Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information									
For calenda	For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018										
A This ret	turn/report is for:	🛚 a single-employer plan		olan (not multiemployer) (mployer information in ac							
_		a one-participant plan	a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report	nal return/report							
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım					
	,	special extension (enter descr	• /								
Part II	Basic Plan Info	ormation—enter all requested inf	formation								
1a Name S. O. S. PRO	of plan OFIT SHARING PLAN	ı			1b Three-diginal plan number (PN) ▶						
					1c Effective of	date of plan 01/01/1989					
		oyer, if for a single-employer plan)			2b Employer	Identification Number					
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	33-1032321					
		ERY & SPORTS MEDICINE GROU		,		telephone number 45-278-8400					
						code (see instructions)					
664 STONELEIGH AVENUE, SUITE 300 CARMEL, NY 10512-3990					621111						
,											
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Administra	ator's EIN					
					3c Administra	ator's telephone number					
						'					
4 If the r	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN						
this pl	lan, enter the plan spo	onsor's name, EIN, the plan name a									
a Spons C Plan N	or's name Jame				4d PN						
- Tiairi	iamo										
5a Total i	number of participants	s at the beginning of the plan year			5a	118					
		s at the end of the plan year			5b	99					
		account balances as of the end of		· ·	5c	99					
d(1) Tota	al number of active pa	articipants at the beginning of the plant	an year								
		articipants at the end of the plan year			. 5d(2) 66						
		terminated employment during the			5e	5					
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable car							
SB or Sche		ther penalties set forth in the instructed and signed by an enrolled actuary, and lete.									
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2019	JOEL BUCHALTER							
HERE	Signature of plan a	administrator	Date	Enter name of individ	ridual signing as plan administrator						
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2019	JOEL BUCHALTER							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as en	nployer or plan sponsor					

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u If	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 f you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	and condit								
			under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
C If	the plan is a defined benefit plan, is it covered under the PRCC in									
	If "Yes" is checked, enter the My PAA confirmation number from the	е РВСС р	remium illing for this p	ian yea				(See instructions.)		
Part	III Financial Information		T							
7 P	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year		
	Total plan assets	7a	829	97992				7231342		
	Fotal plan liabilities	7b		2000				7001010		
	Net plan assets (subtract line 7b from line 7a)	7c		97992				7231342		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total		
	Contributions received or receivable from: 1) Employers	8a(1)	44	49710						
(2	2) Participants	8a(2)		0						
(;	3) Others (including rollovers)	8a(3)								
b 0	Other income (loss)	8b	-50	37100						
C T	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-87390		
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	97	79260						
e 0	Certain deemed and/or corrective distributions (see instructions)	8e								
f A	Administrative service providers (salaries, fees, commissions)	8f		0						
g 0	Other expenses	8g		0	_					
<u>h</u> T	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						979260		
	Net income (loss) (subtract line 8h from line 8c)	8i						-1066650		
_ J T	ransfers to (from) the plan (see instructions)	8j								
Part										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Pla	an Chai	racteri	stic Co	des in the in	structions:		
b I	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan	n Chara	cterist	tic Cod	les in the ins	tructions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	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		X				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
	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.)	e or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		X				
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		X				
	If 10h was answered "Yes," check the box if you either provided the 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	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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
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)

E-SIGNATURE AUTHORIZATION

for

S. O. S. Profit Sharing Plan 33-1032321/001

For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize TLC Pension Consulting, Inc. to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to TLC Pension Consulting, Inc. before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - TLC Pension Consulting, Inc. will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures
 will be included in the electronic filing and will be posted by the EBSA to the Internet for public
 disclosure.
- TLC Pension Consulting, Inc. will maintain a copy of this written authorization in its records.
- TLC Pension Consulting, Inc. will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- TLC Pension Consulting, Inc. shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

Plan Administrator
Plan Sponsor

10/15/19
Date
Date

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

		Identification Information					
Fo	r calendar plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/31/2	018	
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating of a foreign plan the final return/report	lan (not multiemployer) employer information in rn/report (less than 12 n	accordance with	g this box must atta h the form instructio	ch ns.)
С	Check box if filing under:	x Form 5558 special extension (enter descri	automatic extension ption)		DFV	C program	10
		ormation enter all requested i	nformation			, ,	
1a	Name of plan S. O. S. Profit Sh	aring Plan			1b Three-d plan nui (PN) ▶	mber 001	
_					1c Effective 01/01	e date of plan /1989	TO OF BROOKS
2a	Mailing Address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	D. Box) al code (if foreign, see ins	tructions)		er Identification Nur 33-1032321	nber
		Surgery & Sports Medici		,		r's telephone numbe 278-8400	er
	664 Stoneleigh Ave				2d Busines 62111	s code (see instruc 1	tions)
3a		and address X Same as Plan Spo	nsor		3b Adminis	trator's EIN	
•	a right definitionation of flattice	and address Es Came as Flan Ope	71301		3D Adminis	Strator S EIIV	
	If the name and/or EIN of the this plan, enter the plan sports a Sponsor's name Plan Name	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name an	as changed since the last nd the plan number from t	return/report filed for ne last return/report.	4b EIN 4d PN	strator's telephone n	umber
							a: 1-0-96-4
5a	Total number of participant	s at the beginning of the plan year			5a	118	
b		s at the end of the plan year			5b	99	O between
С	complete this item)	account balances as of the end of t		contribution plans	5c	99	
d	(1) Total number of active page	articipants at the beginning of the pla	n year		5d(1)	75	H 1530
d	(2) Total number of active pa	articipants at the end of the plan yea	r		5d(2)	66	1
е _		terminated employment during the			5e	5	- 11 march
С	aution: A penalty for the late	e or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	ause is establi	shed.	1
U	Inder penalties of perjury and	ther penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I hav	e examined this return/r	eport, including	, if applicable, a Sc	hedule e and
	SIGN	10 V		Joel Buchalter			
I	HERE Signature of plan ad	ministrator	Date 10/15/19	Enter name of individu	al signing as pl	an administrator	* needs-
10000	SIGN	750		Joel Buchalter			7.33
	HERE Signature of employ	er/plan sponsor	Date 10/15/19	Enter name of individu	ıal signing as er	mployer or plan spo	nsor

