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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.				
		Identification Information							
For	calendar plan year 2009 or fis	scal plan year beginning 01/01/200	9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	X 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					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC program			
		special extension (enter description	on)						
Pa	art II Basic Plan Info	rmation—enter all requested inform	ation						
1a	Name of plan				1b	Three-digit			
SOU	TH SHORE ANESTHESIOLO	GY, PC PROFIT SHARING PLAN AN	D TRUST			plan number 003			
					_	(PN) 🕨			
					1C	Effective date of plan 01/01/1995			
2a	Plan sponsor's name and add	dress (employer, if for single-employer	plan)		2b	Employer Identification Number			
	TH SHORE ANESTHESIOLO		ρ.α,			(EIN) 06-1085894			
					2c	Plan sponsor's telephone number			
	I PALERMO STREET LISWOOD, NY 11423				24	718-689-7212 Business code (see instructions)			
					24	621111			
		d address (if same as Plan sponsor, e			3b	Administrator's EIN			
SOU	TH SHORE ANESTHESIOLO	GY, PC 86-51 PALEF HOLLISWOO			06-1085894				
					30	Administrator's telephone number 718-689-7212			
				eport filed for this plan, enter the	4b	EIN			
	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/report. Sponsor's name 4b EIN 4c PN 5a Total number of participants at the beginning of the plan year								
5a	Total number of participants	at the beginning of the plan year				4			
						0			
С	·	• •			0.0				
					5c				
		during the plan year invested in eligib				X Yes No			
b		the annual examination and report of a community (See instructions on waiver eligibility)				X Yes ☐ No			
		ther 6a or 6b, the plan cannot use F							
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	1116826	3	0			
b	Total plan liabilities		. 7b)	0			
С	Net plan assets (subtract line	e 7b from line 7a)	- 7c	1116826	3	0			
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or rec		90/4)						
	• • • •		8a(1) 8a(2)						
		rs)			0				
b	• • • • • • • • • • • • • • • • • • • •				- 1				
С	, ,), 8a(2), 8a(3), and 8b)				0			
d		ct rollovers and insurance premiums							
	. ,		. 8d	1116826	5_				
е		ective distributions (see instructions)		(- i				
f	Administrative service provid	lers (salaries, fees, commissions)		(_				
g	•			()				
h		I, 8e, 8f, and 8g)				1116826			
i		ne 8h from line 8c)				-1116826			
J	ransters to (from) the plan ((see instructions)	- 8i)				

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 2G

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the f	LIST OF FIRE CHAIR	CICIIS	110 000	163 III I	ine manuc	tions.		
Part	٧	Compliance Questions									
10	During the plan year:								Amount		
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	Wa	s the plan covered by a fidelity bond?		10c	X				125000		
d	. — — — — — — — — — — — — — — — — — — —										
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of th uctions.)	ne benefits under the	e plan? (See	10e		X				
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				
_	If th	s is an individual account plan, was there a blackout period? (Sec	e instructions and 29	9 CFR	10h		X				
i		h 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	s a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Ye	s X No	
12	ls t	is a defined contribution plan subject to the minimum funding req	quirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s 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 waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal		
		r the minimum required contribution for this plan year		_			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 mini	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	r?					X Ye	s No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this vear				13a			0	
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		X Ye	s No	
		ring this plan year, any assets or liabilities were transferred from hassets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to					
13	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	ıse is	establ	ished.	<u> </u>		
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/rep	ort, in	cludin	g, if applic			
SIGN	Filed with authorized/valid electronic signature. 10/15/2010 JOHN BURY										
HERE Signature of plan administrator Date Enter name of individual signing as plan a					s plan adm	ninistrator					

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Filing Authorization for the 2009 Form 550 / Form 5500-SF

Name of Plan:

South Shore Anesthesiology, PC Profit Sharing Plan

EIN / PN:

06-1085894 / 003

Plan Year Ending:

12/31/2009

PARTI Authorization of Practitioner to Electronically Sign and File

I hereby authorize Bury and Associates, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

John Bury

- I must manually sign and date page 2 of the Form 5500-SF and provide a scanned copy of that signature page to Bury & Associates, Inc. before the electronic filing can be initiated;
- Bury & Associates, Inc. will retain a copy of this written authorization in its records;
- Bury & Associates, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 2 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Bury and Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for

Plan year end stated above	4/ 4	
Plan Administrator: Lay Mesced	Villa mura	4 Date: 10/15/2010
Employer/Plan Sponsor (if not the Plan Administ	rator):	Date:
PART II Acknowledgement of Rec	eipt of Authorizat	tion
On behalf of Bury and Associates, Inc., I here granted only for the express purposes describ information to any parties other than the DOI will take reasonable steps to assure that confi	ed above; that the firm L, as required for EFA dential information p	m will not disclose confidentions. AST filing; and that the firm provided by the Plan
Administrator or Plan Sponsor is protected for For Bury and Associates, Inc.:	om unauthorized disc	Date: 14/14
	John M. Bury, EA)	

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).

