## 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 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	·	
		dentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	09	and ending 1	2/31/	2009	
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan
В .	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)		
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	am
		special extension (enter descripti	on)				
		mation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
NAS	SAU-SUFFOLK RADIOLOGICA	AL ASSOC. PC 4K PS PLAN				plan number	002
					10	(PN) Feffective date of	f plan
					10	01/01/1	
2a	Plan sponsor's name and addr	ess (employer, if for single-employe	r plan)		2b	Employer Identi	fication Number
NAS	SAU-SUFFOLK RADIOLOGICA	AL ASSOCIATES PC			0-	(EIN) 11-223	
4600	SUNRISE HIGHWAY				2C		telephone number 6-2230
	SAPEQUA PARK, NY 11762				2d		(see instructions)
					-	621510	
	Plan administrator's name and SAU-SUFFOLK RADIOLOGICA	address (if same as Plan sponsor, e AL ASSOCIATES PC 4600 SUNR			30	Administrator's 11-223	
		MASSAPEC			3с	Administrator's	telephone number
4	the name and/or FIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4h	516-22 EIN	6-2230
		er from the last return/report. Spons		port mod for time plant, error time			
						PN	
		t the beginning of the plan year			5a		0
	, ,	t the end of the plan year			5b		
С		ith account balances as of the end c			5с		0
6a				(See instructions.)			X Yes No
	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)		
				ions.)			Yes   No
Da	rt III Financial Inform		-orm 5500-	SF and must instead use Form 55	00.		
7		ation		(a) Deninging of Year		(la) E a al	L of Voca
, ,	Plan Assets and Liabilities Total plan assets		7a	(a) Beginning of Year 760164	1	(b) End	1005298
-	. otal plan according			70010-	-		1000200
		7b from line 7a)		760164			1005298
8	Income, Expenses, and Trans	•	70	(a) Amount		(b) .	Total
а	Contributions received or rece			(a) 7 mile dini		(3)	· Otta
	(1) Employers		8a(1)	(	)		
	(2) Participants		8a(2)	79856	5		
	(3) Others (including rollovers	s)	8a(3)				
b	,			165278	3		
C		8a(2), 8a(3), and 8b)	8c				245134
d		rollovers and insurance premiums	8d				
е		tive distributions (see instructions)					
f	Administrative service provide	rs (salaries, fees, commissions)	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				245134
i	Transfers to (from) the plan (se	ee instructions)	8i				

Dart IV	Plan Characte	rictics
Part IV	Fian Characte	ristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 2A 2G 3E

D '	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	Cleris	lic Co	ues III	uie iiisuut	Alons.		
Part V Compliance Questions											
10	Dur	ng the plan year:				Yes No Amount					
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	C Was the plan covered by a fidelity bond?									100000	
d	. · · · · · · · · · · · · · · · · · · ·										
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				32416	
h		s is an individual account plan, was there a blackout period? (Sec			10h		X				
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i		X				
Part '	VI	Pension Funding Compliance									
		is a defined benefit plan subject to minimum funding requirements							Y	es X No	
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction (	302 of	ERISA?	Ye	es X No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		vaiver of the minimum funding standard for a prior year is being a									
	-	ting the waiverompleted lines 3, 9, and 10 of Schedule M			uı		Бау		rear		
		r the minimum required contribution for this plan year		-		Г	12b				
		r the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		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 during the plan y	rear or any prior yea	ır?						es X No	
		es," enter the amount of any plan assets that reverted to the emp				Г	13a			<u> </u>	
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
	C 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.)										
13	13c(1) Name of plan(s):						<b>c(2)</b> El	N(s)	13c	(3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/re <sub>l</sub>	port, ir	ncludin	g, if applic	,		
SIGN	F	led with authorized/valid electronic signature.	10/01/2010	KAREN FRYANT							
HERE	- Г	Signature of plan administrator	Date	Enter name of in	ndividual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## FAX No. 631 226 3024

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefite Security Administration Pension Benefit Gueranty 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 6068(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

#### 2009

This Form is Open to Public Inspection.

