For	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	rt of Small Emple	oyee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file		4065 of the Employee R	etirement	2017
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	057(b) and 6058(a) of the	Internal	This Form is Open to
Pension Be	nefit Guaranty Corporation	Complete all entries in		structions to the Form 5	500-SF.	Public Inspection
Part I		Identification Information scal plan year beginning 10/01/2		and ending 0	9/30/2018	
		\mathbf{X} a single-employer plan				ting this box must attach a
A This ret	urn/report is for:	a one-participant plan		employer information in ac		-
B This retu	ırn/report is					
		the first return/report an amended return/report	the final return/report	t urn/report (less than 12 m	antha)	
					_	
	box if filing under:	X Form 5558	automatic extension	I	DFVC p	rogram
Devit II	Desis Dise la fe	special extension (enter desc				
Part II 1a Name		rmation—enter all requested in	formation		1b Three	e-digit
		YSICIANS & SURGEONS, PC 40	1(K) PROFIT SHARING F	PLAN	plan	number
					(PN)	
					1C Effec	tive date of plan 04/01/1977
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.C	D. Box)		2b Empl (EIN)	oyer Identification Number
		e, country, and ZIP or foreign post YSICIANS & SURGEONS, PC	al code (if foreign, see ins	structions)	. ,	sor's telephone number 518-793-5601
					2d Busin	ness code (see instructions)
68 QUAKER	ROAD RY, NY 12804					621111
QUEENSBU	KT, NT 12004					
3a Plan a	dministrator's name ar	nd address 🗙 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
		e plan sponsor or the plan name hans or sponsor or the plan name hans or sponsor's name, EIN, the plan name a			4b EIN	
•	or's name				4d PN	
C Plan N	ame					
5a Totalı	number of participants	at the beginning of the plan year.			5a	10
_		at the end of the plan year			5b	10
C Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	9
•	,	rticipants at the beginning of the p			5d(1)	9
		rticipants at the end of the plan ye	-		5d(2)	9
e Numb	per of participants who	terminated employment during the	e plan year with accrued b	penefits that were less	5e	0
than Caution: A	100% vested	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau		blished.
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instru nd signed by an enrolled actuary, a	ctions, I declare that I hav	ve examined this return/re	port, includi	ng, if applicable, a Schedule
SIGN		valid electronic signature.	07/10/2019	CAROL FISHER		
HERE	Signature of plan a	Ŭ	Date	Enter name of individ	ual signing a	as plan administrator
SIGN	-	valid electronic signature.	07/10/2019	CAROL FISHER		•
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor
For Paperwe	ork Reduction Act Notic	e, see the Instructions for Form 550	0-SF.			Form 5500-SF (2017)

v.170203

6a	Were all of the plan's assets during the plan year invested in eligib			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	rm 5500-SF and must instead u	se Form 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA section 4021)	? Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pr	emium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	r r		
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2477544	1956107
b	Total plan liabilities	7b	1772	1262
С	Net plan assets (subtract line 7b from line 7a)	7c	2475772	1954845
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		40000	
	(1) Employers	8a(1)	16083	
	(2) Participants	8a(2)	35159	
	(3) Others (including rollovers)	8a(3)	0	
b		8b	215669	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		266911
d	Benefits paid (including direct rollovers and insurance premiums			

b	Other income (loss)	8b	215669	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		266911
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	785047	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	2791	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		787838
i	Net income (loss) (subtract line 8h from line 8c)	8i		-520927
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
<u> </u>				

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

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:		Yes	No	Amount
а	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		39562
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		X	
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	×		6275
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	X		3630
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	10i			

