## 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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.				
		entification Information							
For	calendar plan year 2009 or fisca	l plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В -	This return/report is for:	first return/report	final retur	n/report					
		n year return/report (less than 12 mor	nths)						
C	Check box if filing under:		DFVC program						
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
	OOKLYN WOMAN'S MEDICAL	PAVILION, P.C. 401(K) PLAN				plan number			
						(PN)			
					1c	Effective date of plan 01/01/2007			
22	Plan enoneor's name and addre	ess (employer, if for single-employer	r nlan)		2h	Employer Identification Number			
	OOKLYN WOMANS MEDICAL		piarij		20	(EIN) 11-3446625			
					2c	Plan sponsor's telephone number			
	DURT STREET DKLYN, NY 11201				24	718-222-0123			
Di to	5112114,141 11201				Zu	Business code (see instructions) 621111			
		address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
A BR	OOKLYN WOMANS MEDICAL	PAVILION, P.C. 44 COURT S BROOKLYN		I	2-	11-3446625			
			,		30	Administrator's telephone number 718-222-0123			
		n sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan number	from the last return/report. Sponso	or's name		40	4c PN			
5a	Total number of participants at	the beginning of the plan year			5a				
b		the end of the plan year			5b	27			
С	·	th account balances as of the end o			0.0	27			
					5c	27			
				(See instructions.)		X Yes No			
р				ndent qualified public accountant (IQI ions.)		X Yes ☐ No			
				SF and must instead use Form 55					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	122780	)	431347			
b	Total plan liabilities		. 7b	C	)	0			
С	Net plan assets (subtract line 7	b from line 7a)	. 7с	122780	)	431347			
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received		2 (1)	20424					
				28421	_				
	(2) Participants				_				
h	(3) Others (including rollovers)       8a(3)       184279         Other income (loss)       8b       84569								
b	,			,	257724				
Q C		Ba(2), 8a(3), and 8b)ollovers and insurance premiums	. 8c			357731			
d	to provide benefits)	•	. <u>8d</u>	48852	2				
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e	(	)				
f	Administrative service providers	s (salaries, fees, commissions)	. 8f	312	2				
g	Other expenses		. 8g	(	)				
h	Total expenses (add lines 8d, 8	se, 8f, and 8g)	. 8h			49164			
i	Net income (loss) (subtract line	8h from line 8c)	8i			308567			
j		e instructions)		(	)				

Part IV	Plan	Charac	teristics

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 2F 2G 2J 2K 3D

Dow4 \	,	Oliamas Overstians								
Part '		Compliance Questions				Vac	No	1	A	
		ng the plan year: s there a failure to transmit to the plan any participant contributions	within the time no	riad described in		Yes	No		Amount	
а		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		X			
		e there any nonexempt transactions with any party-in-interest? (Do					Х			
		ne 10a.)			10b		X			
С	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?									
	insu	e any fees or commissions paid to any brokers, agents, or other perance service or other organization that provides some or all of the uctions.)	e benefits under the	plan? (See	10e	X				3454
f	Has	the plan failed to provide any benefit when due under the plan? $\dots$			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g	X				36139
h	lf th	s is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	) CFR	10h		X			
i	lf 10	th was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10ii					
Part \	/I	Pension Funding Compliance								
		is a defined benefit plan subject to minimum funding requirements?							Ye	s X No
		is a defined contribution plan subject to the minimum funding requ								s X No
	(If "\	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)						_	_
		vaiver of the minimum funding standard for a prior year is being an								
	_	ting the waiver.			th		Day		Year	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	12b			
		r the minimum required contribution for this plan year					12C			
		r the amount contributed by the employer to the plan for this plan y					120			
		ract the amount in line 12c from the amount in line 12b. Enter the rative amount)	•	-			12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					☐ Ye	s X No
		es," enter the amount of any plan assets that reverted to the emplo	,,,,				13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, tran					ntrol		☐ Ye	s X No
С	lf du	ring this plan year, any assets or liabilities were transferred from the hassets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne pla	n(s) to				Ш
13	13c(1) Name of plan(s):					130	c(2) El	N(s)	13c(	<b>3)</b> PN(s)
							` '		Ì	, , ,
Cautio	n: A	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonab	le cau	ıse is	establ	lished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	Fi	led with authorized/valid electronic signature.	10/12/2010	SUZANNE KNOR	RR					
HERE		Signature of plan administrator	Date	Enter name of in	divid	nie lei	nina a	s nlan adr	ninietrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## 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).