A This return/report is for: Single-employer plan   multiple-employer plan (not multiperport)   one-periolpam plan   one-periolpam   one-periolpam plan   one-periolpam plan   one-periolpam plan   one-periolpam plan   one-periolpam plan   one-periolpam   one-periolpam   one-periolpam   one-periolpam   one-periolpam   one-periolpam   one-periolpam   one-periolpam   one-periolpam   one-p	This return/report is for: Sergis-employer plan   multiple-employer plan (not multiempluyar)   deno-peritopant plan   multiple-employer plan (not multiple-employer)   deno-peritopant plan   multiple-employer plan (not plan page position plan page position plan page position plan   deno-peritopant plan	Of the defendant plant of the control of the contro	and ending	12/31/2009						
B This return/report is for:    Instruction/report   Instruction   Instruction	This return/report is for:    Inst return/report									
C Check box if filing under:    Second State   Sec	Check box if filing under:  ☐ prom 6556 ☐	A misterior participation of the second of t	nuwemproyer)	☐ que-baricibau	ıt bien					
C Check box if filing under:	Check box if filing under: Sports 5588   automatic extension   DFVC program      Special extension   speci									
Secial extension (enter description)    Partitle   Basic Plan Information	Section   Test   Section	an amended return/report short plan year return/report	(less than 12 months)							
PAPER   Basic Plan Information enter all requested information.   1b Three-digit plan number (PN)   002   1c Effective date of plan number (PN)   1c 233505   1c Effective date of plan number (PN)   1c 233505   1c Effective date of plan number (PN)   1c 233505   1c Effective date of plan number (PN)   1c 236-2300   1c Effective date of plan number (PN)   1c 236-2300   1c Effective date of plan number (S16)   226-2300   1c 236-2300   1c 236	Rasic Plan Information enter all requested information.   1b Three-tight plan number of plan   1c Effective date   1c Effect	C Check box if filing under:		DFVC program	ท					
Nassau-Suffolk Radiological Assoc. PC 4K PS Plan    15   Three-dight plan number (PN) ▶   002	Name of plan  Nassau-Suffolk Radiological Assoc, PC 4K P8 Plan  Teleflockine date of plan  Discrete date of plan  Surface Highway  Associatos PC  Plan sponsor's name and address (employer, if for single-employer plan)  Nassau-Suffolk Radiological Associatos PC  Cellego Sunriare Highway  Associatos PC  Associatos PC  Cellego 11-2235555  Cellego sponsor's telephone number (cité) 226-2230  2d Business code (see instructions)  Salviss  Salviss  3d Administrator's EIN  3d Administrator's EIN	special extension (enter description)								
Nassau-Suffolk Radiological Assoc. PC 4K PS Plan    15   Three-dight plan number (PN) ▶   002	Name of plan  Nassau-Suffolk Radiological Assoc, PC 4K P8 Plan  Teleflockine date of plan  Discrete date of plan  Surface Highway  Associatos PC  Plan sponsor's name and address (employer, if for single-employer plan)  Nassau-Suffolk Radiological Associatos PC  Cellego Sunriare Highway  Associatos PC  Associatos PC  Cellego 11-2235555  Cellego sponsor's telephone number (cité) 226-2230  2d Business code (see instructions)  Salviss  Salviss  3d Administrator's EIN  3d Administrator's EIN	Paric Plan Information enter all requested information.								
