## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Comple	te all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	1
	art I Annual Report Identification					
For	calendar plan year 2010 or fiscal plan year be	eginning 01/01/20	10	and ending 1	2/31/2	2010
Α.	This return/report is for:	loyer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/	report	final retur	n/report		
	an amende	d return/report	short plar	n year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558		automatio	extension		DFVC program
	special ext	ension (enter descript	ion)			_
Pa	rt II Basic Plan Information—ent	er all requested inforr	nation			
	Name of plan				1b	Three-digit
	DARAS & KELLEHER LLP 401(K) PROFIT S	HARING PLAN				plan number 001
						(PN) ▶
					1c	Effective date of plan 01/01/2003
2a	Plan sponsor's name and address (employer	if for single-employe	r plan)		2h	Employer Identification Number
	DARAS & KELLEHER LLP	, ii for single employe	i piari)			(EIN) 37-1451715
44.104	ALL CEREET ACTUELOOR				2c	Plan sponsor's telephone number 212-785-5050
	ALL STREET, 16TH FLOOR YORK, NY 10005				24	
					Zu	Business code (see instructions) 541110
3a	Plan administrator's name and address (if sa	me as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN
KARI	DARAS & KELLEHER LLP	44 WALL S' NEW YORK			2-	37-1451715
					30	Administrator's telephone number 212-785-5050
4 1	the name and/or EIN of the plan sponsor ha	s changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN
-	name, EIN, and the plan number from the last	return/report. Spons	or's name		4c	DNI
52	Total number of participants at the beginning	of the plan year				11
b	Total number of participants at the end of the				5a	12
C	Total number of participants at the end of the				5b	12
	complete this item)			` .	5c	8
6a	Were all of the plan's assets during the plan	year invested in eligi	ble assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual example 200 OFF 0500 404 400 (Oranization)					X Yes ☐ No
	under 29 CFR 2520.104-46? (See instruction If you answered "No" to either 6a or 6b, t			<i>'</i>		
Pa	rt III Financial Information	ne pian cannot use i	01111 3300-	or and must misteau use i orm 55	00.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
-	Total plan assets		7a	738921		811887
b	Total plan liabilities				)	0
C	Net plan assets (subtract line 7b from line 7a			738921		811887
8	Income, Expenses, and Transfers for this Pla			(a) Amount		(b) Total
а	Contributions received or receivable from:				,	(1)
	(1) Employers		8a(1)	(	_	
	(2) Participants		8a(2)	13340	_	
	(3) Others (including rollovers)		8a(3)	(	_	
b	Other income (loss)		8b	103574	1	
С	Total income (add lines 8a(1), 8a(2), 8a(3), 8		8c			116914
d	Benefits paid (including direct rollovers and i to provide benefits)		8d	40829	9	
е	Certain deemed and/or corrective distribution			(	)	
f	Administrative service providers (salaries, fe			3119	)	
g	Other expenses		8g	(	)	
h	Total expenses (add lines 8d, 8e, 8f, and 8g	)				43948
i	Net income (loss) (subtract line 8h from line					72966
i	Transfers to (from) the plan (see instructions			(	)	

	F	Form 5500-SF 2010 Page <b>2-</b>							
ar	t IV	Plan Characteristics							
а		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instru	ctions:		
b		2E 2F 2G 2J 2K 2T 3B 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	he instruc	tions:		
		plant provided wentare benefits, enter the applicable wentare reading codes from the blot of Fight enter	aotorio	000	200 111 0		dono.		
art	٧	Compliance Questions							
)	Duri	ing the plan year:		Yes	No		Amount		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X				1000	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X				;	372
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				70	112
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 0))					Ye	s X	No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of E	ERISA?	Ye	s X	No
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru nting the waiver	ictions. nth	, and e 	nter th Day <sub>.</sub>	e date of t	the letter i	uling	_
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_					
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d		_		
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N	l/A