▶ 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

	art I Annual Report Identification Information						
_For		)1/01/2	009 and ending		12/31/200	9	
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for: first return/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		DFVC program				
	special extension (enter description	on)					
Pa	irt II Basic Plan Information—enter all requested inform	ation	Market Ma				
	Name of plan			1b	Three-digit		
	A Brooklyn Woman's Medical Pavilion, P.C				plan number	0.01	
	401(k) Plan			10	(PN) •	001	
				10	Effective date of 01/01/2007		
2a	Plan sponsor's name and address (employer, if for single-employer A Brooklyn Womans	plan)		2b	Employer Identif	ication Number	
	Medical Pavilion, P.C.				(EIN) 11-344		
	44. Garante Gl			2c	Plan sponsor's to (718) 222-0	elephone number	
	44 Court Street			2d	Business code (		
	Brooklyn		NY 11201		621111	occ morractions)	
3a	Plan administrator's name and address (if same as Plan sponsor, e $_{ ext{Same}}$	enter "Sam	e")	3b	Administrator's E	EIN	
				3c	3c Administrator's telephone number		
	The second secon						
	f the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	Tamber World the plan number work the last return report. Openiet	n 3 name		4c	PN		
5a	5a Total number of participants at the beginning of the plan year					28	
b	<b>b</b> Total number of participants at the end of the plan year					27	
				5b	' I	<b>→</b> .	
С	Total number of participants with account balances as of the end o	f the plan	ear (defined benefit plans do not	5c		27	
	Total number of participants with account balances as of the end o complete this item)		/ear (defined benefit plans do not	5с		<u>.</u>	
	Total number of participants with account balances as of the end o complete this item)	ole assets?	/ear (defined benefit plans do not  (See instructions.)	<b>5c</b>		27 X Yes No	
6a	Total number of participants with account balances as of the end o complete this item)	ole assets? an indepe	/ear (defined benefit plans do not  (See instructions.)  ndent qualified public accountant (IGions.)	<b>5c</b>		27	
6a b	Total number of participants with account balances as of the end o complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	ole assets? an indepe	/ear (defined benefit plans do not  (See instructions.)  ndent qualified public accountant (IGions.)	<b>5c</b>		27 X Yes No	
6a b	Total number of participants with account balances as of the end o complete this item)	ole assets? an indepe	(See instructions.)  Indept qualified public accountant (IC ions.)  SF and must instead use Form 58	<b>5c</b>		Z7  X Yes No  X Yes No	
6a b Pa	Total number of participants with account balances as of the end o complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities	ole assets? an indepe and condit orm 5500-	(See instructions.)  Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year	5c (PA)		27  X Yes No  X Yes No	
6a b	Total number of participants with account balances as of the end o complete this item)	ole assets? an indepe and condit orm 5500	(See instructions.)  Indept qualified public accountant (IC ions.)  SF and must instead use Form 58	5c (PA)		Z7  X Yes No  X Yes No	
6a b Pa 7	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities.	ole assets? an indepe and condit orm 5500-	(See instructions.)  (See instructions.)  Indent qualified public accountant (IC ions.)  SF and must instead use Form 56  (a) Beginning of Year  122,76	5c (PA) (00.		27  X Yes No  X Yes No  of Year  431,347	
6a b Pa 7	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets.	ole assets? an indepe and condit orm 5500-	(See instructions.)  Indent qualified public accountant (IC ions.)  SF and must instead use Form 58  (a) Beginning of Year  122,78	5c (PA) (00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
6a b Pa 7 a b	Total number of participants with account balances as of the end o complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.)  (See instructions.)  Indent qualified public accountant (IC ions.)  SF and must instead use Form 56  (a) Beginning of Year  122, 78  122, 78  (a) Amount	5c 2PA) 000.		27  X Yes No  X Yes No  of Year  431,347  0 431,347	
6a b 7 a b c 8	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-	(See instructions.)  (See instructions.)  Indent qualified public accountant (IC ions.)  SF and must instead use Form 58  (a) Beginning of Year  122, 78  (a) Amount	5c QPA) 000.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
6a b 7 a b c 8	Total number of participants with account balances as of the end o complete this item)	ole assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.) (Instructions.) (Instructi	5c RPA) 00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
6a b 7 a b c 8	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	ole assets? an indepe and condit orm 5500  7a  7b  7c	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (Beginning of Year (Ca) Amount	5c RPA) 00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
6a b 7 a b c 8	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Total plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) (Instructions.) (Instructi	5c RPA) 00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
Pa b c 8 a b c c	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Total plan liabilities  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) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (Beginning of Year (Ca) Amount	5c RPA) 00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
6a b 7 a b c 8 a	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Total plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (Beginning of Year (Ca) Amount	5c RPA) 00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
Pa b c 8 a b c c	Total number of participants with account balances as of the end o complete this item)	ole assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IG ions.)  SF and must instead use Form 58  (a) Beginning of Year  122, 78  (a) Amount  28, 43  60, 44  184, 27	5c RPA) 00.	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
Pa b c B a b c d	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information  Plan Assets and Liabilities  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers	ole assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) Indent qualified public accountant (IG ions.)  SF and must instead use Form 58  (a) Beginning of Year  122, 78  (a) Amount  28, 43  60, 44  184, 27	30 0 30 0 30 21 52 79	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
Pa b c B a b c d	Total number of participants with account balances as of the end o complete this item).  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (A) Beginning of Year (B) Amount (B) Am	30 0 30 0 30 21 52 79	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
Pa b c b c d e f	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (A) Beginning of Year (B) Amount (B) Am	30 0 30 0 30 21 52 79	(b) End	27  X Yes No  X Yes No  of Year  431,347  0 431,347	
Pa b c b c d e f g	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) (See instructions.) (See instructions.) (A) Beginning of Year (A) Beginning of Year (B) Amount (B) Am	30 0 30 0 30 21 52 79	(b) End	27  X Yes No  X Yes No  of Year  431,347  0  431,347  otal  357,731	