Nassau-Sutfolk Radiological Assoc. PC 4K PS Plan    Complete this learn   Complete this	Nassati-Suffolk Radiological Assoc, PC 4K P8 Plan  Plan sponsor's name and address (employer, if for single-employer plan) Massauau-suffolk Radiological Associates PC  4600 Sunnise Highway  4600 Sunnise Highway  Massapa-qua Park NY 11762  Plan administrator's name and address (ff same as plan amployer, enter 'Sama')  Aske  We 11762  Plan administrator's name and address (ff same as plan amployer, enter 'Sama')  Aske  If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the lest return. Sponsor has return and the plan number from the lest return and the plan year of the name, EIN and the plan number from the lest return and of the plan year.  Folial number of participants at the and of the plan year.  Total number of participants at the and of the plan year.  Total number of participants with account balances as of the and of the plan year (defined benefit plans do not complete this files)  Were all of the plans assets during the plan year files and report of an independent qualified public accountant (ICPA)  Are you claiming a swarf of the annual examination and report of an independent qualified public accountant (ICPA)  Were all of the plans assets during the plan year files and report of an independent qualified public accountant (ICPA)  Were all of the plans assets (subtract line 70 from sine 7a)  7a 760,164  1,005,298  Note plan several (subtract line 70 from sine 7a)  7b 0  Note plan several (subtract line 70 from sine 7a)  7c 760,164  1,005,298  10 Jinea (subtract line 70 from sine 7a)  7c 760,164  1 Jinea (subtract line 70 from sine 7a)  7c 760,164  1 Jinea (subtract line 70 from sine 7a)  7c 760,164  1 Jinea (subtract line 70 from sine 7a)  7c 7		1							
2a Plan sponsor's name and address (employer, if for single-employer plan)  Magrau—Suffolk Radiological Associates PC  4600 Sunrige Highway  US Massapequa Park NY 11762  3a Plan administrator's name and address ((f same as plan employer, enter "Same")  SAME  3b Administrator's name and address ((f same as plan employer, enter "Same")  SAME  3c Administrator's telephone numb  621510  3b Administrator's telephone numb  621510  3c Administrator's telephone numb  621510  3d Administrator's telephone numb  621510	Plan sponsor's name and address (employer, if for single-employer plan) Nassaru-Suffolk Radiological Associatos PC  4600 Stantises Highway  Massarpequa Park NY 11762  22d Business code (see Instructions) Assistantistator's name and address (if same as plan employer, enter 'Same') AMB  If the name and/or EIN of the plan sponsor has changed sincs the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  If the name and/or EIN of the plan sponsor has changed sincs the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  If the name and/or EIN of the plan sponsor has changed sincs the last return/report filed for this plan, enter the name, EIN and the plan number of participants at the sent of the plan year.  Total number of participants at the sent of the plan year.  Total number of participants at the sent of the plan year.  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this lem).  Were all of the plans seeds during the plan year independent qualified public accountant (IQPA) under 20 CPR 2520.104.46? (See instructions on waiver eligibility and conditions.)  INVER INVERSAGE AND	·		•	002					
28 Plan sponsor's name and address (employer, if for single-employer plan) Naseau—Suffolk Radiological Associates PC 4600 Sunrise Bighway 4600 Sunrise Bighw	Plan sponsor's name and address (employer, if for single-employer plan)  Mas saru-Susffolk RadioLogical Associatos PC  4600 Sunrise Highway  Assaspaqua Park NY 11762  Plan administrator's name and address (if same as plan employer, enter "Same")  ANN  Plan administrator's name and address (if same as plan employer, enter "Same")  ANN  If the name endor EIN of the plan appear has changed since the last return/report filled for this plan, enter the name. EIN and the plan number from the last return. Sponsor's Name  If the name endor EIN of the plan appear has changed since the last return/report filled for this plan, enter the name. EIN and the plan number from the last return. Sponsor's Name  It the name endor EIN of the plan appear has changed since the last return/report filled for this plan, enter the name of participants at the beginning of the plan year.  Total number of participants at the end of the plan year.  Total number of participants at the end of the plan year.  Total rumber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this fillen).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  **EIY Financial Information**  Plan Assets and Liabilities  (a) Beginning of Year  Total plan assets (subbact line 70 from line 7a)  7a 760,164  1,005,298  Net plan assets (subbact line 70 from line 7a)  7b 0  Net plan assets (subbact line 70 from line 7a)  7c 760,164  1,005,298  Raf(1)  Plan Plan Assets and Transfers for this Plan Year  Contributions received or receivable from:  (b) End of Year  Total plans assets (subbact line 70 from line 7a)  8a(2) 79,856  8a(3) 79,856  8a(4) 79,856  8a(5) 79,856  8a(6) 79,85	Nassau-Sulioik Radioidgidal Abboc. FC & F5 F16.	1		plan					
