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DRAFT

GELMAN, ROSENBERG & FREEDMAN, CPA'S  
4550 MONTGOMERY AVENUE, SUITE 650 NORTH  
BETHESDA, MARYLAND 20814-2930

JUNE 26, 2020

U.S. NAVAL SEA CADET CORPS  
2300 WILSON BOULEVARD SUITE 200  
ARLINGTON, VA 22201-5435

U.S. NAVAL SEA CADET CORPS,

ENCLOSED IS 2019 FORM 5500-SF FOR U.S. NAVAL SEA CADETS CORPS  
TDA & DEFINED CONTRIBUTION PLAN, PLAN NUMBER 002.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE  
SIGN, DATE, AND RETAIN AN ORIGINAL OF THE RETURN FOR THE  
PLAN'S RECORDS. WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO  
NOT MAIL THE PAPER COPY OF YOUR RETURN TO EFAST2.

PLEASE BE ADVISED THAT PER ERISA, IRS, AND DEPARTMENT OF  
LABOR REGULATIONS ALL PENSION PLANS THAT FILE FORM 5500 ARE  
REQUIRED TO OBTAIN A FIDELITY BOND COVERING THE PERSON(S) WHO  
HANDLE THE PLAN FUNDS. FOR YOUR PENSION BENEFIT PLAN THIS  
AMOUNT WOULD BE A BOND IN THE AMOUNT OF \$100,000 WHICH WILL  
COVER THE 10% OF PLAN ASSETS MINIMUM AND ALLOW FOR GROWTH  
WITHIN THE PLAN'S ACCOUNT. PLEASE CONTACT YOUR INSURANCE  
CARRIER TO PURCHASE THIS FIDELITY BOND IN THE AMOUNT OF  
\$100,000.

ALSO ENCLOSED IS THE SUMMARY ANNUAL REPORT FOR THE PLAN. THE  
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA) AND  
DEPARTMENT OF LABOR REGULATIONS REQUIRE THE INFORMATION  
ENCLOSED HEREIN TO BE GIVEN TO EACH PARTICIPANT AND  
BENEFICIARY RECEIVING BENEFITS AFTER THE CLOSE OF THE PLAN  
YEAR. THIS INFORMATION SHOULD BE DELIVERED BY HAND OR FIRST  
CLASS MAIL.

SINCERELY,

GELMAN, ROSENBERG & FREEDMAN, CPA'S

<b>Form 5500-SF</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>2019</b> </div> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
<b>B</b> This return/report is	<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan
	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information - enter all requested information</b>													
<b>1a</b> Name of plan <b>U.S. NAVAL SEA CADETS CORPS TDA &amp; DEFINED CONTRIBUTION PLAN</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 01/01/2001</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	002	<b>1c</b> Effective date of plan 01/01/2001									
<b>1b</b> Three-digit plan number (PN) ▶	002												
<b>1c</b> Effective date of plan 01/01/2001													
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) 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 instr.) <b>U.S. NAVAL SEA CADET CORPS</b> <b>2300 WILSON BOULEVARD SUITE 200</b>  <b>ARLINGTON VA 22201-5435</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) 52-0808385</td> </tr> <tr> <td style="width:60%;"><b>2c</b> Sponsor's telephone number</td> <td style="width:40%;">703-243-6910</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td>611000</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 52-0808385		<b>2c</b> Sponsor's telephone number	703-243-6910	<b>2d</b> Business code (see instructions)	611000						
<b>2b</b> Employer Identification Number (EIN) 52-0808385													
<b>2c</b> Sponsor's telephone number	703-243-6910												
<b>2d</b> Business code (see instructions)	611000												
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>3b</b> Administrator's EIN</td> <td style="width:40%;"></td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> <td></td> </tr> </table>	<b>3b</b> Administrator's EIN		<b>3c</b> Administrator's telephone number									
<b>3b</b> Administrator's EIN													
<b>3c</b> Administrator's telephone number													
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>4b</b> EIN</td> <td style="width:40%;"></td> </tr> <tr> <td><b>4d</b> PN</td> <td></td> </tr> </table>	<b>4b</b> EIN		<b>4d</b> PN									
<b>4b</b> EIN													
<b>4d</b> PN													
<b>5a</b> Total number of participants at the beginning of the plan year ..... <b>b</b> Total number of participants at the end of the plan year ..... <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>d (1)</b> Total number of active participants at the beginning of the plan year ..... <b>d (2)</b> Total number of active participants at the end of the plan year ..... <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5a</b></td> <td style="width:40%; text-align: right;">11</td> </tr> <tr> <td><b>5b</b></td> <td style="text-align: right;">21</td> </tr> <tr> <td><b>5c</b></td> <td style="text-align: right;">20</td> </tr> <tr> <td><b>5d(1)</b></td> <td style="text-align: right;">9</td> </tr> <tr> <td><b>5d(2)</b></td> <td style="text-align: right;">18</td> </tr> <tr> <td><b>5e</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>5a</b>	11	<b>5b</b>	21	<b>5c</b>	20	<b>5d(1)</b>	9	<b>5d(2)</b>	18	<b>5e</b>	0
<b>5a</b>	11												
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<b>5d(1)</b>	9												
<b>5d(2)</b>	18												
<b>5e</b>	0												

