Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calend	dar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018				
A This re	eturn/report is for:	x a single-employer plan		lan (not multiemployer) (mployer information in ac					
		a one-participant plan	a foreign plan						
B This ret	turn/report is	the first return/report	the final return/report						
_		an amended return/report	a short plan year retui	rn/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	am			
		special extension (enter descr	<u> </u>						
Part II	Basic Plan Info	ormation—enter all requested inf	ormation						
1a Name NESHEIWA	•	CE, PC 401K PROFIT SHARING PL	AN AND TRUST		1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/2010			
	sponsor's name (emplo			Identification Number 01-0923240					
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					(EIN) 01-0923240 2c Sponsor's telephone number				
NESHEIWAT MEDICAL PRACTICE, PC					8-	45-765-2404 code (see instructions)			
1989 ROUT	1989 ROUTE 52								
SUITE 2		22				621111			
HOPEWELL	JUNCTION, NY 1253	33							
3a Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.		3b Administra	ator's EIN			
					3c Administr	ator's telephone number			
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN				
	sor's name	•	·	·	4d PN				
C Plan I	Name								
5a Total	number of participants	s at the beginning of the plan year			5a	3			
b Total	number of participants	s at the end of the plan year			5b	3			
		account balances as of the end of		•	5c	2			
d(1) To	tal number of active pa	articipants at the beginning of the plant	an year		5d(1)	3			
		articipants at the end of the plan yea			5d(2)	3			
		terminated employment during the			5e	0			
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca					
SB or Sch		ther penalties set forth in the instruction as the instruction as the instruction and signed by an enrolled actuary, a polete.							
SIGN		d/valid electronic signature.	07/11/2019	OGLEH NESHEIWAT					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator			
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor				

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If you answered "No" to either line 8 aor line 8b, 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 PSGC premium filing for this plan year (See instructions.) Fart III Financial Information Financial Informa		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							_	No No
7 Plan Assets and Liabilities		If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	_	
a Total plan assets	Pa	rt III Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a	33	37147				337859	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including follovers)	b	Total plan liabilities	7b							
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c	33	37147				337859	
(1) Employers	88	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(3) Others (including rollovers)	а		8a(1)		11056					
b Other income (loss)		(2) Participants	8a(2)	,	16500					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-2	21967					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5589	
f Administrative service providers (salaries, fees, commissions)	d		8d							
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 4877 i Net income (loss) (subtract line 8h from line 8c) 8i 712 j 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: 2E 2F 2G 2J 2K 2R 2T 3D 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 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.) 10b X c Was the plan covered by a fidelity bond? 10c X 35000 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 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). 10b X f Has the plan failed to provide any benefit when due under the plan? 10f X p Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10t N 10t N 20t N 1	f	Administrative service providers (salaries, fees, commissions)	8f		4877					
i Net income (loss) (subtract line 8h from line 8c) 8i 712 j 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: 2E 2F 2G 2J 2K 2R 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 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.) 10b X c Was the plan covered by a fidelity bond? 10c X 35000 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 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X i If the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X i If the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10h X i If the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10h X i If the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10h X	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4877	
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: 2E 2F 2G 2J 2K 2R 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: 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). 10e X 4 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10f X 10g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 11h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X) 11 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	i	Net income (loss) (subtract line 8h from line 8c)	8i				Ī			
9a	j	Transfers to (from) the plan (see instructions)	8j							
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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pai	t IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: Yes No 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 Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 35000 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 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.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:	
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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in the inst	ructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X			
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? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X			3500	0
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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			10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X			
	i	·			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 complete Sche (Form 5500) and line 11a below)		В	Y	es 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?		:	Y	es X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver						
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part '	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)		

