Benefit Plan Determining of the time of the	Form 5500-SF Short Form Annual Return/Report of Small Emp					oyee	OMB Nos. 1210-0110 1210-0089			
Description of Later Description Income Security Act of 1374 (ERISA), and sections BID57(b) and CSB(b) of the Internal Revenue Code (the Code). This Revenue Computer Public Inspection Part I Annual Report HeartIfication Information and ending and ending participant participant participant is single-employer plan and ending and ending is single-employer plan and ending is single-employer plan and ending is single-employer plan and ending is single-employer plan and ending is single-employer plan is single-employer plan is of participant plan a for single participant plan B This return/report is comparison is an energetic return/report is an anneeded return/report is an energetic return/report is an energetic return/report is based is plan information DFVC program is pacial internation (enter description) Part II Basic Plan Information—enter all requested information DFVC program is pacial internation (enter description) Part II Basic Plan Information—enter all requested information 10 Three-digit plan number (PN) b DFVC program is pacial internation (enter description) Part II Basic Plan Information—enter all requested information 10 Three-digit plan number (PN) b DFVC program is pacial internation (infor description) Part II Basic Plan Information — enter all requested information 10 Three-digit plan number (PN) b DFVC program is pacial internation (infor descriplon)			This form is required to be filed			etirement	2018			
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this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name 4d PN c Plan Name 5a 5 5a Total number of participants at the beginning of the plan year 5a 5 b Total number of participants at the end of the plan year 5b 5 c Number of participants with account balances as of the end of the plan year 5d(1) 5 d(1) Total number of active participants at the beginning of the plan year 5d(2) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 than 100% vested 5 5e 0 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 BS or Schedule BS completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. H										
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C Plan Name 5a Total number of participants at the beginning of the plan year 5a 5 b Total number of participants at the end of the plan year 5b 5 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 5 d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	•		or's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
b Total number of participants at the end of the plan year 5b 5 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 5 d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the beginning of the plan year 5d(2) 5 d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	•									
b Total number of participants at the end of the plan year 5b 5 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 5 d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the beginning of the plan year 5d(2) 5 d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)										
complete this item) 3C 3C d(1) Total number of active participants at the beginning of the plan year 5d(1) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
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e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				•						
than 100% vested Jee Jee Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							5			
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
SIGN HERE Filed with authorized/valid electronic signature. 04/14/2019 THOMAS G. ALEX, D.M.D. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SB or Sche	edule MB completed and	signed by an enrolled actuary, a							
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				04/14/2019	THOMAS G. ALEX, D	.M.D.				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan ad	ninistrator	Date	Enter name of individ	ual signing	as plan administrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN									
	HERE				Enter name of individ	ual signing	as employer or plan sponsor			

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

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligible 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.)	X Yes 🗌 No				
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No						
	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					

					1		
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
a	Total plan assets	7a	242	25421			2518034
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	242	25421			2518034
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	ļ	53072			
	(2) Participants	8a(2)	Ę	56800			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	-1	17259			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					92613
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					92613
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics	9					
9a b	If the plan provides pension benefits, enter the applicable pension 2E $2G$ $2F$ $3DIf the plan provides welfare benefits, enter the applicable welfare for$						
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	iduciary Correction	10a		Х	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
c	Was the plan covered by a fidelity bond?			10c	х		175000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
	Did the plan have any participant loops? (If "Ves " anter amount a		and)	10g		Х	
Q		-		TUg			
	 Did the plan have any participant loans? (if Yes, enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the plan have any participant loans? (if Yes, enter amount any participant loans? (if Y	(See instru	uctions and 29 CFR	10g 10h		x	

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X 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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	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 ative amount)		12d				
e	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	s 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 brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	:(3) PN	۱(s)