# Part VII Plan Terminations and Transfers of Assets

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

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(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes X No

#### 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.

SIGN	Filed with authorized/valid electronic signature.	05/20/2011	DOROTHY A. DONNELLY
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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# EN 37 1451715 /PN 001 /21321K RF0

### 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

2010

This Form is Open to Public Inspection

ĖĚ	Part I Annual Report Identification Information				
	r calendar plan year 2010 or fiscal plan year beginning	01/01/3	2010 and ending		12/31/2010
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retu	rn/report		lod.
	an amended return/report	short pla	n year return/report (less than 12 me	nths)	
С	Check box if filing under: Form 5558	automati	c extension	-	DFVC program
	special extension (enter descrip				
Р	art II Basic Plan Information—enter all requested infor	•	- ·····		
	Name of plan	TIOLOTI		1b	Three-digit
	Kardaras & Kelleher LLP				plan number
	401(k) Profit Sharing Plan			<u> </u>	(PN) ▶   001
				10	Effective date of plan 01/01/2003
2a	Plan sponsor's name and address (employer, if for single-employer, Kardaras & Kelleher LLP	er plan)		2h	Employer Identification Number
	Kardaras & Kelleher LLP	or promy			(EIN) 37-1451715
				2c	Plan sponsor's telephone number
	44 Wall Street, 16th Floor			24	(212) 785-5050  Business code (see instructions)
	New York		NY 10005	Zu	541110
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Sam		3b	Administrator's EIN
				122	
				၂ ၁င	Administrator's telephone number (212) 785-5050
	If the name and/or EIN of the plan sponsor has changed since the I		eport filed for this plan, enter the	4b	EÍN
	name, EIN, and the plan number from the last return/report. Spons	or's name		45	DNI
5a	Total number of participants at the beginning of the plan year			4c	11
	Total number of participants at the end of the plan year				12
C				5b	12
	complete this item)			5c	
	Were all of the plan's assets during the plan year invested in eligi				🔀 Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of				X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use		·		
Pa	ort III Financial Information			•••	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	738,92	21	811,887
b	Total plan liabilities	7b		0	С
C	Net plan assets (subtract line 7b from line 7a)		738,92	. 1	811,887
8	Income, Expenses, and Transfers for this Plan Year	<ul> <li>ADDOMEST</li> </ul>			
	medine, expenses, and transfers for this Flan Tear	5 5 mg/8 mg	(à) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount	0 1/3	
а	Contributions received or receivable from: (1) Employers	8a(1)		O 73	
a	Contributions received or receivable from: (1) Employers	8a(1) 8a(2)	(a) Amount	O 73	
	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(1) 8a(2) 8a(3)	13,34	0	
b	Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3)	13,34	0	(b) Total
	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(1) 8a(2) 8a(3)	13,34	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
b	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b	13,34	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total
b c d	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	8a(1) 8a(2) 8a(3) 8b 8c 8d	13,34 103,53 40,82	0 0 0	(b) Total
b c d	Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	8a(1) 8a(2) 8a(3) 8b 8c 8d	13,34	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total 116, 914
b c d	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e 8f	13,34 103,53 40,82	0 0 4	(b) Total
b c d e f	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	13,34 103,57 40,82 3,11	0 0 4	(b) Total 116, 914
b c d e f g	Contributions received or receivable from:  (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	13,34 103,53 40,82	0 0 4	(b) Total