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		Date	<b>CHRIS COLLINS</b>
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	<b>PAUL ZAMBERNARDI</b>
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2019)  
v. 190130

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ . (See instructions.)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets	<b>7a</b>	875,564	706,854
<b>b</b> Total plan liabilities	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a)	<b>7c</b>	875,564	706,854
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
(1) Employers	<b>8a(1)</b>	65,661	
(2) Participants	<b>8a(2)</b>	58,535	
(3) Others (including rollovers)	<b>8a(3)</b>		
<b>b</b> Other income (loss)	<b>8b</b>	188,061	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<b>8c</b>		312,257
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8d</b>	480,967	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions)	<b>8f</b>		
<b>g</b> Other expenses	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8h</b>		480,967
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	<b>8i</b>		-168,710
<b>j</b> Transfers to (from) the plan (see instructions)	<b>8j</b>		

**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:  
2G 2L 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**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond?	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<b>10d</b>		X	
<b>e</b> 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.)	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<b>10h</b>		X	
<b>i</b> 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	<b>10i</b>			

**Part VI Pension Funding Compliance**

<b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... <b>11a</b>	
<b>b PBGC missed contribution reporting requirements.</b> If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
<input type="checkbox"/> Yes.	
<input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
<input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
<input type="checkbox"/> No. Other. Provide explanation .....	

<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..... (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>a</b> 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      Day      Year		
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>		
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1
DESCRIPTION		AMOUNT	
NET INVESTMENT GAIN (LOSS) FROM POOLED SEPARATE ACCOUNTS		2,978.	
NET INVESTMENT GAIN (LOSS) FROM REGISTERED INV. COMPANIES		182,621.	
NET INVESTMENT GAIN (LOSS) FROM UNALLOCATED INSURANCE CONTRACTS		2,462.	
TOTAL TO FORM 5500-SF, LINE 8B		188,061.	

FORM 5500-SF	BENEFITS PAID	STATEMENT	2
DESCRIPTION		AMOUNT	
PAYMENTS DIRECTLY TO PARTICIPANTS OR BENEFICIARIES		463,304.	
PAYMENTS TO INSURANCE CARRIERS FOR PROVISION OF BENEFITS		17,663.	
TOTAL TO FORM 5500-SF, LINE 8D		480,967.	

