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

| Pa | art I Annual Report Identification Information | | | | |
|----------|--|-------------|-------------------------------------|--------------|--|
| For | calendar plan year 2009 or fiscal plan year beginning 01/01/2009 | 9 | and ending | 12/31/2 | 2009 |
| Α . | This return/report is for: Single-employer plan | multiple-e | mployer plan (not multiemployer) | | one-participant plan |
| В | This return/report is for: first return/report | final retur | n/report | | |
| | an amended return/report | short plan | year return/report (less than 12 mo | onths) | |
| С | Check box if filing under: | extension | | DFVC program | |
| | special extension (enter descriptio | n) | | | |
| Pa | art II Basic Plan Information—enter all requested informa | ation | | | |
| | Name of plan | | | 1b | Three-digit |
| LYO | N & MARTIN MEDICAL ASSOCIATES PC PROFIT SHARING PLAN | | | | plan number |
| | | 4.0 | (PN) | | |
| | | | | 10 | Effective date of plan 01/01/2001 |
| 2a | Plan sponsor's name and address (employer, if for single-employer | plan) | | 2b | Employer Identification Number |
| LYO | N & MARTIN MEDICAL ASSOCIATES PC | | | <u> </u> | (EIN) 13-4116365 |
| FO F | ACT FATH CIDEFT, CIT 22 | | | 2c | Plan sponsor's telephone number 212-750-8330 |
| | AST 54TH STREET, STE 23 / YORK, NY 10022 | | | 2d | Business code (see instructions) |
| | | | | | 621111 |
| | Plan administrator's name and address (if same as Plan sponsor, er N & MARTIN MEDICAL ASSOCIATES PC 59 EAST 54T | | | 3b | Administrator's EIN 13-4116365 |
| LIOI | NEW YORK, | | | 3c | Administrator's telephone number |
| | | | | | 212-750-8330 |
| | f the name and/or EIN of the plan sponsor has changed since the las | | port filed for this plan, enter the | 4b | EIN |
| l | name, EIN, and the plan number from the last return/report. Sponsor | i s name | | 4c | PN |
| 5a | Total number of participants at the beginning of the plan year | - 5a | 2 | | |
| b | | | | | 2 |
| C | Total number of participants with account balances as of the end of | | | _ | |
| | complete this item) | | | . 5c | <u>2</u> |
| ь b | 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 a | | , | | X Yes No |
| D | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | | | X Yes No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | orm 5500- | SF and must instead use Form 5 | 500. | |
| Pa | rt III Financial Information | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | _ | (b) End of Year |
| a | Total plan assets | 7a | 20853 | | 245433 |
| _ | Total plan liabilities | 7b | 00055 | 0 | 0 |
| <u>C</u> | Net plan assets (subtract line 7b from line 7a) | 7c | 20853 | 55 | 245433 |
| 8 a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | (b) Total |
| а | (1) Employers | 8a(1) | | 0 | |
| | (2) Participants | 8a(2) | | 0 | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | |
| b | Other income (loss) | 8b | 3689 | 8 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 36898 |
| d | Benefits paid (including direct rollovers and insurance premiums | 0.1 | | 0 | |
| ^ | to provide benefits) | 8d | | 0 | |
| e f | Certain deemed and/or corrective distributions (see instructions) | 8e | | _ | |
| t t | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | |
| g h | Other expenses | 8g | | U | 0 |
| h i | | 8h e: | | | 36898 |
| : | Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) | 8i 8j | | 0 | 30090 |
| | | . XI | | 0 | |

| Dort IV | Dian | Charac | teristics |
|---------|------|--------|------------|
| Part IV | Plan | Charac | 'teristics |

