	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2009				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the ode (the Code).		This Form is Open to Public				
	ension Benefit Guaranty Corporation			n the instructions to the Form 550	0-SF.	Inspection				
Pa	Part I Annual Report Identification Information									
For	calendar plan year 2009 or fisca	I plan year beginning 06/01/2009	9	and ending C	)5/31/2	2010				
Α	This return/report is for:	single-employer plan	mployer plan (not multiemployer)	/er) one-participant plan						
B This return/report is for:										
an amended return/report Short plan year return/report (less than 12 mo										
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter descriptio	n)							
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit				
WILL	IAM A LADO DDS PC 401K PR	OFIT SHARING PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						06/01/1978				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 16-1106204				
75 M	ARKET STREET				2c	Plan sponsor's telephone number 607-432-2335				
	ONTA, NY 13820				2d	Business code (see instructions) 621210				
	Plan administrator's name and a	address (if same as Plan sponsor, er 75 MARKET		")	3b	Administrator's EIN 16-1106204				
ONEONTA, NY 13820					3c	Administrator's telephone number 607-432-2335				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b	D EIN				
name, EIN, and the plan number from the last return/report. Sponsor's name										
				4c 5a	PN					
5a Total number of participants at the beginning of the plan year						5				
<b>b</b> Total number of participants at the end of the plan year						0				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans of complete this item)						0				
complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	<b>b</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.)									
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.           Part III         Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a		1070073					
b	Total plan liabilities		7b	(	)	0				
С	Net plan assets (subtract line 7	b from line 7a)	7c	1070073	3	0				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or received		0-(1)	,						
					, ,					
			8a(2)		<u>,</u>					
b	.,			6139 <sup>-</sup>	-					
c		Ba(2), 8a(3), and 8b)		0100	•	61391				
d		ollovers and insurance premiums				01001				
			8d	1131464	1					
е	Certain deemed and/or correct	ve distributions (see instructions)	8e	(	)					
f		s (salaries, fees, commissions)	8f	(	)					
g	Other expenses		8g	(	)					
h		3e, 8f, and 8g)				1131464				
i		8h from line 8c)				-1070073				
j	Transfers to (from) the plan (se	e instructions)	8j	(	)					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page **2-**1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	unt		
а	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)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x					
С	Was the plan covered by a fidelity bond?	10c	Х					150000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					_
е	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.)	10e		x					
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					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x					
i	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	10i							
Part	VI Pension Funding Compliance								
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?		Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 ruling granting the waiver								
lf y	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			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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?					X	Yes	No	-
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0	_
b	b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	1	3c(3)	PN(s)	
									-
Caut	ion. A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establi	ished.				-

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/23/2010	WILLIAM A LADO				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