## SUMMARY ANNUAL REPORT

FOR

### U.S. NAVAL SEA CADETS CORPS TDA & DEFINED CONTRIBUTION PLAN

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE U.S. NAVAL SEA CADETS CORPS TDA & DEFINED CONTRIBUTION PLAN, (EMPLOYER IDENTIFICATION NO. , PLAN NO. 002) FOR THE PERIOD JANUARY 1, 2019 TO DECEMBER 31, 2019. THE ANNUAL REPORT HAS BEEN FILED WITH THE EMPLOYEE BENEFITS SECURITY ADMINISTRATION, AS REQUIRED UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

#### BASIC FINANCIAL STATEMENT

PLAN EXPENSES WERE \$480,967. THESE EXPENSES INCLUDED \$480,967 IN BENEFITS PAID TO PARTICIPANTS AND BENEFICIARIES. A TOTAL OF 21 PERSONS WERE PARTICIPANTS IN OR BENEFICIARIES OF THE PLAN AT THE END OF THE PLAN YEAR, ALTHOUGH NOT ALL OF THESE PERSONS HAD YET EARNED THE RIGHT TO RECEIVE BENEFITS.

THE VALUE OF PLAN ASSETS, AFTER SUBTRACTING LIABILITIES OF THE PLAN, WAS \$706,854 AS OF DECEMBER 31, 2019 COMPARED TO \$875,564 AS OF JANUARY 1, 2019. DURING THE PLAN YEAR THE PLAN EXPERIENCED A DECREASE IN ITS NET ASSETS OF \$168,710. THIS DECREASE INCLUDES UNREALIZED APPRECIATION OR DEPRECIATION IN THE VALUE OF PLAN ASSETS; THAT IS, THE DIFFERENCE BETWEEN THE VALUE OF THE PLAN'S ASSETS AT THE END OF THE YEAR AND THE VALUE OF THE ASSETS AT THE BEGINNING OF THE YEAR, OR THE COST OF ASSETS ACQUIRED DURING THE YEAR. THE PLAN HAD TOTAL INCOME OF \$312,257, INCLUDING EMPLOYER CONTRIBUTIONS OF \$65,661, EMPLOYEE CONTRIBUTIONS OF \$58,535, AND OTHER INCOME OF \$188,061.

#### MINIMUM FUNDING STANDARDS

ENOUGH MONEY WAS CONTRIBUTED TO THE PLAN TO KEEP IT FUNDED IN ACCORDANCE WITH THE MINIMUM FUNDING STANDARDS OF ERISA.

#### YOUR RIGHTS TO ADDITIONAL INFORMATION

YOU HAVE THE RIGHT TO RECEIVE A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, ON REQUEST. THE ITEMS LISTED BELOW ARE INCLUDED IN THAT REPORT:

1. INFORMATION REGARDING ANY COMMON OR COLLECTIVE TRUST, POOLED SEPARATE ACCOUNTS, MASTER TRUSTS OR 103-12 INVESTMENT ENTITIES IN WHICH THE PLAN PARTICIPATES.

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF THE PLAN ADMINISTRATOR

OR THE PLAN SPONSOR

U.S. NAVAL SEA CADET CORPS  
2300 WILSON BOULEVARD SUITE 200  
ARLINGTON, VA 22201-5435  
52-0808385 (EMPLOYER IDENTIFICATION NUMBER)  
703-243-6910

YOU ALSO HAVE THE RIGHT TO RECEIVE FROM THE PLAN ADMINISTRATOR, ON REQUEST AND AT NO CHARGE, A STATEMENT OF THE ASSETS AND LIABILITIES OF THE PLAN AND ACCOMPANYING NOTES, OR A STATEMENT OF INCOME AND EXPENSES OF THE PLAN AND ACCOMPANYING NOTES, OR BOTH. IF YOU REQUEST A COPY OF THE FULL ANNUAL REPORT FROM THE PLAN ADMINISTRATOR, THESE TWO STATEMENTS AND ACCOMPANYING NOTES WILL BE INCLUDED AS PART OF THAT REPORT. THESE PORTIONS OF THE REPORT ARE FURNISHED WITHOUT CHARGE.