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2R 3D

| D ' | 11 (11) | s plant provides wellare benefits, enter the applicable wellare heat | ure codes from the | List of Flair Chara | iciens | iic Coi | ues III | uie ilisuu | olions. | | |
|---|--------------|--|-----------------------|----------------------|--|----------|---------|--------------|---------|---------|-----|
| Part | ٧ | Compliance Questions | | | | | | | | | |
| 10 | Dui | ing the plan year: | | | | Yes | No | | Amour | nt | |
| а | | s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia | | | 10a | | X | | | | |
| b | | re there any nonexempt transactions with any party-in-interest? (Eine 10a.) | | • | 10b | | X | | | | |
| С | Wa | s the plan covered by a fidelity bond? | | | 10c | | X | | | | |
| d | | the plan have a loss, whether or not reimbursed by the plan's fide ishonesty? | | 10d | | Х | | | | | |
| | | | | | | | | | | | |
| 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 | f year end.) | | 10g | X | | | | 494 | 148 |
| _ | If th | is is an individual account plan, was there a blackout period? (Se | e instructions and 2 | 9 CFR | 10h | | | | | | |
| i | | Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3. | | | 10i | | | | | | |
| Part ' | VI | Pension Funding Compliance | | | | | | | | | |
| 11 | ls th 550 | is a defined benefit plan subject to minimum funding requirement | s? (If "Yes," see ins | tructions and com | plete | Schec | lule SE | 3 (Form | . [] Y | es X | No |
| 12 | ls t | nis a defined contribution plan subject to the minimum funding rec | quirements of sectio | n 412 of the Code | or se | ction 3 | 302 of | ERISA? | . Y | es X | No |
| | • | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | , | | | | | | | | |
| | | waiver of the minimum funding standard for a prior year is being a | | | | | | | | | |
| | - | ting the waiverompleted lines 3, 9, and 10 of Schedule M | | | uı | | Day | | rear_ | | - |
| | | er the minimum required contribution for this plan year | | - | | | 12b | | | | — |
| | | er the amount contributed by the employer to the plan for this plan | | | | | 12c | | | | |
| d | Sub | tract the amount in line 12c from the amount in line 12b. Enter the ative amount) | 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 | ear or any prior yea | ır? | | | | | ΠY | es X | No |
| | If "Y | es," enter the amount of any plan assets that reverted to the emp | lover this year | | | | 13a | | | | |
| | We | e all the plan assets distributed to participants or beneficiaries, tra | | | | | ontrol | | Y | es X | No |
| | | uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.) | this plan to another | plan(s), identify th | ne pla | n(s) to | 1 | | | | |
| 13 | 3c(1 | Name of plan(s): | | | | 13 | c(2) El | N(s) | 130 | (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 | nalties 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 _l | port, ir | cludin | g, if applic | | | ; |
| SIGN | F | led with authorized/valid electronic signature. | 10/13/2010 | JOY A MILLER | | | | | | | |
| HERE Signature of plan administrator Date Enter name of | | | | | individual signing as plan administrator | | | | | | |

