d Busines 23830	s code (see instructions)
Plan administrator's name ar	nd address 🔣 Same as Plan Spor	nsor		3b Administ	retor's EIN
				3c Administ	rator's telephone number
• • • • • • • • • • • • • • • • • • • •	plan sponsor or the plan name has sor's name, EIN, the plan name and	changed since the last return/report the plan number from the last ret	ort filed for	4b EIN	
Sponsor's name Plan Name				4d PN	
Total number of participants a	t the beginning of the plan year			F-	
and the manufacture of the contract of the con	CALCALLY OF THE DISTU AND THE			5a 5b	2
					2
,		*		5c	
Trital number of nation and	pants at the beginning of the plan	/ear		5d(1)	3
Number of participants who the	pants at the end of the plan year	44 - 46 1 2004 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		id(2)	
less than 100% vested	minated employment during the pla	n year with accrued benefits that v	vere		

ition: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

er penalties of perjury and other penalties set forth in the instructions, I declare that I have exemined this return/report, including, if applicable, a Schedule 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 complete.		and and and the first warding and
1 For	10/13/18	PENNY COREN
Signature of plan administrator	Dagej/ j	Enter name of individual signing as plan administrator
The Comment of the Co	10818	Penny COHEN
Signature of employer/plan sponsor	Date	Enter name of Individual signing as employer or plan sponsor
Specyork Reduction And Marine		the state of manager signing as employer or plan sponsor

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Form	EEAA	CE	つハイブ

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accounts. (IQPA) under 29 CFR 2280 104-467 (See instructions on waiver eligibity and conditions.)  If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	See instructions.)					<u>x</u>	Yes No
If you answered "No" to either line is a or line 6b, the plan cannot use Form \$500.\$F and must instead use Form \$500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									
C if the plant is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?										Yes No
Part III   Financial Information										
Part III   Financial Information   Financial Informa	C									Not determined
7 Plan Assets and Liabilities 7a 32,807 32,878 3 Total plan assets (subtract line 7b from line 7a) 7b 32,878 C Net plan assets (subtract line 7b from line 7a) 7c 32,807 32,878 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(2) 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3)		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this yea	r				(See	instructions.)
To a 32,807 32,878 b Total plan liabilities	P	art III Financial Information								
De Total plan alsabilities	7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar		(	b) End of Ye	ear
De Total plan alsabilities	а	Total plan assets	7a		32,8	307				32,878
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	b		7b							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Other sincerify (including rollovers)  Ba(3)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 71  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 71  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 71  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 71  G Energia roll (including direct rollovers and insurance premiums to provide benefits) 8d  C Entain deemed and/or corrective distributions (see instructions) 8d  C Entain deemed and/or corrective distributions (see instructions) 8e  C Entain deemed and/or corrective distributions (see instructions) 8d  G Other expenses 8f  G Other expenses 8f  I Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e, 8f and 8g) 8h  Total expenses (add lines 8d, 8e,	С	Net plan assets (subtract line 7b from line 7a)	7с		32,8	307				32.878
a Contributions received or receivable from: (1) Employers	8	Income, Expenses, and Transfers for this Plan Year	SEE	(a) Amour					(b) Total	
(2) Participants	а									
Sa(3) Other (including rollovers)   Sa(3)			<del></del>							
b Other income (loss)										(DANIEL SHOP)
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 71  d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						***************************************				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8 d  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  i Net income (loss) (subtract line 8h from line 8c) 8i  i Net income (loss) (subtract line 8h from line 8c) 8i  part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2 C  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a x  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)						71	MAS.			
to provide benefits)			8c		minne					71
e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	u		8d							
f Administrative service providers (salaries, fees, commissions)	е			***						
g Other expenses	f		-		<del></del>					SHEVE STUNE
h Total expenses (add lines 8d, 8e, 8f, and 8g)	a					***************************************				
i Net income (loss) (subtract line 8h from line 8c) 8i 77  Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2c  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions)  10 Description of the plan failed to provide any benefit when due under the plan?  10 Description of the plan failed to provide any benefit when due under the plan?  10 Description of the plan failed to provide any benefit when due under the plan?	-									
Transfers to (from) the plan (see instructions)   8j	i						+			71
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2C  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  10b X  20,000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurrance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  10c X  10d X  10d X  10d X	i				-		-	A STATE OF THE STATE OF		***
9a   If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2c   2d   2d   2d   2d   2d   2d   2d	Pa		<u> </u>	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -						
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Part V   Compliance Questions	Ju		ature codes	s from the List of Plan C	marac	cterist	ic Coc	ies in the	instructions:	
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  100	-				·····				·	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  To NA Amount  Amount  Amount  Amount  A 20,000	D	if the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Ch	naract	eristic	Code	s in the in	structions:	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  To NA Amount  Amount  Amount  Amount  A 20,000	Pa	rt V Compliance Questions								
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  10b	-					Voc	No	N/A	Amou	ınt
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)    Description   Program   Program			ons within t	he time period	Т	162	NO	NA	Amot	JIIL
Program)										
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  New 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.)  The work of the plan failed to provide any benefit when due under the plan?  The plan failed to provide any benefit when due under the plan?					10a		x			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude transactions				F3200		<del></del>
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  • Toe X  • Toe X				· · · · · · · · · · · · · · · · · · ·			Х			
by fraud or dishonesty?					10c	X			·	20,000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  10e	a 	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	-		10d		x			
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  10e X  10f X	е	Were any fees or commissions paid to any brokers, agents, or othe	r persons b	y an insurance						
f Has the plan failed to provide any benefit when due under the plan?		carrier, insurance service, or other organization that provides some	or all of the	benefits under						
	f					-				
	<u>y</u>				10g		Х		, , <u>, , , , , , , , , , , , , , , , , </u>	· ·
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	n				10h		x			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	i	If 10h was answered "Yes," check the box if you either provided the	required n	otice or one of the	1					
exceptions to providing the notice applied under 29 CFR 2520.101-3		exceptions to providing the notice applied under 29 CFR 2520.101-3	3		10i		l		***************************************	

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Par	VI Pancian Funding Compliance							
			<del></del>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500 and line 11a below)		\	es X	No			
_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?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302 of	X Y	es 🔲	No			
a								
а					ng			
If v	granting the waiver Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day	Year		···			
		T						
b	Enter the minimum required contribution for this plan year	12b			0			
С	Enter the amount contributed by the employer to the plan for the plan year	12c			0			
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			0			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	X Yes	No [	□ N/A				
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes	x 1	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						
13	c(1) Name of plan(s): 13c(2) EIN	l(s)	13c(3	) PN(s)				