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

9	Form 5500-SF	Short Form Annua	Benefit Pla	an	ployee	OMB Nos. 1210-01 1210-00
_	Internal Revenue Service	This form is required to t	be filed under section	is 104 and 4065 of the Er	nployee	2017
Emplo Per	Department of Labor oyee Benefits Security Administration ension Benefit Guaranty Corporation	tion the	Internal Revenue Co), and section 6057(b) and de (the Code).	d 6058(a) of Th	is Form is Open to Public Inspection
Par		Complete all entries in a rt Identification Information	ccordance with the	instructions to the For	m 5500-SF.	inspection
	alendar plan year 2017 or	fiscal plan year beginning	10/01/20	017 and ending	00/20/	
		x a single-employer plan		and onlining	09/30/	
	his return/report is for: nis return/report is:	a one-participant plan the first return/report	a list of particip a foreign plan the final return/	oloyer plan (not multiemplo pating employer information report	oyer) (Filers checkir on in accordance wi	ng this box must attach th the form instructions.)
		an amended return/report	-	ar return/report (less than	12 months)	
C Ch	neck box if filing under:	x Form 5558	and the second se			
		special extension (enter desc	automatic exter	ision		C program
Part	t II Basic Plan Inf				and the second	
	Name of plan	formation enter all requested	information			
		edic Physicians & Surgeo	De PC 401 (k)	Destit Charling	1b Three-c plan nu	
P	Plan		115, EC 101 (A)	Profit Sharing	(PN) ►	002
					1c Effectiv 04/01	e date of plan
Ci	Sity or town, state or provin	loyer, if for a single-employer plan) bom, apt., suite no. and street, or P. nce, country, and ZIP or foreign post	tal code (if foreign se	e instructions)	2b Employ	er Identification Number 14-1588399
A	dirondack Orthope	edic Physicians & Surgeon	ns, PC		2c Sponso	r's telephone number
51					(518)	793-5601
00	8 Quaker Road				2d Busines 62111	s code (see instructions) 1
					ARCHURST COMPANY	L
la Pla	s Queensbury NY 12804 lan administrator's name a	and address X Same as Plan Spo	n Serger,			
3a Pl	lan administrator's name a	and address 🗴 Same as Plan Spo	onsor		3b Adminis	
3a Pla	lan administrator's name a				3c Adminis	trator's EIN trator's telephone number
3a Pla Ift this	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor	and address 🛛 Same as Plan Spo ne plan sponsor or the plan name ha onsor's name, EIN, the plan name ar	the changed sizes the	last return/report filed for om the last return/report.	3c Adminis	
3a Pla 4 Ift this a Sp	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor ponsor's name	e plan sponsor or the plan name ba	the changed sizes the	last return/report filed for om the last return/report.	3c Adminis	
3a Pla 4 Ift this a Sp	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor	e plan sponsor or the plan name ba	the changed sizes the	last return/report filed for om the last return/report.	3c Adminis 4b EIN	
3a Pla Ift this a Sp c Pla	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor consor's name an Name	ne plan sponsor or the plan name ha nnsor's name, EIN, the plan name ar	as changed since the nd the plan number fr	rom the last return/report.	3c Adminis 4b EIN 4d PN	
 3a Pla 4 If t this a Sp c Pla 5a Tot 	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor consor's name an Name tal number of participants	e plan sponsor or the plan name ha msor's name, EIN, the plan name ar at the beginning of the plan year	is changed since the nd the plan number fr	rom the last return/report.	3c Adminis 4b EIN 4d PN	trator's telephone number
3 Pla 1 Ift this a Sp c Pla 5 Tot b Tot c Nun	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor consor's name an Name tal number of participants tal number of participants unber of participants with a	te plan sponsor or the plan name ha insor's name, EIN, the plan name ar e at the beginning of the plan year	ts changed since the nd the plan number fr	rom the last return/report.	3c Adminis 4b EIN 4d PN 5a 5b	trator's telephone number
 If t this a Sp C Pla Tot b Tot C Nun cor 	lan administrator's name a the name and/or EIN of the is plan, enter the plan spor consor's name an Name otal number of participants tal number of participants unber of participants with a mplete this item)	e plan sponsor or the plan name ha insor's name, EIN, the plan name ar at the beginning of the plan year at the end of the plan year account balances as of the end of the	is changed since the nd the plan number fr he plan year (only de	rom the last return/report.	3c Adminis 4b EIN 4d PN	trator's telephone number
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3 Pla 4 If t this a Sp c Pla 5 Tot b Tot c Nun cor d(1) T d(2) T	lan administrator's name a the name and/or EIN of th is plan, enter the plan spor consor's name an Name tal number of participants otal number of participants umber of participants with a mplete this item) Total number of active part Fotal number of active part	the plan sponsor or the plan name has sonsor's name, EIN, the plan name ar at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year	as changed since the nd the plan number fr he plan year (only der n year	rom the last return/report.	3c Administ 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1)	trator's telephone number 10 10 9
