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	lar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018			
A This re	turn/report is for:	X a single-employer plan		lan (not multiemployer) (mployer information in ac				
D		a one-participant plan	a foreign plan					
B This ret	urn/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	' '					
Part II	Basic Plan Info	ormation—enter all requested inf	ormation					
1a Name HARVEY R.	of plan HORN MD, PC 401(K	() PLAN			1b Three-dig plan num (PN) ▶			
					1c Effective	date of plan 01/01/1988		
		oyer, if for a single-employer plan)	. Povl			Identification Number		
	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)	14-1711541		
HARVEY R. HORN MD, PC					s telephone number 45-562-2277			
				2d Business code (see instructions)				
419 ROBINSON AVENUE NEWBURGH, NY 12550				621111				
	,							
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	sor.		3b Administr	ator's EIN		
					3c Administr	rator's telephone number		
					JC 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 N	Name							
5a Total	number of participants	s at the beginning of the plan year			5a	3		
_		s at the end of the plan year			5b	3		
		account balances as of the end of t		•	5c	3		
'	,	articipants at the beginning of the pla			5d(1) 3			
d(2) Tot	tal number of active pa	articipants at the end of the plan yea	ar		5d(2) 3			
		terminated employment during the			5e 0			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable ca	use is establish	ned.		
SB or Sche		ther penalties set forth in the instructed actuary, and signed by an enrolled actuary, and plete.						
SIGN	Filed with authorized	I/valid electronic signature.	10/03/2019	HARVEY R. HORN, M	M.D.			
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	lan administrator		
SIGN	Filed with authorized	I/valid electronic signature.	10/03/2019	HARVEY R. HORN, N	И.D.			
HERE	Signature of emplo	over/plan sponsor	Enter name of individ	mplover or plan sponsor				

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes	No	
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	П 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.								ш	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a	` '	30229			` '	1472096		
b	Total plan liabilities	7b								
c	Net plan assets (subtract line 7b from line 7a)	7c	163	30229		1472096				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	Γotal		
а	Contributions received or receivable from: (1) Employers	8a(1)		3835						
	(2) Participants	8a(2)		4390						
	(3) Others (including rollovers)	8a(3)		1000						
	Other income (loss)	8b	-10	05682						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	.,	00002				-97457		
d	Benefits paid (including direct rollovers and insurance premiums	- 00						<u> </u>		
	to provide benefits)	8d		46800						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	,	13876						
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						60676		
_ i	Net income (loss) (subtract line 8h from line 8c)	8i				-158133				
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the inst	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instr	uctions:		
Day	t V Compliance Questions									
Pai					Vac	l Na				
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		Yes	No	,	Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			V				
	Program) Were there any nonexempt transactions with any party-in-interest			10a		X				
	reported on line 10a.)	,		10b		Χ				
	Was the plan covered by a fidelity bond?			10c	X			1700	00	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions)	ne or all of	the benefits under	10e		X				
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla					Х				
				10f		X				
			•	10g						
i	2520.101-3.)			10h		X				
'	exceptions to providing the notice applied under 29 CFR 2520.10			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 (Form 5500) and line 11a below)			Yes 🛚 No					
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes 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 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							
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?		Ye	s 🔀 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 control of the PBGC?	the	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 which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

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 section 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 o	calendar plan	year 2018 or t	iscal plan year beginning	01/01/2018	and ending	12/31/20	18			
Ат	his return/rep	ort is for:	x a single-employer plan	a list of participating	plan (not muitiemploye employer information i	er) (Filers checking in accordance with	this box must attach the form instructions.)			
Вт	his return/rep	ort is:	a one-participant plan the first return/report	a foreign plan the final return/repor	•					
	The relation	oit 10.	Ħ			\				
			an amended return/report	a snort plan year ret	urn/report (less than 12	months)				
C c	heck box if fili	ing under:	x Form 5558 special extension (enter des	automatic extension		DFVC	orogram			
Da	rt II Bas	io Dian Inf	ш	<u> </u>						
	Name of plan	<u>ic Pian ini</u>	ormation enter all requeste	d information		1b Three-dig				
	•		PC 401(k) Plan			plan numl (PN) ▶				
			<u> </u>			1c Effective (
	Mailing Addre	ss (include ro	loyer, if for a single-employer plan om, apt., suite no. and street, or F ice, country, and ZIP or foreign po	P.O. Box)	structions)		Identification Number			
	Harvey R.			(ii ioioigii, ooo iii			telephone number			
	419 Robin		е			2d Business 621111	2d Business code (see instructions) 621111			
	US Newburgh Plan administ		and address 🗶 Same as Plan S	noncor		2b 44-1-1-4-1	L.J. Phi			
-	i iaii daiiiiiist	ator 3 Harrie	and address E-1 Same as Flam S	polisui		3b Administra	ITOFS EIN			
						3c Administra	ator's telephone number			
4	If the name ar this plan, ente	nd/or EIN of the	e plan sponsor or the plan name	has changed since the last and the plan number from t	return/report filed for the last return/report.	4b EIN				
а	Sponsor's nan Plan Name				·	4d PN				
5a	Total number	of participants	at the beginning of the plan year			. 5a	3			
			at the end of the plan year				3			
C	Number of par	ticipants with	account balances as of the end o	f the plan year (only defined	contribution plans	5c	3			
d(1)	Total numbe	r of active pa	rticipants at the beginning of the p	lan year	**************************************	. 5d(1)	3			
			ticipants at the end of the plan ye			. 5d(2)	3			
	Number of par ess than 100%		terminated employment during the			5e	0			
Caut	tion: A penalt	y for the late	or incomplete filing of this retu	rn/report will be assessed	d unless reasonable c	ause is establishe	ed.			