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A600 Sunrise Highway  Massapegua Park NY 11762  2d Buelinese code (see instructions 621,510 262-223)  Administrator's name and address (if same as plan amployer, enter 'Same')  Jan administrator's name and address (if same as plan amployer, enter 'Same')  Jan administrator's name and address (if same as plan amployer, enter 'Same')  Jan administrator's EIN  Ac Administrator's EIN  Ac Administrator's telephone number from the last return. Sponsor's Name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  4 EIN  5a Total number of participants at the beginning of the plan year.  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this farm)  5c O o  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 79 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  Firm Financial Information  7 Plan Assets and Lishilities  Total plan assets (substact line 70 from line 7a)  7 To Total plan isbilities  Accomplete this Pinancial Information  7 Plan Assets and Lishilities  Accomplete the plan year (a) Amount  (b) End of Year  (c) Total plan assets (substact line 70 from line 7a)  7 To Total plan assets (a) Amount  (b) Total  (c) Total planses and (c) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	A600 Sunrise Righway  Mas sapequa Park  NY 11762  The nadministrator's name and address (if same as plan employer, enter 'Same')  AAMS  The name and/or EtN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EtN and the plan number from the last return. Sponsor's Name  Total number of participants at the beginning of the plan year.  Total number of participants at the beginning of the plan year.  Total number of participants at the end of the plan year.  Total number of participants at the end of the plan year.  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this latem).  Were all of the plan's assets during the plan year (mested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year (mested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Were all of the plan's assets during the plan year.  Total plan assets and Llebilides  (a) Beginning of Year  (b) End of Year  Total plan assets and Llebilides  7a 760,164  1,005,298  Total plan assets (set brack the Plan Year  Continutions received or receivable from:  (b) Total  (c) Total  (c) Total  (d) Amount  (b) Total  Continutions received or receivable from:  (c) Amount  (d) Amount  (d) Amount  (d) Amount  (d) Amount  (e) Amount	2a Plan sponsor's name and address (employer, if for single-employer plan)	2							
Massapequa Park   NY   11762   226-2230   2d Business code (see instructions)   3b Administrator's name and address (if same as plan employer, enter "Same")   3b Administrator's telephone number of participants at the plan return. Sponsor's Name   4b EIN   4c PN   5a Total number of participants at the end of the plan year   5b   5c   0   5c	According to the plans assets during the plan year invested in eligible assets? (See instructions) assets of the plans assets during the plan year invested in eligible assets? (See instructions) and the plans assets during the plans and cannot use Form 5500.    According to the plans assets during the plan year invested in eligible assets? (See instructions) assets and Liabilities   According to the plans assets during the plan year invested in eligible assets? (See instructions)	Nassau-Suffolk Radiological Associates PC	1-2							
2d Business code (see instructions 251510   38   Administrator's name and address (if same as plan employer, enter "Same")   3b   Administrator's EIN	Plan administrator's name and address (if same as plan employer, enter "Same")  Alternational Plan administrator's name and address (if same as plan employer, enter "Same")  Alternational Plan administrator's name and address (if same as plan employer, enter "Same")  Alternational Plan address (if same as plan employer, enter "Same")  Alternational Plan address (if same as plan employer, enter "Same")  Alternational Plan address (if same as plan employer, enter "Same")  Alternational Plan address (if same as plan employer, enter "Same")  Alternational Plan address (if same as plan employer, enter "Same")  Alternational Plan address (if same as plan employer, enter "Same")  Alternational Plan enter the name address (if same as plan employer, enter "Same")  Alternational Plan enter the name address (if same as plan employer, enter "Same")  Alternational Plan enter the name address (if same as plan employer, enter "Same")  Alternational Enternation is plan plan plan enter the name, expense and in the plan plan enter the plan ent	4600 Sunrige Highway								
38 Plan administrator's name and address (If same as plan employer, enter "Same")  3A Administrator's telephone numb  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  5 Total number of participants at the beginning of the plan year.  5 Total number of participants at the and of the plan year.  5 Total number of participants at the beginning of the plan year.  5 Total number of par	Plan administrator's name and address (if same as plan amployer, enter "Same")  3A Administrator's telephone number  3C Administrator's telephone number  3C Administrator's telephone number  3C Administrator's telephone number  4D EIN  4D	#Ohn amirrag ard	2		ee instructions)					
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  5a Total number of participants at the beginning of the plan year	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name    Ad PN		"	Administrator a C	-//4					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name  58 Total number of participants at the beginning of the plan year	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the AC PN  Total number of participants at the beginning of the plan year	SAME	<u>-</u>							
The name and brain of the plan number from the last return. Sponsor's Name  4C PN  5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year		3	C Administrators to	elephone number					
The name and brain of the plan number from the last return. Sponsor's Name  4C PN  5a Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year									
Total number of participants at the beginning of the plan year	Total number of participants at the beginning of the plan year	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this pl	an, enter the	b ein						