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.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| | Annual Report Identifica | | | | | | |
|-----------------------------------|--|--|--|---|--|--|-------|
| For | calendar plan year 2009 or fiscal plan year | r beginning | 01/01/2 | and ending | | 12/31/2009 | |
| Α | This return/report is for: | employer plan | multiple-e | employer plan (not multiemployer) | | one-participant plan | |
| В | This return/report is for: | ırn/report | final retu | n/report | | | |
| | · | nded return/report | Short plan | n year return/report (less than 12 mo | nths) | | |
| | Check box if filing under: | • | H | extension | - / | ☐ DFVC program | |
| | | | ☐ Di vo program | | | | |
| | | extension (enter descr | · | | | | |
| •—- | art II Basic Plan Information | enter all requested info | ormation | | 41. | | |
| | Name of plan LYON & MARTIN MEDICAL ASS | SOCIATES PC | | | מו | Three-digit plan number | |
| | | JOCINIED TO | | | | (PN) ▶ 001 | |
| | PROFIT SHARING PLAN | | | | 1c | Effective date of plan | |
| | | | | | | 01/01/2001 | |
| 2a | Plan sponsor's name and address (emplo LYON & MARTIN MEDICAL ASS | yer, if for single-emplo | yer plan) | | 2b | Employer Identification Number | er |
| | LION & MARTIN MEDICAL ASS | OCIAIES FC | | | <u> </u> | (EIN) 13-4116365 | |
| | | | | | 2C | Plan sponsor's telephone num (212) 750-8330 | ber |
| | 59 EAST 54TH STREET, STE | 23 | | | 2d | Business code (see instruction | 18) |
| | NEW YORK | | | NY 10022 | | 621111 | .0, |
| 3a | Plan administrator's name and address (if | f same as Plan sponso | or, enter "Sam | | 3b | Administrator's EIN | |
| | Janua | | | | <u> </u> | | |
| | | | | | 3C | Administrator's telephone num | nber |
| 4 | f the name and/or EIN of the plan sponsor | has changed since the | e last return/re | eport filed for this plan, enter the | 4b | EIN | |
| | name, EIN, and the plan number from the | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | 4c | PN | |
| 5a | Total number of participants at the begins | ning of the plan year | | | 5a | | |
| | , , | | | | - | | |
| b | Total number of participants at the end of | f the plan year | | | 5b | | |
| | Total number of participants at the end of Total number of participants with account | t balances as of the en | d of the plan | year (defined benefit plans do not | | | |
| b c | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en | d of the plan | year (defined benefit plans do not | 5c | | 1 |
| 6a | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en | id of the plan y | year (defined benefit plans do not (See instructions.) | 5c | X Yes |] No |
| 6a | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en | id of the plan y | year (defined benefit plans do not (See instructions.) | 5c | | |
| 6a | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en blan year invested in el examination and repor ctions on waiver eligibi | id of the plan y ligible assets? It of an indepe lity and condit | year (defined benefit plans do not (See instructions.) | 5c | | No |
| b c 6a b | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en blan year invested in el examination and repor ctions on waiver eligibi | id of the plan y ligible assets? It of an indepe lity and condit | year (defined benefit plans do not (See instructions.) | 5c | | |
| b c 6a b | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en blan year invested in el examination and repor ctions on waiver eligibi | id of the plan y ligible assets? It of an indepe lity and condit | year (defined benefit plans do not (See instructions.) | 5c | | |
| b c 6a b | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en | ligible assets? t of an indepe lity and condit e Form 5500 | year (defined benefit plans do not (See instructions.) | 5c QPA) | X Yes | No |
| 6a b | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the en | d of the plan y ligible assets? t of an indepe lity and condit e Form 5500- | year (defined benefit plans do not (See instructions.) | 5c QPA) | (b) End of Year | No |
| 6a b Pa 7 a b | Total number of participants at the end of Total number of participants with account complete this item) Were all of the plan's assets during the pare you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instructional flag of the plan's assets and Liabilities. Financial Information Plan Assets and Liabilities Total plan liabilities | t balances as of the en | ligible assets? It of an indepelity and condition in the Form 5500- | year (defined benefit plans do not (See instructions.) | 5c QPA) 500. | (b) End of Year 245 | No. |
| b 6a b Pa 7 a b | Total number of participants at the end of Total number of participants with account complete this item) Were all of the plan's assets during the parent and an end of the plan's assets during the parent and th | t balances as of the encoder of the | ligible assets? It of an indepelity and condition in the Form 5500- | year (defined benefit plans do not (See instructions.) | 5c QPA) 500. | (b) End of Year 245 | No 43 |
| 6a b Pa 7 a b c | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encommon to balances as of the encommon to balances as of the encommon to be examination and reportions on waiver eligibite, the plan cannot us as 7a) | ligible assets? It of an indepelity and condition in the Form 5500- | year (defined benefit plans do not (See instructions.) | 5c QPA) 500. | (b) End of Year 245 | No 43 |