Form	FFO	00	20	40
-orm	ווורר	1-SE	711	11 ×

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68 Were all of the plan's sealed suring the plan year invested in eligible assets? (See instructions.) A rey out claiming a valve of the nanual examination and report of an independent qualified public accountant (ICPA) under 20 CFR 2520.104.469 (See instructions on waiver eligibility and conditions.) If you answer? "No" to either line 6 or line 8b, the plan cannot use Form 5500-8F and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBSC insurance program (see ERINSA section 4021)?										1.77
## By an answer of "No" to other line & ar time & b, the plan cannot use Form \$500.\$\text{Sea} and must instead use Form \$500. ## By an answer of "No" to other line & ar time & b, the plan cannot use Form \$500.\$\text{Sea} and must instead use Form \$500. ## By an answer of "No" to other line & ar time & b, the plan cannot use Form \$500.\$\text{Sea} and must instead use Form \$500. ## If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)					X Yes	□No
If you answord "No" to either line 6 are 1 ine 6 b, the plan cannot use Form 5500-5F and must instead use Form 5500. If we plan is a defined benefit plan, is it covered under the PBGC premium filting for this year	b	Are you claiming a waiver of the annual examination and report of a	n independ	lent qualified public acco	untan	t (IQF	PA)		Ť	-
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditio	ns.)	•••••	•••••	••••••		X Yes	□ No
Part III										
Part III Financial Information (a) Beginning of Year (b) End of Year (b) End of Year (c) E									☐ No ☐ Not o	determined
Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instru	uctions.)
Total plan assets and the plan plantities are considered as a season of the plan plantities and plantities are considered as a season of the plan plantities and plantities are considered as a season of the plan plantities and plantities are considered as a season of the plan plantities and plantities are considered as a season of the plantities and plantities are considered as a season of the plantities and plantities are considered as a season of the plantities and plantities are considered as a season of the plantities and plantities are considered as a season of the plantities and plantities are considered as a season of the plantities and plantities are considered as a season of the plantities and plantities are considered as a	Pa	rt III Financial Information								
Total plan lassets	7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			b) End of Year	172
b Total plan islabilities	а	Total plan assets	7a							.342
Some continuous received or receivable from:	b	Total plan liabilities	7b	•					.,,	
8 Income, Expenses, and Transfers for this Plan Year (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	8,29	7,9	92			7,231	,342
(1) Employers				(a) Amount						7.07
Care Participants Sa(2) Care			9-(4)	4.4	10 7	10				2 1-4
3) Others (including rollovers) 8a(3) 8b (537,100)				44	19,1					
b Other income (loss)						0				1 60
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				(535	7 10	01	204500			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses		29 W 42 - 1 1 2 W 2024		(55)	,10	0,	5000		407	2001 1100
e Certain deemed and/or corrective distributions (see instructions) 86 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses	d	Benefits paid (including direct rollovers and insurance premiums			Person		1000		(87,	390)
f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses				97	19,2	60	8,00			
g Other expenses	-			}		-	400			- A
h Total expenses (add lines 8d, 8e, 8f, and 8g)										
I Net income (loss) (subtract line 8h from line 8c)			8g		-	0				
Transfers to (from) the plan (see instructions)	-									
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: 2A 2E 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? 10b x c Was the plan covered by a fidelity bond? 10c x 500,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 8 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10	<u>.l</u>				1.50				(1,066,	650)
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 3D			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 dishonestly? 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					22				3	1.250
Description	эа		eature code	es from the List of Plan C	harad	cterist	ic Co	des in the	e instructions:	1 23
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)	\dashv	100 Harris 1 Stylen 1990 1990 1990 1990 1990 1990 1990 199							1	1.45%
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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? E Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10	b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Ch	aract	eristic	Code	es in the	instructions:	7 (77)
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? 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/ 0 11 0 11								
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)								10000000		1.84
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	_					Yes	No	N/A	Amount	× 10/00 10/00
Program)	а			X 9000000000000 #600000000000000000000000						705
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					10a		x			150
reported on line 10a.)	b	* /								1.22
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		reported on line 10a.)			10b		х			
by fraud or dishonesty?					10c	х				500,000
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?	. d				10d		x			
f Has the plan failed to provide any benefit when due under the plan?	е	carrier, insurance service, or other organization that provides som	ne or all of t	he benefits under	10e		x		9	1 4 4
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f						х			1 5
2520.101-3.)	g				10g		1000			
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?	(See instru	ctions and 29 CFR			v		30.	
	i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the			^			

	Form 5500-SF 2018 Page 3 -							
Par	t VI Pension Funding Compliance					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500 and line 11a below)	and complete Sc	hedule	SB	☐ Yes	x No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line		11a					
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ACTURE CONTROL CONTROL OF A CORRECT TO PROCEEDINGS OF A SIGNATURE	NP300201300000000000000000000000000000000					
а 	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 Month DayYear							
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.				1.4		
b	b Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for the plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)		12d			4 22		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No [] N/A		
Par	t VII Plan Terminations and Transfers of Assets				-	.(
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x N	0		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			2.3		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or 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), which assets or liabilities were transferred. (See instructions.)	identify the plan(s) to			4 4		
1	3c(1) Name of plan(s):	13c(2) El	N(s)		13c(3)	PN(s)		