Total number of participants at the beginning of the plan year.  Total number of participants at the end of the plan year.  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litem).  So Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  Financial Information  Plan Assets and Liabilities  (a) Beginning of Year  (b) End of Year  Total plan isobilities  (a) Beginning of Year  (b) End of Year  Total plan isobilities  (a) Amount  (b) Total  Ba(1)  O Total plan isobilities (a) Amount  (c) Total  O Total plan isobilities (a) Amount  (d) Total  O Total plan isobilities (a) Amount  (e) Total  O Total plan isobilities (a) O Total  O Total plan isobilities (b) Total  O Total plan isobilities (a) O Total  O Total plan isobilities (b) Total  O Total plan isobilities (b) Total  O Total plan isobilities (b) Total  O Total plan isobilities (c) Total isobilities (b) Total  O Total plan isobilities (b) Total	Total number of participants at the ed of the plan year.  Total number of participants at the end of the plan year.  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this litern)  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan's assets and Liabilities.  (a) Beginning of Year  (b) End of Year  (b) End of Year  (b) End of Year  (c) End of Year  (d) Amount  (b) Total  (e) Amount  (b) Total  (c) Total expenses, and Transfers for this Plan Year  (a) Amount  (b)	name, EIN and the plan number from the last return. Sponsor's Name	4	C PN						
b Total number of participants at the end of the plan year.  C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flem).  SC 0  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  Partitl Financial Information  7 Plan Assets and Liabilities  Total plan assets  Total plan isbilities  Total plan fisbilities  Ret plan assets (subtract line 70 from fine 7a)  Net plan assets (subtract line 70 from fine 7a)  Ret plan assets (subtract line 70	Total number of participants at the end of the plen year.  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flam).  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 39 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If you answered "No" to either 6a or 6b, the plan cannot use	58 Total number of participants at the beginning of the plan year		a	0					
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this ltern)	b Total number of participants at the end of the plan year	5	b						
Complete this tailiny  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  Figure Financial Information  7 Plan Assets and Liabilities  a Total plan assets  Total plan assets  Contributions assets (subtract line 70 from line 7a)  Total plan assets (subtract line	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must Instead use Form 5500.  If IIII Financial Information  Plan Assets and Liabilities  7a 760,164  Total plan assets  7b 0  Net plan assets (subtract line 70 from line 7a)  Total plan assets (subtract line 70 from line 7a)  Total plan assets (subtract line 70 from line 7a)  Total plan assets (subtract line 70 from line 7a)  Total plan assets (subtract line 70 from line 7a)  Total plan assets (subtract line 70 from line 7a)  Total plan assets (subtract line 70 from line 7a)  Total fransfers for this Plan Year  Contributions recalved or recalvable from:  (1) Employers  Ba(1)  Other income (loss)  Total income(add lines 8e(1), 8e(2), 8a(3), and 8b)  Benefits pald (including rollovers)  Other income (loss)  Total income(add lines 8e(1), 8e(2), 8a(3), and 8b)  Benefits pald (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (selaries, fees, commissions)  Total expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)  Net Income (loss) (subject line 8h from line 8c)  Benefits plan (subject line 8h from line 8c)	C Total number of participants with account balances as of the end of the plan year (defined benefit	plans do not	.	0					
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Partial Financial Information  7 Plan Assets and Liabilities  1 Total plan assets 1 Total plan fiabilities 2 Total plan fiabilities 3 Total plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year 2 Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)  C Total Income (loss)  C Total Income (loss)  C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)  8 C Total Income(add lines 8s(1), 8a(2), 8a(3), and 8b)	Were all of the plans a seets of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104.48? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 6500.  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 6500.  If IT Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  7b  0  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Perticipants  (3) Others (Including rollovers)  Other income (loss)  Total Income (loss)  Total Income (abs)  Benefits pald (including direct rollovers and insurance premiums to provide benefits)  Administrative service providers (salaries, fees, commissions)  Other sepenses  8d  Certain deemed and/or corrective distributions (see instructions)  8d  Certain deemed and/or corrective distributions (see instructions)  8d  Contributions received of the fees, commissions)  Other expenses  8d  Contributions received of the fees, commissions)  Other expenses  8d  Contributions (see instructions)	complete this Item)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  Partitit Financial Information  7 Plan Assets and Liabilities	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.  If Inancial Information  Plan Assets and Liabilities  Plan Assets and Liabilities  7a 760,164 1,005,298  Total plan iiabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Perticipants  (3) Others (including rollovers)  Total Income (loss)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  8g  Total expenses (add lines 8d, 8e, 8f, and 8g)  Net Income (loss) (subject line 8h from line 8c)  8h  Other Income (loss) (subject line 8h from line 8c)	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	accountant (IOPA)							
If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.    Part   Financial Information   Financial Information	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    Financial Information	under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)			XYes No					
7 Plan Assets and Liabilities 2 Total plan assets	Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets Total plan liabilities Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan assets (subtract line 7b from line 7a) Total plan liabilities Total plan assets Total plan assets Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)  Total expenses (and lines 8d, 8e, 8f, and 8g) Net Income (loss) (subject line 8h from line 8c)	If you answered "No" to either 6a or 6b, the plan cannot use Form 6500-SF and must instead use Form 5500.								