Unde SB o	er penalties of	perjury and o B completed a	ther penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I hav	e examined this return/	report including if	applicable, a Schedule			
SIG	N	A	men Rom		Harvey R. Horn	, M.D.				
HE		e of plan adn	ninistrator	Date 14 3 / 5	Enter name of individe	-	administrator			
610		- 11	whe & Home		Harvey R. Horn		administrator			
SIG		/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	r/plan sponsor	Date /s A /G	Enter name of individu	·	over or plan energy			
For F			Notice, see the instructions for		Estor Rame of molyide	uai signing as empl				
. •. 1		I	modes, see the manuculis lui	FORM 9900-SF. (6/3/)			Form 5500-SF (2018) v.171027			

6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) A rey ou disting a waive of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CFR 2560.104-467 (See Instructions on waiver eligibility and conditions.) BY 19 ou answered "Not" to elifer fine 6 and rine 6, the plan cannot use From 5500-658" and must instead use From 5500. C If the plan is a defined benefit pain, is it covered under the PBGC insurance program (see ERISA section 4021)? Part III Financial information 7. Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 3. Total plan assets 7a. 1, 630, 239 1, 472, 096 Not determine 7b. Total plan insets (subtractions.) 8 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 8 Contributions recoved or receivable from: (1) Employers 8a(1) 3. Other (Industry reliabilities.) 6 Total plans (fluiding reliabilities.) 8a(2) 4. 3.30 (2) Participants (3) Others (Industry reliabilities.) 6 Total plans (fluiding reliabilities.) 8a(2) 6 Total Income (Gase) 9 Determinant (subtractions) 8b (1055, 682) C Total Income (Gase) 6 Total Income (Gase) 9 Determinant (glading reliabilities.) 9	6a	Ware all of the plan's access during the plan year invested in clinicia									
under 28 CFR 2520.1014-097 (See instructions on washer eligibility and conditions). If you answered "No" to elifer time 6a or in the 6a's, the plan cannot use Form 5500-SF and must instead use Form 5500.				· ·		* 40		111000000000	Yes No		
If you answered "No" to other line 6s or line 5b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is Increased under the PBGC harvance program (see ERISA section 4021)? If "Yes" is chacked, enter the My PAA confirmation number from the PBGC premium filling for this year (See instructions.) Part HI Financial Information 7 Plan Assets and Liectities 7 a 1, 630, 229 (b) End of Year 3 Total plan sestes 7 a 1, 630, 229 1, 472, 996 D Total plan liabilities 7 b 7 c 1, 630, 229 1, 472, 996 D Total plan sestes (subtract line 7b from line 7p) 7 c 1, 630, 229 1, 472, 996 B Income Expenses, and Transfers for this Plan Year (a) Amount (b) Total Commel Expenses, and Transfers for this Plan Year (a) Amount (b) Total Commel Expenses, and Transfers for this Plan Year (b) Total Commel Expenses, and Transfers for this Plan Year (c) Participants (b) Total Commel (c) See See See See See See See See See Se									X Yes No.		
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?											