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part Annual Report	Identification Information								
For calendar plan year 2018 or fi	iscal plan year beginning 01/01/2018		and ending 12/	31/2018					
A This return/report is for:	a single-employer plan	a multiple-employer p list of participating e	olan (not multiemployer) mployer information in a	(Filers checkin	g this box must attach a the form instructions.)				
B This return/report is	a one-participant plan	a foreign plan							
·		the final return/report							
C Check box if filing under:			rn/report (less than 12 m	_					
O check box if ming under.	Form 5558	automatic extension n)		DFVC pro	gram				
Part II Basic Plan Info	prmation—enter all requested informa	•							
1a Name of plan	CINCL SIN LOCIDED HANDING	ation		1b Three-c					
Neshelwat Medical Practice, PC 4	01k Profit Sharing Plan and Trust			plan nu (PN) ▶	mber 001				
	# VI			1c Effective 01/01/2	e date of plan 010				
2a Plan sponsor's name (emplo Mailing address (include roor	π, apt., suite no. and street, or P.O. Box	×)	****		er Identification Number I-0923240				
City or town, state or province Neshelwat Medical Practice, PC	e, country, and ZIP or foreign postal co	de (if forelgn, see inst	ructions)	***	r's telephone number (845) 765-2404				
				2d Busines	s code (see instructions)				
1989 Route 52				621111					
Suite 2 Hopewell Junction, NY 12533	•								
	nd address X Same as Plan Sponsor.		·····	3b Adminis	trator's EIN				
				3c Adminis	dministrator's telephone number				
4 If the name and/or EIN of the	plan sponsor or the plan name has cha	anged since the last r	eturn/report flied for	4b EIN					
this plan, enter the plan spon a Sponsor's name	nsor's name, EIN, the plan name and th	e plan number from t	he last return/report.						
C Plan Name				4d PN					
	at the beginning of the plan year			5a	3				
D Total number of participants :	at the end of the plan year			5b	3				
complete this item)	scount balances as of the end of the pl			5c	2				
	ticipants at the beginning of the plan ye			5d(1)	3				
d(2) Total number of active part	ticipants at the end of the plan year			5d(2)	3				
than 100% vested	terminated employment during the plan			5e	0				
Under penalties of periury and other	r incomplete filing of this return/reporter penalties set forth in the instructions,	declare that I have	uniess reasonable cau	ise is establisi	hed.				
bellef, it is true, correct, and completed	d signed by an enrolled actuary, as well	l as the electronic ver	sion of this return/report	, and to the be	st of my knowledge and				
SIGN CTUZE	2000	7/11/2019	Ogleh Nesheiwat						
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ıai signing as p	lan administrator				
SIGN HERE					1100				
Signature of employ	er/plan sponsor , see the instructions for Form 5500-SF.	Date	Enter name of individu	ial signing as e	mployer or plan sponsor				

P	a	a	¢	1

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of									No
	Bilder 28 Of 17 2020, 104-40: (Occ. illating oil wasve; cligibility and contained.)								No	
	If you answered "No" to either line 6a or line 6b, the plan cann						_	□ 81-4	-1 - 4	1
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_	5 ∐ №0	ш	determine	
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	premium filing for this pl	an yea				(566)	structions	s.)
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a		33714	7			3	37859	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7¢		33714	7			3:	37859	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			 (b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		1105	6					
	(2) Participants.	8a(2)		1650	0		1 1 1			J.
	(3) Others (including rollovers)	8a(3)							<u> </u>	'
b	Other income (loss)	8b		-2196	7	네	, i		1.75	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		: :					5589	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						<u> </u>	·	- 25 - 25
е	Certain deemed and/or corrective distributions (see instructions)	8e				<u> </u>	30.	1 2		-
f	Administrative service providers (salaries, fees, commissions)	8f		487	7		<u> </u>	70.00		
g	Other expenses	8g							**	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4877	
ı	Net income (loss) (subtract line 8h from line 8c)	8i					,		712	
j	Transfers to (from) the plan (see instructions)	8j				<u> </u>	11.5	٠,		
Pai	t IV Plan Characteristics		,							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D								:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	ies from the List of Plan	1 Chara	cterist	ic Codes i	n the instru	ictions;		
Par	t V 😩 Compliance Questions									
10	During the plan year:				Yes	No		mount		
а	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	∕oluntary {	Fiduciary Correction	10a		×				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		х				
C	Was the pian covered by a fidelity bond?	*************		10c	х				35	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		•		
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		×				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		x				
9				10g		×				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		×	· · · · · ·		<u> </u>	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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Part \	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimu (Form 5500) and line 11a below)	ım funding requirements? (If "Yes,	see instructions and complete	Schedule S	В	Yes	☐ No
11a	Enter the unpaid minimum required contribution			, ,			
12	Is this a defined contribution plan subject to the ERISA?			ection 302 of		Yes	X No
а	If a waiver of the minimum funding standard fo granting the walver.	r a prior year is being amortized in	this plan year, see instructions	and enter to Day		e letter rulir 'ear_	ng
ìf y	ou completed line 12a, complete lines 3, 9,						
b	Enter the minimum required contribution for this	s plan year		12b			
C E	Enter the amount contributed by the employer to	o the plan for this plan year		12c			
	Subtract the amount in line 12c from the amountegative amount)			12d			
	Will the minimum funding amount reported on				Yes N	lo N	I/A
Part \	/III Plan Terminations and Transfe	ers of Assets					
13a	Has a resolution to terminate the plan been adopt	ed in any plan year?			T Yes D	X No	

Yes X No

13c(3) PN(s)

13c(2) EIN(s)

If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

control of the PBGC?

which assets or liabilities were transferred. (See Instructions.)

13c(1) Name of plan(s):