a Total plan assets	Total plan assets   7a									
b Total plan fiabilities 7b Total plan fiabilities 7c 7c 760,164 1,005,29  8 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers 8a(2) Participants 8a(2) 79,856 (3) Others (Including rollovers) 8a(3)  b Other income (loss) 8b 165,278  C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 245,11	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Perticipants  (3) Others (including rollovers)  Other income (loss)  Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits pald (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)  Net Income (loss) (subject line 8h from line 8c)  8t  7t  7c  760,164  1,005,298  (a) Amount  (b) Total  (b) Total  (a) Amount  (b) Total  (b) Total  (a) Amount  (b) Total  (b) Total  (continued)  (continued)  (continued)  (continued	SERRESTEE CHICAGO INTO CHICAGO								
C Net plan assets (subtract line 7b from line 7a)  Ret plan assets (subtract line 7b f	Net plan assets (subtract line 75 from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (Including rollovers) (4) Engoine (Income (Ioss) (5) Other income (Ioss) (6) Ba(2) (7) Ba(3) (8) Income (Ioss) (8)	127702577	nning of Year	(b) End	of Year					
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7 Plan Assets and Liabilities (a) Beg		(b) End						
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	Income, Expenses, and Transfers for this Plan Year  Contributions recalved or receivable from:  (1) Employers	7 Plan Assets and Liabilities (a) Beg a Total plan asset6	760,164	(b) End						
a Contributions received or receivable from: (1) Employers	Contributions received or receivable from:  (1) Employers	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0	(b) End	1,005,298					
(1) Employers	(1) Employers	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164		1,005,298					
(3) Others (including rollovers)	(3) Others (including rollovers).  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits pald (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subject line 8h from line 8c)   8a(3)  8b  165,278  245,134	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount		1,005,298					
b Other income (loss)	Other income (loss)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount		1,005,298					
C Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount		1,005,298					
C Total income (and times out 1), out 2), out 3), and out the contract of the contract of the contract out	Benefits pald (including direct rollovers and insurance premiums to provide benefits)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298					
C Retents bard furctional direct tomovers and restraine branching	to provide benefits)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298 1,005,298 Total					
to grovide benefits)	Certain deemed and/or corrective distributions (see instructions) 8e  Administrative service providers (salaries, fees, commissions)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298 1,005,298 Total					
	Administrative service providers (salaries, fees, commissions)	7 Plan Assets and Liabilities a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298 1,005,298 Total					
	Other expenses	7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities 7 Total plan assets (subtract line 70 from line 7a) 7 Total plan assets (subtract line 70 from line 7a) 7 Total plan assets (subtract line 70 from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Ba(3)  C Total Income (loss) C Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b) C Benefits pald (including direct rollovers and insurance premiums to provide benefits)  8 (a) Beg 7 Total Plan assets (b) Beg 7 Total Plan assets (b) Beg 7 Total Plan assets (a) Beg 7 Total Plan assets (b) Beg 7 Total Plan assets (a) Beg 7 Total Plan assets (b) Beg 7 Total Plan assets (c) Beg 7 Total Plan assets (a) Beg 7 Total Plan assets (b) Beg 7 Total Plan assets (b) Beg 7 Total Plan assets (c) Beg 7 Total Plan assets (a) Beg 7 Tota	760,164 0 760,164 Amount 0 79,856		1,005,298 1,005,298 Total					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298 1,005,298 Total					
	Net Income (loss) (subject line 8h from line 8c)	7 Plan Assets and Liabilities (a) Beg a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298 1,005,298 Total					
245 1		7 Plan Assets and Liabilities  a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298  1,005,298  [otal  245,134					