	C								☐ No ☐ Not determine		
Part NI Financial information (a) Beginning of Year (b) End of Year 2 1,630,229 1,472,096 3 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 5 1,630,229 1,472,096 6 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,472,096 7 1,630,229 1,630,296 1,630,29									-		
Tella Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets (a) Form (a) Page (b) End of Year a Total plan assets (b) End of Year (a) Amount (b) Total plan assets (publication (b) Total plan plan (c) Page (c) P	- n		<u> </u>								
a Total plan assets	<u> </u>						-				
b Total plan labelities— C Net plan assets (subtract line 7b from line 7a) 7c 1,630,229 1,472,096 B Income Expenses, and Transfers for this Plan Year (e) Amount (b) Total C Contributions received or receivable from: (1) Employers 84(1) 3,835 (2) Participants 84(1) 3,835 (3) Others (including rollovers) 84(3) 84	<u>/</u>								b) End of Year		
C Not plan assets (submed line 7b from line 7a)		· · · · · · · · · · · · · · · · · · ·	 	1,6	30,2	29	+-		1,472,096		
8 Income, Expenses, and Transfers for this Plant Year 8 Contributions received or receivable from: (2) Participants		***	 				+				
a Contributions received or receivable from: (1) Employers		···	7c			29	+-		****		
(2) Participants 8a(1) 3, 835 (2) Participants 8a(2) 4, 390 (3) Others (including rollovers) 8a(3) b Other income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8b (105,682) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (97,457) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 86 C provide benefits) 86 C Certain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f f Note respenses 8d f Interest (salaries, fees, commissions) 8f f Note income (loss) (subtract line 8h from line 8c) 8f f Note income (loss) (subtract line 8h from line 8c) 8f f Note income (loss) (subtract line 8h from line 8c) 8f g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2b J X 3D During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2a V X 3D During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2b Ver there as failure to transmit to the plan any participant contributions within the time period described 12 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 4b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 4c Were any fees or commissions paid to any profects, agents, or other persons by an insurance carrier, insurance service, or other organization that provid	_		VIII I	(a) Amount	t				(b) Total		
(3) Others (including rollovers) (3) Other income (loss) (4) Define (loss) (5) Other income (loss) (6) Cortain (loss) (7) Sa(2), 8a(3), and 8b) (8) (105, 682) (8) (105, 682) (9) Cher income (loss) (9) Cher income (loss) (9) Cher income (loss) (9) Cher income (loss) (9) Cher expenses (loss) (9) Cher expenses (loss) (9) Cher expenses (loss) (1) Net income (loss) (subtract line 8h from line 8c) (1) Net income (loss) (subtract line 8h from line 8c) (1) I Transfers to (from) the plan (see instructions) (1) Part IV Plan Characteristics (2) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (2) 23 28 30 (3) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) Part IV Plan Characteristics (3) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2) 23 28 30 (3) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (4) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (5) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (6) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (7) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (8) If the plan provides welfare benefits welfare feature codes from the List of Plan Characteristic Codes in the			8a(1)		3,8	35					
Solution (content of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions		(2) Participants	8a(2)		4,3	90	100				
b Other Income (loss)		(3) Others (including rollovers)					10				
d Benefits pald (including direct rollovers and Insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 87 g Other expenses	b	Other income (loss)		(10	5,68	2)					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		11			/97 /57\			
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (selaries, fees, commissions) 8f 13,876 g Other expenses	d	Benefits paid (including direct rollovers and insurance premiums		<u> </u>							
f Administrative service providers (salaries, fees, commissions)	_				46,8	00					
g Other expenses (add lines 8d, 8e, 8f, and 8g)	-										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>'</u>		 		13,8	76					
i Net income (loss) (subtract line 8h from line 8c)	-						-	J X			
Transfers to (from) the plan (see instructions)	<u>-n</u>										
Part IV Plan Characteristics	+							<u> </u>	(158,133)		
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 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			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.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x 11 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	$\overline{}$		·		·						
Part V Compliance Questions	9а		eature codes	from the List of Plan C	harac	teristi	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? 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.) 10h x I 10h was answered "Yes," check the box if you either provided the required notice or one of the	_			·							
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.) Has the plan failed to provide any benefit when due under the plan? This is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 fea	iture codes i	rom the List of Plan Ch	aracte	eristic	Code	s in the i	nstructions:		
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.) Has the plan failed to provide any benefit when due under the plan? This is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the											
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) Discription 10a X	Pa	rt V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a	10			-		Yes	No	N/A	Amount		
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	a			,							
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			•	•							
reported on line 10a.)	h	Were there any percyamat transactions with any party in interest	······································	**************************************	10a		Х				
C Was the plan covered by a fidelity bond?		reported on line 10a.)	(Do not inc	lude transactions	10b		x				
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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С				\vdash	x			170 000		
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		Did the plan have a loss, whether or not reimbursed by the plan's f	idelity bond	that was caused			х		1,0,000		
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons be or all of the	by an insurance benefits under			x				
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.) lf 10h was answered "Yes," check the box if you either provided the required notice or one of the	f				\rightarrow		x				
if 10h was answered "Yes," check the box if you either provided the required notice or one of the	g						-				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ons and 29 CFR	10h		x				
	i	If 10h was answered "Yes," check the box if you either provided the	e required n	otice or one of the							

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ETC.	~		
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Pari	VI	Pension Funding Compliance						
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)							No
_11a		e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or secti	ion 302	of		res 🗓	No
	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see in the waiver	vionth			of the Yea		ng
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.					
b	Enter th	e minimum required contribution for this pian year	***************************************	12b				
С	Enter th	e amount contributed by the employer to the plan for the plan year	*************	12c		-		
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	,	12d			-	
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a re	esolution to terminate the plan been adopted in any plan year?	***************		Yes	x	No	
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	***************************************	13a				
b	Were al	the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?			□ Y	es [K No	·
С		this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide sets or liabilities were transferred. (See instructions.)	ntify the plan(s	s) to				_
13	c(1) Nai	ne of plan(s):	13c(2) Ell	N(s)		13c	(3) PN(s)	