	Form 5500-SF			204 / PN 001 Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service		-	2009				
	Department of Labor	Retirement Income Security	Act of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of th	and section 6058(a) of the			
	mployee Benefits Security Administration			ode (the Code).	Inspection			
		lentification Information	dance with	n the instructions to the Form 550	0-SF.			
	calendar plan year 2009 or fisca		06/01/2	009 and ending		05/31/2010		
Α	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	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 mc	nths)			
С	Check box if filing under:	,	DFVC program					
•	special extension (enter description)							
Pa	art II Basic Plan Inforn	nation—enter all requested inform	,					
	Name of plan			· · · · · · · · · · · · · · · · · · ·	1b	Three-digit		
	William A Lado DDS	PC 401K Profit Sharin	ng Plan			plan number		
					10	(PN) ▶ 001 Effective date of plan		
						06/01/1978		
2a	Plan sponsor's name and addre	ess (employer, if for single-employer PC	· plan)		2b	Employer Identification Number		
	William A Lado DDS	PC				(EIN) 16-1106204		
					20	Plan sponsor's telephone number (607) 432-2335		
	75 Market Street				2d	Business code (see instructions)		
	Oneonta			NY 13820		621210		
3a	Plan administrator's name and a same	address (if same as Plan sponsor, e	enter "Same	2")	30	Administrator's EIN		
					3c	Administrator's telephone number		
			<u> </u>					
	•	in sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	·······	······································			4c	PN		
5a	Total number of participants at	the beginning of the plan year		·	5a	5		
b	Total number of participants at	5b	0					
С	Total number of participants wi	0						
62				· · · · · · · · · · · · · · · · · · ·	5c			
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	-		le assets?	(See instructions.)				
D.	Are you claiming a waiver of th under 29 CFR 2520.104-46? (\$	ne annual examination and report of See instructions on waiver eligibility	le assets? an indeper and conditi	(See instructions.) ndent qualified public accountant (IC ons.)	QPA)			
	Are you claiming a waiver of th under 29 CFR 2520.104-46? (\$ <b>If you answered "No" to eith</b>	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fo	le assets? an indeper and conditi	(See instructions.) ndent qualified public accountant (IC ons.)	QPA)			
Pa	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to eith art III Financial Informa	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fo	le assets? an indeper and conditi	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55	QPA)	X Yes No		
Pa 7	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to eithe art III Financial Information Plan Assets and Liabilities	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fe ation	ole assets? an indeper and conditi orm 5500-	(See instructions.) ndent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year	00.	X Yes No		
Pa 7 a	Are you claiming a waiver of th under 29 CFR 2520.104-46? (\$ If you answered "No" to eithe art III Financial Informa Plan Assets and Liabilities Total plan assets	ne annual examination and report of See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fe ation	le assets? an indeper and conditi orm 5500-	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55	00.	X Yes No		
Pa 7	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to eithe art III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fe ation	an indeper and conditi orm 5500-1 7a 7b	(See instructions.) ndent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year	QPA) 00. 73 0	(b) End of Year		
Pa 7 a b	Are you claiming a waiver of th under 29 CFR 2520.104-46? (s If you answered "No" to either art III Financial Informa Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fo ation	an indeper and conditi orm 5500-1 7a 7b	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07	QPA) 00. 73 0	(b) End of Year		
Pa 7 a b c	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to eithe art III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities	ne annual examination and report of See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fe ation b from line 7a) ers for this Plan Year	an indeper and conditi orm 5500 7a 7b 7c	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 1,070,07	QPA) 00. 73 0	(b) End of Year		
Pa 7 a b c 8	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transfe Contributions received or receive (1) Employers	ne annual examination and report of See instructions on waiver eligibility a <u>er 6a or 6b, the plan cannot use Fo</u> <u>ation</u> b from line 7a) ers for this Plan Year vable from:	an indeper and conditi orm 5500-1 7a 7b 7c 8a(1)	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 1,070,07	QPA) 00. 73 0	(b) End of Year		
Pa 7 a b c 8	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informa Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transfe Contributions received or receive (1) Employers	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fo ation	an indeper and conditi orm 5500-3 7a 7b 7c 8a(1) 8a(2)	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 1,070,07	QPA) 00. 73 0	(b) End of Year		
Pa 7 b c 8 a	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transfe Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers)	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use For ation	le assets? an indeper and conditi orm 5500 7a 7b 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 1,070,07 (a) Amount	2PA) 00. 73 0 73 0 73 0 0 0 0	(b) End of Year		
Pa 7 a b c 8 a b	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informa Plan Assets and Liabilities Total plan assets	ne annual examination and report of See instructions on waiver eligibility a <u>er 6a or 6b, the plan cannot use Fo</u> ation b from line 7a) ers for this Plan Year vable from:	le assets? an indeper and conditi orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) ndent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 1,070,07	2PA) 00. 73 0 73 0 73 0 0 0 0	(b) End of Year (b) End of Year 0 0 0 (b) Total		
Pa 7 b c 8 a	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informa Plan Assets and Liabilities Total plan assets	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use For ation	le assets? an indeper and conditi orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 (a) Amount 61,39	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year		
Pa 7 a b c 8 a b c	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informa Plan Assets and Liabilities Total plan assets	ne annual examination and report of See instructions on waiver eligibility a <u>er 6a or 6b, the plan cannot use Fo</u> <u>ation</u> b from line 7a) ers for this Plan Year vable from: 8a(2), 8a(3), and 8b)	le assets? an indeper and conditi orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 1,070,07 (a) Amount	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 0 0 0 (b) Total		
Pa 7 a b c 8 a b c	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informat Plan Assets and Liabilities Total plan assets	ne annual examination and report of See instructions on waiver eligibility a <u>er 6a or 6b, the plan cannot use Fo</u> <u>ation</u> b from line 7a) ers for this Plan Year vable from: 8a(2), 8a(3), and 8b) ollovers and insurance premiums	ele assets? an indeper and conditi orm 5500-3 7b 7c 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8c 8d 8e	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 (a) Amount 61,39	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 0 0 0 (b) Total		
Pa 7 a b c 8 a b c d	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transfe Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r to provide benefits) Certain deemed and/or correction Administrative service provider	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use For ation b from line 7a) ers for this Plan Year vable from: 8a(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions) s (salaries, fees, commissions)	le assets? an indeper and conditi orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8c	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 (a) Amount 61,39	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 0 0 0 (b) Total		
Pa 7 a b c 8 a b c d e	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use For ation	le assets? an indeper and conditi orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8c 8d 8c 8c 8d 8c	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 (a) Amount 61,39	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 0 0 (b) Total 61, 391		
Pa 7 a b c 8 a b c d c d f	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Informat Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7 Income, Expenses, and Transfer Contributions received or received (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct r to provide benefits) Certain deemed and/or corrective Administrative service provider: Other expenses. (add lines 8d, 8	ne annual examination and report of See instructions on waiver eligibility <u>er 6a or 6b, the plan cannot use Fo</u> <u>ation</u> (b from line 7a) ers for this Plan Year vable from: (b from: (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	ele assets? an indeper and conditi orm 5500-3 7b 7c 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8c 8d 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 (a) Amount 61,39	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 0 0 (b) Total 61, 391 1, 131, 464		
Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to either art III Financial Information Plan Assets and Liabilities Total plan assets	ne annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use For ation	le assets? an indeper and conditi orm 5500-1 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8d 8c 8c 8c 8c 8d 8c 8c 8d 8c 8c 8d 8c 8c 8d 8c 8c 8d 8c 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8d 8d 8d 8d	(See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 1,070,07 (a) Amount 61,39	2PA) 00. 73 0 73 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 0 0 (b) Total 61, 391		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009) v.092308.1