3 Pla 1 If t this a Sp c Pla 5 Tot b Tot c Nun cor d(1) T d(2) T e Nur	lan administrator's name a the name and/or EIN of the is plan, enter the plan spor consor's name an Name tal number of participants unber of participants with a mplete this item) Total number of active part fotal number of active part more of participants who t	te plan sponsor or the plan name ha msor's name, EIN, the plan name ar at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan terminated employment during the p	he plan year (only der	fined contribution plans	3c Administ 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2)	trator's telephone number 10 10 9 9 9 9 9 9
3 Pla 1 If t this a Sp c Pla ia Tot b Tot c Nur cor d(1) T d(2) T e Nur less	lan administrator's name a the name and/or EIN of the is plan, enter the plan spor consor's name an Name otal number of participants unber of participants with a mplete this item)	te plan sponsor or the plan name hansor's name, EIN, the plan name ar s at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan year terminated employment during the p	he plan year (only der n year	rom the last return/report. fined contribution plans d benefits that were	3c Administ 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e	trator's telephone number
4 If t this a Sp c Pla 5 Tot b Tot c Nur cor d(1) T d(2) T e Nur less Caution Under p SB or S	lan administrator's name a the name and/or EIN of the is plan, enter the plan spor consor's name an Name otal number of participants unber of participants with a mplete this item)	the plan sponsor or the plan name has sor's name, EIN, the plan name ar at the beginning of the plan year at the end of the plan year account balances as of the end of the ticipants at the beginning of the plan terminated employment during the p or incomplete filing of this return ther penalties set forth in the instruc-	the plan year (only de no year with accrue)	rom the last return/report. fined contribution plans d benefits that were ssed unless reasonable	3c Administ 4b EIN 4d PN 4d PN 5a 5 5c 5 5d(1) 5 5e 5 cause is establist	trator's telephone number 10 10 9 9 9 9 0 ned.
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4 If t this a Sp c Pla 5 Tot b Tot c Nun cor d(1) T d(2) T e Nun less Caution Under p SB or S belief, it	Ian administrator's name a the name and/or EIN of the is plan, enter the plan spor consor's name an Name otal number of participants unber of participants with a mplete this item) Total number of active part Total number of active part imber of participants who t is than 100% vested on: A penalty for the late of penalties of perjury and ot Schedule MB completed an it is true, correct, and completed	the plan sponsor or the plan name has ansor's name, EIN, the plan name ar at the beginning of the plan year at the end of the plan year account balances as of the end of the reicipants at the beginning of the plan year terminated employment during the plan terminated employment during the plan ther penalties set forth in the instruction signed by an enrolled actuary, as plete.	the plan year (only dein year with accrue) whe plan year with accrue) he plan year with accrue)	fined contribution plans d benefits that were ssed unless reasonable have examined this retur ic version of this return/re Carol Fisher	3c Administ 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e cause is establist n/report, including, i eport, and to the bes	trator's telephone number 10 10 9 9 9 0 10 10 10 10 10 10 10 10 10
3a Pla 4 If t this a Sp c Pla 5a Tot b Tot c Nun cor d(1) T d(2) T e Nun less Caution Jnder p SB or S belief, it SIGN HERE	Ian administrator's name a the name and/or EIN of the is plan, enter the plan spor consor's name an Name otal number of participants unber of participants with a mplete this item) Total number of active part Total number of active part imber of participants who t is than 100% vested on: A penalty for the late of penalties of perjury and ot Schedule MB completed an it is true, correct, and completed	the plan sponsor or the plan name has ansor's name, EIN, the plan name ar at the beginning of the plan year at the end of the plan year account balances as of the end of the reicipants at the beginning of the plan year terminated employment during the plan terminated employment during the plan ther penalties set forth in the instruction signed by an enrolled actuary, as plete.	the plan year (only de n year	fined contribution plans d benefits that were <u>ssed unless reasonable</u> have examined this return/re ic version of this return/re <u>Carol Fisher</u> Enter name of indivi	3c Administ 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e cause is establist n/report, including, i eport, and to the bes	trator's telephone number 10 10 9 9 9 0 10 10 10 10 10 10 10 10 10
4 If t this a Sp c Pla 5 Tot b Tot c Nun cor d(1) T d(2) T e Nun less Caution Under p SB or S Spelief, it SIGN	Ian administrator's name a the name and/or EIN of the is plan, enter the plan spor ponsor's name an Name otal number of participants otal number of participants wher of participants with a mplete this item)	the plan sponsor or the plan name has ansor's name, EIN, the plan name ar an at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year ticipants at the beginning of the plan year terminated employment during the plan terminated employment during terminated employment d	the plan year (only dein year with accrue) whe plan year with accrue) he plan year with accrue)	fined contribution plans d benefits that were ssed unless reasonable have examined this return/re cerol Fisher Enter name of indivi Carol Fisher	3c Administ 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) cause is establish n/report, including, i aport, and to the bes	trator's telephone number 10 10 9 9 9 0 ned. f applicable, a Schedule st of my knowledge and