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OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accor-	dance wit	h the instructions to the Form 550	0-SF.					
	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending	2/31/2	2009				
A This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant									
В	This return/report is for: first return/report	final return/report							
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	automati	c extension		DFVC program				
	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested inform	ation							
1a	Name of plan	14		1b	Three-digit				
	TH SHORE ANESTHESIOLOGY, PC PROFIT SHARING PLAN AN	D TRUST			plan number				
					(PN) ▶ 003				
				1c	Effective date of plan 01/01/1995				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
SOU	TH SHORE ANESTHESIOLOGY, PC				(EIN) 06-1085894				
	PALERMO STREET			2¢	Plan sponsor's telephone number 718-689-7212				
HOL	LISWOOD, NY 11423			2d	Business code (see instructions) 621111				
	Plan administrator's name and address (if same as Plan sponsor, e			3b	Administrator's EIN 06-1085894				
427075	HOLLISWOO			3с	Administrator's telephone number 718-689-7212				
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b					
1	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	DNI				
5a	Total number of participants at the beginning of the plan year			5a	1 4				
	Total number of participants at the end of the plan year			5b	0				
	Total number of participants with account balances as of the end of								
	complete this item)			5c	0				
	Were all of the plan's assets during the plan year invested in eligib				Yes No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use F		•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	1116826	3	0				
b	Total plan liabilities				0				
c	Net plan assets (subtract line 7b from line 7a)	7c	1116826	826					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	. 8a(1)		,					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)				0				
b	Other income (loss)								
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				0				
d	Benefits paid (including direct rollovers and insurance premiums			+					
	to provide benefits)		1116826	-					
_	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)			-	1116826				
i	Net income (loss) (subtract line 8h from line 8c)				-1116826				
1	Transfers to (from) the plan (see instructions)	Qi	1	1					