		7 Plan Assets and Liabilities  a Total plan assets	760,164 0 760,164 Amount 0 79,856		1,005,298  1,005,298  Total  245,134					
Transfers to (from) the pign (see menucipons)	or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.  Form 5500-SF (2008 v.09230	7 Plan Assets and Liabilities  a Total plan assets  b Total plan liabilities  C Net plan assets (subtract line 7b from line 7a)  7 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (Including rollovers)  b Other income (loss)  C Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits pald (including direct rollovers and insurance premiums to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)  f Administrative service providers (salaries, fees, commissions)  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)  h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subject line 8h from line 8c)  81	760,164 0 760,164 Amount 0 79,856		1,005,298  1,005,298  Total  245,134					

	Form 5500-SF (2009)		Page 2-		_					
Pa	Plan Characteristics	-								
9a	If the plan provides pension benefits, enter the applicable pension for	eature codes from the	List of Plan Characteris	stic Co	odes ir	i the	instruction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes from the L	ist of Plan Characterist	ic Co	des in	the ir	nstructions	:		
Þå	Compliance Questions									
10	During the plan year:			$\Box$	res l	No		Amount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduc	iary Correction Progra	m) L1	10a		x				
D	Were there any nonexempt transactions with any party-in-interest? on line 10a.)		•	ю		×				
C	Was the plan covered by a fidelity bond?			I0c	х				100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	fidelity bond, that was	caused by fraud	lOd		x				
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all constructions.)	of the benefits under t	he plan? (See	0e	ж				3,216	
f	Has the plan falled to provide any benefit when due under the plan	7	[4	of		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	1	0g	x				32,416	
h	If this is an individual account plan, was there a blackout period? (\$2520,101-3.)	See Instructions and 2	9 CFR	Oh		×				
i	If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	e required notice or ar	ne of the	Oi						
31	Pension Funding Compliance									
1 	1 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	is this a defined contribution plan subject to the minimum funding of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applications of the contribution of		n 412 of the Code or se	ction	302 o	f ERI	ISA7 .	. Yes	<b>X</b> No	
a if	If a walver of the minimum funding standard for a prior year is being granting the walver		Manth					letter ruling Year		
b	Enter the minimum required contribution for this plan year		-		1	2b				
c	Enter the amount contributed by the employer to the plan for this pl				1;	2c		<del></del>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)				12	2d	<del></del>		<del>~~</del>	
e	Will the minimum funding amount reported on line 12d be met by the	ne funding dead!!ne?			. —		Yes	□No	□N/A	
art	Plan Terminations and Transfers of Assets				,					
3а	Has a resolution to terminate the plan been adopted during the plan	n year or any prior yea	r7			<u> </u>	• • •	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the en	nployer this year .	· · · · · · · ·		. 1;	3a				
_	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?							. TYes	X No	
<u>с</u> —	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the plan	n(s) to	) 			<del></del>	<u> </u>	
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							PN(3)			
			ľ							
		***************************************								
autic	n: A penalty for the late or incomplete filing of this return/report	will be assessed un	lesa reasonable caus	e is e	stabli	shec				
nder B or :	penalties of perjury and other penalties set forth in the instructions, if Schedule MB completed and signed by an enrolled actuery, as well at the true, corpect, and complete.	declare that I have ex	amined this return/rep	ort, in	cluding	a, if a	ipplicable,	a Scheduli dedge and	2	
810		10-1-10	Sanghao Fong,	MD						
HER	Signature of plan administrator	Date	Enter name of individual signing as plan administrator							
e lo	**************************************			,	J 7	r				
順	Signature of employer/plan sponsor	Date	Enter name of individ	e laut	igning	as e	mployer or	plan spon	801	