Form	5500-	SF.	2000	•

Page	2-	

Par	t IV	Plan Characteristics								
9a	If the	e plan provides pension benefits, enter the applicable pension featur 2E $2F$ $2G$ $2J$ $2K$ $3D$	re codes from the	List of Plan Chara	cteris	tic Co	des in	the instruction	ins:	
b	If the	e plan provides welfare benefits, enter the applicable welfare feature	e codes from the	List of Plan Charac	cterist	ic Cod	des in t	the instructio	ns:	
Part	٧	Compliance Questions			-			<del></del>	-	
10	Dur	ing the plan year:				Yes	No			
а	Wa	s there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time pe	riod described in	10a	103	Х	A	mount	-
b	We	re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)	not include trans	actions reported	10b		X			<del></del>
С		s the plan covered by a fidelity bond?		<b>⊢</b>	10c		- X			
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelitishonesty?	v bond, that was	caused by fraud	10d		Х			
е	We inst	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the ructions.)	rsons by an insura	ance carrier,	10e	Х				3,454
f		the plan failed to provide any benefit when due under the plan?			10f		Х			<del></del>
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g	Х				
h	If th	is is an individual account plan, was there a blackout period? (See ii 0.101-3.)	instructions and 2	9 CFR	10g 10h		X			6 <b>,</b> 139
i	If 10	Oh was answered "Yes," check the box if you either provided the req eptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or on	e of the	10i					
Part	VI	Pension Funding Compliance				·'	7.11.12.	<u> </u>		·
11	ls th 550	is a defined benefit plan subject to minimum funding requirements?	(If "Yes," see inst	ructions and comp	olete S	Sched	ule SB	(Form	Yes	X No
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•						
		er the minimum required contribution for this plan year					12b			
c d	Sub	er the amount contributed by the employer to the plan for this plan ye tract the amount in line 12c from the amount in line 12b. Enter the re ative amount)	esult (enter a mini	us sian to the left o	ıf a		12c 12d			
е	Will	the minimum funding amount reported on line 12d be met by the fun	nding 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 yea	r or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the employ					13a		<u></u>	
b	Wer	e all the plan assets distributed to participants or beneficiaries, trans	sferred to another	plan, or brought u			ntrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this ch assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify the	e plan	(s) to			<b></b> -	ш
1	3c(1	Name of plan(s):				13c(2) EIN(s) 13c(3) P				PN(s)
									,	
						•				
Caut	on: A	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	ınless reasonable	cau	se is	establ	ished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I de edule I/B completed and signed by an enrolled actuary, as well as t true, correct, and complete	clare that I have ethe electronic vers	examined this return tion of this return/re	n/rep eport,	ort, in and t	cluding o the b	g, if applicabl best of my kn	e, a Sche owledge	edule and
SIGI	ı	Affiliat Anno 1	0/12/10	Suzanne Kno	rr					
HER										
SIGN	ı L		~,~ /	Enter hame of the	AIVIUU	ai siyi	miy as	piair aurillini	ou a (Uí	
HER	E.	Signature of employer/plan sponsor Da	ate	Enter name of inc	dividu	al sigr	ning as	employer or	plan spc	nsor