## EIN 37-1451715 /PN 001 /21321K RF0

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Page 2-	
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9a	rt.IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char		. K C.	<b>:</b> -	4h - i4	4:	
Ja	2A 2E 2F 2G 2J 2K 2T 3B 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in t	he instru	ctions:	
Par	tV Compliance Questions						
10	During the plan year:		Yes	No	~~~	Amour	nt
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	Х			1,	000,000
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		х			
e	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	х				372
f	Has the plan failed to provide any benefit when due under the plan?	10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х				70,112
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			n ing fernasi ng pagalasayan
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	-			n pipti.	
Part	VI Pension Funding Compliance			•			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form	Пү	es 🛭 No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						es X No
	· (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	tions, th	and e	nter the Day_	a date of	the letter Year _	ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
þ							
C	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12b 12c			
d	Enter the amount contributed by the employer to the plan for this plan year	of a	[	12c 12d			
e	Enter the amount contributed by the employer to the plan for this plan year	of a	[	12c 12d	Yes	∏ No	N/A
e	Enter the amount contributed by the employer to the plan for this plan year	of a	[	12c 12d	Yes		
e Part	Enter the amount contributed by the employer to the plan for this plan year	of a	[	12c 12d	Yes		N/A No
e Part 13a	Enter the amount contributed by the employer to the plan for this plan year	of a	[	12c 12d	Yes		
e Part 13a b	Enter the amount contributed by the employer to the plan for this plan year	of a	the co	12c 12d	Yes	Y	
e Part 13a	Enter the amount contributed by the employer to the plan for this plan year	of a	the co	12c 12d	Yes	Y	es X No
Part 13a b	Enter the amount contributed by the employer to the plan for this plan year	of a	the con	12c 12d		Y	es X No
Part 13a b	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	the con	12c 12d		Y	es 🛭 No
Part 13a b	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	the con	12c 12d		Y	es 🛭 No
Part 13a b c	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)	of a	the co	12d 12d 13a 13a ntrol	J(s)	Y	es 🛭 No
Part 13a b c C unde	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b, Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  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.)  3c(1) Name of plan(s):	of a	the consists to	12d 12d 13a ntrol (2) EIN	J(s) shed.	Your 13c	es 🗵 No es 🗵 No (3) PN(s)
e Part 13a b c 11 Undee	Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC?  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.)  3c(1) Name of plan(s):  ion: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.	under plar e cau	the coordinate is the coordina	12d 12d 13a ntrol (2) EIN	shed. if application of my	13c	es 🗵 No es 🖾 No (3) PN(s)  chedule ge and
Part 13a b c C unde	Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC?  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.)  3c(1) Name of plan(s):  ion: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator	under plar e cau	the coordinate is the coordina	12d 12d 13a 13a ntrol (2) EIN	shed. if application of my	13c	es 🗵 No es 🖾 No (3) PN(s)  chedule ge and
Part 13a b c C unde SB or belief SIGN	Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Were all the plan assets of the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC?  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.)  3c(1) Name of plan(s):  Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.  Will the minimum funding amount reported to the employer this year.  Signature of plan administrator  Date,  Enter name of in the late or incomplete filling of this return/report will be assessed unless reasonable to another plan (s), identify the which assets or liabilities were transferred from this plan to another plan, or brought to the minimum funding deadline?  Will the minimum funding amount reported to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan (s), identify the plan year.	under plar e cau	the coordinate is the coordina	12d 12d 13a 13a ntrol (2) EIN	shed. if application of my	13c	es 🗵 No es 🖾 No (3) PN(s)  chedule ge and
Part 13a b C Cauti Undee SB or belief	Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Were all the plan assets of the plan been adopted during the plan year or any prior year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to of the PBGC?  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.)  3c(1) Name of plan(s):  Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.  Will the minimum funding amount reported to the employer this year.  Signature of plan administrator  Date,  Enter name of in the late or incomplete filling of this return/report will be assessed unless reasonable to another plan (s), identify the which assets or liabilities were transferred from this plan to another plan, or brought to the minimum funding deadline?  Will the minimum funding amount reported to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan (s), identify the plan year.	of a  under e cau ern/rep report, <del>(are)</del> dividu	se is e ort, incand to arras	12d 12d 13a 13a ntrol (2) EIN	shed. , if applicest of my Portly	13c able, a S knowled	es 🗵 No es 🗵 No (3) PN(s)  chedule ge and