YOU ALSO HAVE THE LEGALLY PROTECTED RIGHT TO EXAMINE THE ANNUAL REPORT AT THE MAIN OFFICE OF THE PLAN:

U.S. NAVAL SEA CADET CORPS  
2300 WILSON BOULEVARD SUITE 200  
ARLINGTON, VA 22201-5435

AND AT THE U.S. DEPARTMENT OF LABOR IN WASHINGTON, D.C., OR TO OBTAIN A COPY FROM THE U.S. DEPARTMENT OF LABOR UPON PAYMENT OF COPYING COSTS. REQUESTS TO THE DEPARTMENT SHOULD BE ADDRESSED TO: U.S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.

#### ADDITIONAL EXPLANATION

THE PLAN HAS MET THE REQUIREMENTS TO WAIVE THE ANNUAL EXAMINATION AND REPORT OF AN INDEPENDENT QUALIFIED PUBLIC ACCOUNTANT. AS OF THE END OF THE PLAN YEAR, THE FOLLOWING REGULATED FINANCIAL INSTITUTION HELD OR ISSUED PLAN ASSETS THAT QUALIFIED UNDER THE WAIVER: TIAA-CREF \$706,854. YOU HAVE THE RIGHT TO EXAMINE OR RECEIVE FROM THE PLAN ADMINISTRATOR, ON REQUEST AND AT NO CHARGE, COPIES OF STATEMENTS FROM THE REGULATED FINANCIAL INSTITUTION DESCRIBING THE QUALIFYING PLAN ASSETS. IF YOU ARE UNABLE TO EXAMINE OR OBTAIN THESE DOCUMENTS, CONTACT A EBSA REGIONAL OFFICE FOR ASSISTANCE. INFORMATION ABOUT CONTACTING EBSA REGIONAL OFFICES CAN BE FOUND ON THE INTERNET AT [HTTP://WWW.DOL.GOV/EBSA](http://WWW.DOL.GOV/EBSA).

#### PAPERWORK REDUCTION ACT STATEMENT



ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995 (PUB. L. 104-13) (PRA), NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS SUCH COLLECTION DISPLAYS A VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER. THE DEPARTMENT NOTES THAT A FEDERAL AGENCY CANNOT CONDUCT OR SPONSOR A COLLECTION OF INFORMATION UNLESS IT IS APPROVED BY OMB UNDER THE PRA, AND DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER, AND THE PUBLIC IS NOT REQUIRED TO RESPOND TO THE COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENTLY VALID OMB CONTROL NUMBER. SEE 44 U.S.C. 3507. ALSO, NOTWITHSTANDING ANY OTHER PROVISIONS OF LAW, NO PERSON SHALL BE SUBJECT TO PENALTY FOR FAILING TO COMPLY WITH A COLLECTION OF INFORMATION IF THE COLLECTION OF INFORMATION DOES NOT DISPLAY A CURRENTLY VALID OMB CONTROL NUMBER. SEE 44 U.S.C. 3512.

THE PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE LESS THAN ONE MINUTE PER NOTICE (APPROXIMATELY 3 HOURS AND 11 MINUTES PER PLAN). INTERESTED PARTIES ARE ENCOURAGED TO SEND COMMENTS REGARDING THE BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO THE U.S. DEPARTMENT OF LABOR, OFFICE OF THE CHIEF INFORMATION OFFICER, ATTENTION: DEPARTMENTAL CLEARANCE OFFICER, 200 CONSTITUTION AVENUE, N.W., ROOM N-1301, WASHINGTON, DC 20210 OR EMAIL [DOL\\_PRA\\_PUBLIC@DOL.GOV](mailto:DOL_PRA_PUBLIC@DOL.GOV) AND REFERENCE THE OMB CONTROL NUMBER 1210-0040

OMB CONTROL NUMBER 1210-0040 (EXPIRES 06/30/2022)

NOTE: FOR SMALL PENSION PLANS THAT ARE ELIGIBLE FOR AN AUDIT WAIVER, SEE THE DEPARTMENT'S REGULATION AT 29 CFR 2520.104-46 FOR MODEL LANGUAGE TO BE ADDED TO THE SUMMARY ANNUAL REPORT.