Part IV Plan Characteristics Plan the plan puriodes persion benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the feature codes		Form 5500-SF 2009	<u> </u>	Page 2- [1						
Description provides persion benefits, enter the applicable werfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par	IV Plan Characteristics					,			
b If the plan provides welfane benefits, other the applicable welfane locates from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	9a	If the plan provides pension benefits, enter the applicable pension featu	re codes from the	e List of Plan Chan	acteris	tic Co	des in	the instruc	tions:	
100 During the plan year: 20 STOR 25 to 3-1027 (Size instructions and DOL's Voluntary Followary Correction Program) 22 STOR 25 to 3-1027 (Size instructions and DOL's Voluntary Followary Correction Program) 100 X 100			e codes from the	List of Plan Chara	cteris	tic Co	ies in	the instruct	ions:	
National States a failure to transmit to the join any participand contributions within the time period described in 29 CFR \$250.3-1027 (See instructions and OCL). Voluntinally prefudency Correction Program). **To Was the plan covered by a flashify bond? **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan covered by a flashify bond?** **C. Was the plan save a loss, whether or not rembursed by the plans flashify bond, that was caused by flaud or distinction and plans and the plans?** **C. Was the plan save any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and).** **To did the plan nave any participant (lasms? (if "Yes," entire amount as of year and beautify the plan subject to minimum that the plan subject to plan nave and the plan subject to plan nave and the plan subjec	Part	V Compliance Questions								
29 CFR 2510.3-1027 (See instructions and DOL's Victoritary Fitudary Corrector Program) b Mere there any noncempt transactions with any party-in-interest? (Do not include transactions reported on tine 10a) C Vias the plan nave a loss, whether or not rembursed by the plan's freelity bond, that was caused by found or distoract?? d Did the plan have a loss, whether or not rembursed by the plan's freelity bond, that was caused by found or distoract?? R Were any fice or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? As the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when due under the plan? B Has the plan failed to provide any benefit when the plan failed the required notice or one of the exceptions to providing the notice applied out plan? B Has the plan failed to provide any benefit when the plan failed the required notice or one of the exceptions to providing the notice applied out plan failed by the employer the plan failed or the plan failed by the employer the plan failed by the employer to the plan failed by the employer to the plan for this plan year. B Has the plan assets distributed by the employer to the plan for this plan year. B Has an execution to terminate the plan been adopted during the plan year. B Has an execution to terminate the plan bee	10	During the plan year:				Yes	No	ļ	Amount	
or fine 10a J C Visas the plan have a loss, whether or not reimbursed by the plan's tidelity bond, that was caused by traud or distorresty? B. Were any rices or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization mad provides some or all of the benefits under the plan? See instructions, and to provide any benefit when due under the plan? G. Did the plan have a loss, whether or not reimbursed by the plan's service or other organization mad provides some or all of the benefits under the plan? See instructions as envired or other organization mad provides some or all of the benefits under the plan? G. Did the plan have any participant lears? (Fire, other amount as of year and). It is this is an individual account, plan, was there a blackout period? (See instructions and 25 CFR 2500, 101-3.). If I find was answered "Yea," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2500, 101-3. Part VI Petrsion Funding Compliance It is this is defined contribution plan subject to minimum funding requirements? (If "Yea," see instructions and complete Schedute SB (Form 9500). It is this a defined contribution plan subject to the minimum funding requirements? of section 312 of the Code or section 302 of ERISA? If you completed line 12a, complete line 3, and 12e below, as applicable) It is the awaver of the minimum funding studerer for a prior year is being amortized in this plan year, see instructions, and enter the case of the letter ruling granting the varietr If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form S500), and skip to line 13. Exist the amount to interinum funding shall be a seed to the letter ruling granting the varietr If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form S500), and skip to line 13. Exist the amount to interinum funding amount reported on line 12b te metally the funding deadline? If you com	a				10a		х			~ ~ ~ 0 ~
d Did he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distortiesty? 4. Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). 5. Has the plan failed to provide any benefit when due under the plan? 6. Under the plan have any participant loans? (If "Yes," enter mount as of year and.)	ħ			•	10b		х	and the state of t		
or distoncesty? 6. Were any rices or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). 7. Has the plant falled to provide any benefit when due under the plan? 8. Old the plan have any participant loans? (if "Yes," enter amount as of year ond.)	c	·		1	10c	Х				125000
instructions service or other organization that provides some or all of the benefits under the plan? (See instructions). It has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (if "Yes," enter amount as of year end.). 100 X	ď		•	•	10d		х			
Fig. Has the plan failed to provide any benefit when due under the plan? 100 X	6	insurance service or other organization that provides some or all of the	benefits under th	ne plan? (See	100		X	Auditing Charge (California)		
g Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	ŧ	•					χ			¬
h It this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520, 101-3. Part VI Pension Funding Compliance 11 is this is defined operall; plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). 12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 392 of ERISA?. Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applicable.) a If a waiter of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and order the date of the lefter rusing granting the waiver. Yes No (If "Yes," complete 12a complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. be finet the minimum required contribution for this plan year. 12b 12c 12d					 -		х			
i if 10th was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compilance 11 is this is defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	~	If this is an individual account plan, was there a blackout period? (See	instructions and	29 CFR			×			
Part VI Pension Funding Compliance 11 is this a defined benefit plan subject to minimum funding requirements? (If Yes," see instructions and complete Schedule S8 (Form 5500)). 12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 392 of ERISA? Yes No (If Yes," complete 12a or 12b, 12c, 12d, and 12b below, as applicable) a If a waiter of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruring granting the waiter of the minimum required schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. C Enter the amount in line 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e 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 year or any prior year? Yes No N/A Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the pBGC? Yes Ino No If Yes, and the amount of any plan assats that reverted to the employer this year. 13a O Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the pBGC? Yes Ino No If Yes, are the amount of any plan assats that reverted to the employer this year. 13a O Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the pBGC? Yes Ino No 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 of liabilities were transferred (See instructions, idealare that I have examined this	i	If 10h was answered "Yes," check the box if you either provided the req	julred notice or a	ne of the			~~~. <u> </u>			
Yes No No No No No No No N	Part									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11	is this a defined benefit plan subject to minimum funding requirements?							∏ Ye:	No
(If "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulling granting the waiver. If you completed line 12a, complete lines 3. 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. 12b C Enter the amount contributed by the employer to the plan for this plan year. 22c d Subtract the amount contributed by the employer to the plan for this plan year. 22c d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d regard to 12d regard the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If Yes I No II Yes, enter the amount of any plan assets that reverted to the employer this year. 13a I were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control which plan year assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan (s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan (s), ide	12								Ye	X No
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