,

EIN 16-1106204 / PN 001

Form 5	500-SF	- 2009
--------	--------	--------

Page 2-

## Part IV Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
  - 2E 2J 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	t V	Compliance Questions					
10	Du	ring the plan year:		Yes	No		Amount
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х		
с	W	as the plan covered by a fidelity bond?	10c	Х			150,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х		
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		Х		
f	На	s the plan failed to provide any benefit when due under the plan?	10f		х		
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		· · · · · · · · · · · · · · · · · · ·
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		х		
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	VI	Pension Funding Compliance		I			
11	ls ti	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	•				Yes No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No
	(lf "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	lf a gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver	ctions, th	and e	nter th Day	e date of th	e letter ruling Year
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_			
b	Ent	er the minimum required contribution for this plan year		···	12b		
С		er the amount contributed by the employer to the plan for this plan year			12c		
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part		Plan Terminations and Transfers of Assets					
		s a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes No
iva		/es," enter the amount of any plan assets that reverted to the employer this year			13a		
b	We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co			X Yes No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			
1	3c(1	) Name of plan(s):		130	c(2) Ell	N(s)	13c(3) PN(s)
			1				1

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete for the set of my knowledge and belief, it is true, correct, and complete for the set of my knowledge and belief.

SIGN	A RUCANI MARIA	TNOV 10	William A Lado				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				