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Form 5500-SF	Short Form Ann	ual Return/Repoi Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0086			
Internal Reverse Service	This form is required to be fil	ed under sections 104 and	4065 of the Employee Ratirem	ent	2018			
	Employee Benefite Security Administration Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 6600-8	This Form is Ope Public Inspectio				
Part I Annual Repor	t identification information	n · · ·		•				
For calendar plan year 2018 or	fiscal plan year beginning 01/01/20	018	and ending 12/31/201	8				
A This return/report is for:	🗙 e single-employer plan	a multiple-employer list of participating e	olan (not multiemployer) (Filers mployer information in accorda	checking this b nce with the for	ox must attach a m instructions.)			
D	a one-participant plan	a foreign plan	,					
B This return/report is	the first return/report	the final return/report						
	an amended return/report	<u> </u>	m/report (less than 12 months)					
C Check box if filing under:	— Form 5558	-						
		automatic extension	DF	VC program				
	special extension (enter desc							
	ormation—enter all requested in	formation						
1a Name of plan Thomas G. Alex, D.M.D. R.C. 40	(1) Death Charles Dis-			Three-digit				
Thomas G. Alex, D.M.D., P.C. 40	1(k) Pront Sharing Plan	4		plan number (PN) ►	003			
			1c	Effective date of 01/01/2010	of plan			
2a Plan sponsor's name (emplo	oyer, if for a single employer plan)		The second		fication Number			
Mailing address (include roo City or town, state or proving	m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	D. Box) tel code (if forming, and inst		(EIN) 11-23098				
homas G. Alex DMD, P.C.	ool ooginiyt and an or foroign poar	ar code (a toreign, see inst	2c	Sponsor's telep (516)	hone number 421-4409			
0 Cove Road			2d 1		(see instructions)			
, , , , , , , , , , , , , , , , , , , ,				*****				
luntington, NY 11743			· · ·					
32 Plen administrator's name a	nd address 🗙 Same as Plan Spor	nsor.	3b /	Administrator's	EIN			
			30 /	Administrator's (elephone number			
4 If the name and/or EIN of the	e plan sponsor or the plan name ha	is changed since the last re	stum/report filed for 4b E	TIN				
this plan, enter the plan spor a Sponsor's name	nsor's name, EIN, the plan name a	nd the plan number from th	ne last return/report.					
C Plan Name			4d F	°N				
	at the beginning of the plan year				5			
b Total number of participants	at the end of the plan year				5			
• •		ha alam in a fault da fu	a a set of the set of					
C Number of participants with a	account damances as of the end of t	ne plan year (only defined	contribution plans 5c		5			
C Number of participants with a complete this item)	ticipants at the beginning of the pla		50)	5			
C Number of participants with a complete this item)	ticipants at the beginning of the pla ticipants at the end of the plan yea	ил уеаг	5d(1 5d(2		5			
 C Number of participants with a complete this item)	ticipants at the beginning of the pla ticipants at the end of the plan yea terminated employment during the	n year r plan year with accrued be	5c 5d(1 5d(2 nefits that were less 5e)				
 C Number of participants with a complete this item)	ticipants at the beginning of the pla ticipants at the end of the plan yea terminated employment during the pr incomplete filling of this return	n year plan year with accrued be	5d(1 5d(2 5d(2 5e)	5 5 0			
 C Number of participants with a complete this item)	ticipants at the beginning of the pla ticipants at the end of the plan yea terminated employment during the per incomplete filing of this return or penalties set forth in the instruct d signed by an enrolled actuary. at	n year plan year with accrued be <u>report will be assessed</u>	5c 5d(1 5d(2 nefits that were less 5e unless reasonable cause is e) stablished.	5 5 0			
 C Number of participants with a complete this item)	ticipants at the beginning of the pla ticipants at the end of the plan yea terminated employment during the or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, at the	in year plan year with accrued be interport will be assessed tions, I declare that I have s well as the electronic vers	5c 5d(1 5d(2 nefits that were less 5e unless reasonable cause is e) stablished.	5 5 0			
 C Number of participants with a complete this item)	ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, as the file.	an year plan year with accrued be /report will be assessed tions, I declare that I have s well as the electronic vers 4/14/19	sc 5d(1 5d(2 5d(2 5d(2 5d(2 5d(2 5d 5d 5d 5d 5d 5d 5d 5d 5d 5d	stablished. Iuding, if applic: the best of my	5 5 0 able, a Schedule knowledge and			
C Number of participants with a complete this item)	ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the or incomplete filing of this return the penalties set forth in the instruct d signed by an enrolled actuary, as the file.	in year plan year with accrued be interport will be assessed tions, I declare that I have s well as the electronic vers	sc 5d(1 5d(2 5d(2 5d(2 5d(2 5d(2 5d(2 5d(2)	stablished. Iuding, if applic: the best of my	5 5 0 able, a Schedule knowledge and			