| b 6a b Pa 7 a b | Total number of participants at the end of Total number of participants with account complete this item) Were all of the plan's assets during the parent and an end of the plan's assets during the parent and th | t balances as of the encoder of the | ligible assets? t of an indepe lity and condit e Form 5500- 7a 7b 7c | year (defined benefit plans do not (See instructions.) | 5c QPA) 500. | (b) End of Year 245 | No 43 |
| 6a b Pa 7 a b c | Total number of participants at the end of Total number of participants with account complete this item) Were all of the plan's assets during the participants with account of the annual under 29 CFR 2520.104-46? (See instructional from the plan assets and Liabilities. Financial Information Plan Assets and Liabilities Total plan assets | t balances as of the encoder of the encoder of the encoder of the encoder of the examination and reportions on waiver eligibitions on waiver eligibitions on the plan cannot used as a fallow of the plan cannot used as a fallow of the encoder of th | ligible assets? It of an indepelity and conditive Form 5500- 7a 7b 7c 8a(1) | year (defined benefit plans do not (See instructions.) | 5c QPA) 500. | (b) End of Year 245 | No 43 |
| 6a b Pa 7 a b c | Total number of participants at the end of Total number of participants with account complete this item) Were all of the plan's assets during the pare you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instructional plan answered "No" to either 6a or 6 or 1 lite. Financial Information Plan Assets and Liabilities Total plan assets | t balances as of the encodan year invested in elexamination and reportions on waiver eligibite, the plan cannot us | ligible assets? t of an indepelity and condite Form 5500- 7a 7b 7c 8a(1) 8a(2) | year (defined benefit plans do not (See instructions.) | 5c QPA) 600. | (b) End of Year 245 | No 43 |
| 6a b Pa 7 a b c | Total number of participants at the end of Total number of participants with account complete this item) Were all of the plan's assets during the pare you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instructional formation) If you answered "No" to either 6a or 6 part III. Financial Information Plan Assets and Liabilities Total plan assets | t balances as of the encolon year invested in elexamination and reportions on waiver eligibite, the plan cannot use 7a) | igible assets? t of an indepelity and condition Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) | year (defined benefit plans do not (See instructions.) | 5c QPA) 600. 35 0 0 0 | (b) End of Year 245 | No 43 |
| 6a b Pa 7 a b c 8 a | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encommon to balances as of the encommon to balances as of the encommon to be examination and reportions on waiver eligibities, the plan cannot us as 7a) | igible assets? t of an indepelity and condite Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) | year (defined benefit plans do not (See instructions.) | 5c QPA) 600. 35 0 0 0 | (b) End of Year 245 (b) Total | No 43 |
| Pa b c 8 a b | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encolor to balances as of the encolor to balances as of the encolor to balance and the plan cannot us to be a factor of the plan cannot us a factor of the plan canno | igible assets? t of an indepelity and condit e Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c | year (defined benefit plans do not (See instructions.) | 5c QPA) 600. | (b) End of Year 245 (b) Total | , 43. |
| 6a b Pa b c 8 a b c | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encolor to balances as of the encolor to balances as of the encolor to balance and the plan cannot us to be a factor of the plan cannot us a factor of the plan canno | igible assets? t of an indepelity and condit e Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c | year (defined benefit plans do not (See instructions.) | 5c QPA) 500. 500. 500. 500. 500. 500. 500. 500 | (b) End of Year 245 (b) Total | , 43. |
| 6a b Pa b c 8 a b c | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encolar year invested in elexamination and reportions on waiver eligibite, the plan cannot use 7a) | Iigible assets? t of an indepe ity and condition | year (defined benefit plans do not (See instructions.) | 5c QPA) 600. | (b) End of Year 245 (b) Total | , 43. |
| 6a b Pa b c b c d | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encodan year invested in elexamination and reportions on waiver eligibite, the plan cannot use 7a) | d of the plan | year (defined benefit plans do not (See instructions.) | 5c QPA) 35 0 35 0 0 0 0 0 | (b) End of Year 245 (b) Total | , 43. |
| 6a b Pa b c b c d | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encodan year invested in elexamination and reportions on waiver eligibite, the plan cannot us a 7a) | igible assets? t of an indepelity and condit e Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8) 8e 8f | year (defined benefit plans do not (See instructions.) | 5c QPA) 600. 35 0 0 0 0 0 0 | (b) End of Year 245 (b) Total | , 43. |
| Pa b c 8 a b c d e f | Total number of participants at the end of Total number of participants with account complete this item) | blances as of the encodan year invested in elexamination and reportions on waiver eligibite, the plan cannot us a 7a) | Section Sect | year (defined benefit plans do not (See instructions.) | 5c QPA) 35 0 35 0 0 0 0 0 | (b) End of Year 245 (b) Total | , 43. |
| Pa b c 8 a b c d e f g. | Total number of participants at the end of Total number of participants with account complete this item) | t balances as of the encodan year invested in elexamination and reportions on waiver eligibite, the plan cannot use 7a) | Section Sect | year (defined benefit plans do not (See instructions.) | 5c QPA) 35 0 35 0 0 0 0 0 | (b) End of Year 245 (b) Total | , 43. |