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X Yes No

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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.

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year ______ (See instructions.)

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2,477,544	1,956,107
b	Total plan liabilities	7b	1,772	1,262
C	Net plan assets (subtract line 7b from line 7a)	7c	2,475,772	1,954,845
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	16,083	
	(2) Participants	8a(2)	35,159	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	215,669	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	the standard stand	266,911
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	785,047	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	2,791	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		787,838
i	Net income (loss) (subtract line 8h from line 8c)	8i		(520,927)
i	Transfers to (from) the plan (see instructions)	8j		
D	art IV Plan Characteristics			

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

Yes No N/A 10 During the plan year: Amount 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 39,562 10a X Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions x 106 reported on line 10a.) 500,000 c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 10d X by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance e carrier, insurance service, or other organization that provides some or all of the benefits under 6,275 10e X the plan? (See instructions.) f 10f x Has the plan failed to provide any benefit when due under the plan? 10g 3,630 Did the plan have any participant loans? (If "Yes," enter amount as of year end.) X g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h x 2520.101-3.) 1 If 10h was answered "Yes," check the box if you either provided the required notice or one of the 101 exceptions to providing the notice applied under 29 CFR 2520.101-3

Form 5500-SF 2017

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VI Pension Funding Compliance	ns and complete S	chedule	SB	T Yes	X No
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500 and line 11a below)	*********	********			
in the state buttions for all years from Schedule SB (Form 5000) in	116 40				
the the the minimum funding requirements of section 412	OI 1110	ion 302	of	T Yes	X N
		************	*********		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	instructions (nd ente	the date	of the letter	ruling
finding standard for a prior year is being amortized in this plan year	, see instructions, a	Da	V	Year	
granting the waiver		12b			
Enter the minimum required contribution for this plan year		10	1		
Estantia amount contributed by the employer to the plan for the plan year		12c	1		-
in line 12c from the amount in line 12b. Enter the result (enter a minus si	gn to the left of a	12d			
			<u>.</u>		N/A
Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	IN/A
					_
t VII Plan Terminations and Transfers of Assets		Г	Yes	X No	
Has a resolution to terminate the plan been adopted in any plan year?		13a	Γ		
If IVee " optor the amount of any plan assets that reverted to the employer this year		-		-	
the distributed to participants or beneficiaries, transferred to another plan	, or brought under	the		Yes X	No
were all the plan assets distributed to participants of beneficiaries,	(a) identify the pla				
If during this plan year, any assets or liabilities were transferred from this plan to another plan	n(s), identity the pla	11(3) 10		-	
which assets or liabilities were transferred. (See instructions.)	13c(2)			13c(3)	PN(s)
I3c(1) Name of plan(s):					