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D:Kenneth D Anderson

	Form 5500-SF (2018)		Page 2		.		•= •••••••••••••••••••••••••••••••••••		
b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC i	f an indepe / and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mu	scoul	ntant (i ead us	QPA) ie For	m 5500.	🗹	Yes No
	If "Yes" is checked, enter the My PAA confirmation number from t	he PBGC p	remium filing for this	plan ye	6.r			hand	determined
Pa	rt III Financial Information		·····				···		
7	Plan Assets and Liabilities		(a) Beginning	of Yea	Г		(b) E	nd of Yea	-
<u>a</u>	Total plan assets	. 7a		24254			THE REAL PROPERTY OF THE PARTY		18034
<u>b</u>	Total plan liabilities	. 7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c		24254	21			25	18034
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(h) Total	
а	Contributions received or receivable from:		·	10-11-11-11-11-11-11-11-11-11-11-11-11-1			<u>\</u> _	/ / //	
*****	(1) Employers	. 8a(1)		530					
	(2) Participants			568	00				
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)	8b	· .	-172	59				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>						5	2613
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		o					
	Certain deemed and/or corrective distributions (see instructions)	8e	· · ·	0					
f	Administrative service providers (salaries, fees, commissions)	8f		D					
g	Other expenses	8g				·····			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						······	0
	Net income (loss) (subtract line 8h from line 8c)	8i	. · · ·						2613
J	Transfers to (from) the plan (see instructions)	8j			Ť				
Par	t IV Plan Characteristics			******* *******	1				
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2F 3D	feature coo	les from the List of P	lan Cha	racteri	stic C	odes in the in	structions;	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chan	acteris	lic Co	des in the ins	tructions:	
Par	V Compliance Questions				·				
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No	1		
	Was there a failure to transmit to the plan any participant contribut	lions within	the time period	1	193	no		Amount	
	 described in 29 CFR 2510.3-1027 (See instructions and DOL's V 	oluntary Fie	duciary Correction	· ·		x			
-	Program)			10 a					
	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)	? (Do not ir	clude transactions	10b		х			
C	Was the plan covered by a fidelity bond?			10c	x				175000
d	Did the plan have a loss, whether or not reimbursed by the plan's t by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х			
Ü		er persons e or all of th	by an insurance te benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
ġ	Did the plan have any participant loans? (If "Yes," enter amount as					x			
	If this is an individual account plan, was there a blackout period? (See instruc	tions and 29 CFR	10g		<u>^</u> х	^		
. <u>.</u>	2520.101-3.)			<u>10h</u>					
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 : -3	notice or one of the	101					

ID:Kenneth D Anderson

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From:

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	Form 5500-SF (2018)		Page 3- 1				
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum fun (Form 5500) and line 11a below)	ding requirements? (If "Yes," a	ee instructions and complete Sc	hadula (\$B	Г	Yes X
11	Enter the unpaid minimum required contributions for	all years from Schedule SR /F	000 6500 10- 40	1		·	
	ERISA?	mum funding requirements of a	section 412 of the Code or section	on 302 c	f	. E	
	If a waiver of the minimum funding standard for a pri- granting the waiver.	or year is being amortized in th	RIADID	d enter Da	the date	I of the le Yes	
	you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line 13.			rea	r
<u> </u>	Enter the minimum required contribution for this plan	/ear		126	1		
C	Enter the amount contributed by the employer to the p	lan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in lin negative amount)	18 12b. Enter the result (enter d	minus pige in the lat -t -	12d			**-,†vr <u>e</u> i
9	Will the minimum funding amount reported on line 12	d be met by the funding deadling	1e7		Yes	No	N/A
Part	VII Plan Terminations and Transfers of	Assets			1.00	1.00	
13a	Has a resolution to terminate the plan been adopted in an				1 Yes	R	
	If "Yes," enter the amount of any plan assets that reve	arted to the employer this year		474	res	<u> </u>	No
b	Were all the plan assets distributed to participants or control of the PBGC?	heneficiation transformed to	- 4 B	138	<u> </u>	Yes	No No
c	If, during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See Instru-	ransferred from this plan to an	other plan(s), identify the plan(s)	to		J .00	
	3c(1) Name of plan(s):						

13c(2) EIN(s)	13c(3) PN(5)