| Page | 2- | | |
|------|----|--|--|
|------|----|--|--|

Enter name of individual signing as employer or plan sponsor

| Form | 66 | \sim | OF. | 20 | 2 |
|------|----|--------|-----|----|----|
| Form | ລວ | UU | -56 | ZU | UЭ |

SIGN HERE

Signature of employer/plan sponsor

| | Form 5500-SF 2009 | Pa | ge z- | | | | | | |
|-------------------|---|---|---|----------------|-------------------|---------------------|---------------------------------|------------------------|--------------|
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension fe | ature codes from the | ist of Plan Charac | cteris | tic Co | des in | he instructio | ns: | |
| L | 2E 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea | ature codes from the L | iet of Plan Charac | terist | ic Cor | des in t | ne instruction | ns. | |
| D | If the plan provides werrare benefits, enter the applicable werrare rea | atore codes from the L | ist of Flair Offarao | | .10 000 | 300 III (| io mondono. | | |
| Par | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | *** | _ | | Yes | No | Α | mount | |
| | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions) | ary Correction Progra | m) | 10a | | Х | | | |
| b | Were there any nonexempt transactions with any party-in-interest? on line 10a.) | (Do not include transa | ctions reported | 10b | | Х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | Х | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's ficor dishonesty? | | | 10d | | Х | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) | the benefits under the | plan? (See | 10e | | Х | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | ? | | 10f | | Х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year end.) | | 10g | Х | | | 4 9 | 9,448 |
| h | If this is an individual account plan, was there a blackout period? (S 2520.101-3.) | ee instructions and 29 | CFR | 10h | | | | | |
| 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- | required notice or on | e of the | 10i | | | | | |
| Parl | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement 5500)) | nts? (If "Yes," see inst | ructions and comp | olete | Sched | dule SB | (Form | Yes | X No |
| 12 | Is this a defined contribution plan subject to the minimum funding re | | 1 412 of the Code | or se | ction | 302 of I | ERISA? | Yes | X No |
| _ | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being | ble.) | vear see instruct | tione | and a | anter th | e date of the | letter ruli | na |
| а | granting the waiver | amoruzeu in una piai | Mont | h | | Day | Y | ear | |
| if | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | Г | 401- | | | |
| b | • | | | | - 1 | 12b | | | |
| C | Enter the amount contributed by the employer to the plan for this pla | | | | ···· ├ | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | | | | | 12d | Yes | No [| 1 N/A |
| 1179973 | Will the minimum funding amount reported on line 12d be met by the | e funding deadline? | | | | | res | NO [| IN/A |
| 20000 | VII Plan Terminations and Transfers of Assets | | | | | | | Пу | X No |
| 13a | Has a resolution to terminate the plan been adopted during the plan | | | | - 1 | 13a | | Yes | X No |
| | If "Yes," enter the amount of any plan assets that reverted to the em | | | | | | | | |
| D | Were all the plan assets distributed to participants or beneficiaries, of the PBGC? | | | | | | | Yes | X No |
| С | 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 th | e pla | n(s) to |) | | | |
| | 13c(1) Name of plan(s): | | | | 13 | c(2) El | N(s) | 13c(3) | PN(s) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | tion: A penalty for the late or incomplete filing of this return/repo | | | | | | | | |
| SB | er penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well of, it is true, correct, and complete. | I declare that I have of as the electronic vers | examined this retu sion of this return/r | rn/re repor | port, i t, and | ncludin to the l | g, if applicab best of my kr | le, a Sche nowledge | edule and |
| - 19 to | 1000 00 | 10/2/10 | VALERIE LYO | ON | | | t. | | |
| SIC | | Date | Enter name of in | | ual sid | ning a | s plan admin | istrator | |
| 506 FH8983 | Culo | be (12/1- | VALERIE LY | | | , | g | | |
| SIGN VALERIE LION | | | | | | | | | |

Date