## 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.

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Informa	ation					
For	calend		cal plan year beginning	12/01/200	)9	and ending	11/30/2	2010	
Α	This ret	turn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
		turn/report is for:	first return/report		final retur	n/report		_	
_			an amended return/rep	ort –	short plar	n year return/report (less than 12 mo	onths)		
_	Chook I	box if filing under:	☐ Form 5558		<u> </u>	extension	,	DFVC program	
C	CHECK	box ii iiiiiig under.	special extension (ente	r docerinti	1	CATCHSION		Di vo piogram	
	4 11	Dania Dian Info	<u> </u>	•	,				
	art II		rmation—enter all reques	sted inform	nation		1h	Throp digit	
		of plan	ES, INC. PROFIT SHARING	2 DI AN			וו	Three-digit plan number	
TILIN	IXI VV.	O NEILE & ASSOCIATI	LO, INC. I NOI II OHANING	JI LAN				(PN) ▶ 001	
							1c	Effective date of plan	
								08/01/1967	
			dress (employer, if for single	e-employe	r plan)		2b	Employer Identification Number	
HEN	RY W C	ONEILL & ASSOCIATE	S INC				20	(EIN) 16-0923534 Plan sponsor's telephone number	
795 (	CANNIN	NG PARKWAY					20	585-924-3700	
		Y 14564					2d	Business code (see instructions)	
							01	423800	
		idministrator's name an ONEILL & ASSOCIATE	d address (if same as Plan		enter "Same NG PARKW		30	Administrator's EIN 16-0923534	
		5112122		CTOR, N			3c	Administrator's telephone number	
								585-924-3700	
						port filed for this plan, enter the	4b	EIN	
	name, i	EIN, and the plan numb	per from the last return/repo	rt. Spons	ors name		4c	PN	
5a	Totalı	number of participants	at the beginning of the plan	vear				12	
<ul><li>5a Total number of participants at the beginning of the plan year</li><li>b Total number of participants at the end of the plan year</li></ul>						5b			
С		·	, ,			vear (defined benefit plans do not	0.0	11	
		· · ·					5c	8	
6a	Were	all of the plan's assets	during the plan year invest	ed in eligib	ole assets?	(See instructions.)		X Yes No	
b						ndent qualified public accountant (IC		X Yes ☐ No	
			•			ions.)SF and must instead use Form 5		res [] No	
Pa	rt III	Financial Inforn		inot use i	01111 0000	or and must mistead use i orm so	, <del>,,,,</del>		
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year	
а					7a	340940	7	3581073	
		plan liabilities			7b				
С	Net pl	an assets (subtract line	e 7b from line 7a)			340940	7	3581073	
8	Incom	ne, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total	
а	Contri	ibutions received or rec	eivable from:			, ,			
	(1) E	mployers			8a(1)		0		
	` '	•					0		
	<b>(3)</b> O	thers (including rollover	rs)				0		
b		` ,				20511	3		
С		, , ,	), 8a(2), 8a(3), and 8b)		8c			205113	
d		1 \	et rollovers and insurance pr		8d	2298	7		
е		,	ective distributions (see instr				0		
f			ers (salaries, fees, commiss	,		1046			
g		•		,			0		
h		•	l, 8e, 8f, and 8g)					33447	
i			ne 8h from line 8c)					171666	
÷		` , `	see instructions)						

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	V Compliance Questions								
0	During the plan year:		Yes	No		Amou	nt		
а	Was there a failure to transmit to the plan any participant contributions within the time period desc 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re on line 10a.)			Х					
С	Was the plan covered by a fidelity bond?	10с	X				20	00000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b or dishonesty?		X						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrinsurance service or other organization that provides some or all of the benefits under the plan? (sinstructions.)	See		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.)	10q		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500))					Y	′es 🔀	No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	the Code or se	ection (	302 of	ERISA?	Y	′es ×	No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.	Month							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		Г						
b	Enter the minimum required contribution for this plan year		12b						
	Enter the amount contributed by the employer to the plan for this plan year								
	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 negative amount)								
е	Will the minimum randing amount reported on time 12d be met by the faringing deductive							N/A	
art	VII Plan Terminations and Transfers of Assets								
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Υ	′es ×	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
	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), i which assets or liabilities were transferred. (See instructions.)	dentify the pla	an(s) to	1		1			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13	<b>c(3)</b> P	N(s)	
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless re	easonable ca	use is	establ	ished.				
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of thi f, it is true, correct, and complete.								
SIGI	Filed with authorized/valid electronic signature.  06/14/2011  VIRGINIA	A O'NEILL							
HER				individual signing as plan administrator					

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

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

P	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 1	2/01/2	009 and ending		11/30/2010
Α	This return/report is for: 🛛 single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:     first return/report	final retur	n/report		
	an amended return/report	short plar	ı year return/report (less than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatio	extension		☐ DFVC program
	special extension (enter description	on)			Ц
P	art II Basic Plan Information—enter all requested inform				
7,000	Name of plan	<u> </u>		1b	Three-digit
	HENRY W ONEILL & ASSOCIATES INC				plan number
	PROFIT SHARING PLAN			4 -	(PN) 001
				1C	Effective date of plan 08/01/1967
2a	Plan sponsor's name and address (employer if for single-employer	nlan)		2b	Employer Identification Number
	Plan sponsor's name and address (employer, if for single-employer HENRY W ONEILL & ASSOCIATES INC	<b>F</b> 1,			(EIN) 16-0923534
				2c	Plan sponsor's telephone number (585) 924-3700
	795 CANNING PARKWAY			2d	Business code (see instructions)
	VICTOR		NY 14564		423800
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
	SAME			30	Administrator's telephone number
				30	Administrator's telephone number
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name	•	4c	PN
52	Total number of participants at the beginning of the plan year	<del></del>		-тс 5а	12
	Total number of participants at the end of the plan year			5b	11
	Total number of participants with account balances as of the end of			30	
·	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X 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 F		· ·		
Pε	int III Financial Information	<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	3,409,40	7	3,581,073
b	Total plan liabilities	. 7b			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	3,409,40	7	3,581,073
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-(4)		n	
	(1) Employers	. 8a(1)		픪	
	(2) Participants	8a(2)		레	
b	Other income (loss)	. 8a(3) . 8b	205,11	3	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		203,11		205,113
d	Benefits paid (including direct rollovers and insurance premiums	- 00			
-	to provide benefits)	. 8d	22,98	7	
е	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>		이	
f	Administrative service providers (salaries, fees, commissions)	. 8f	10,46	0	
•	Autilitistrative service providers (salaries, lees, commissions)	01			
g g	Other expenses	1	1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865	0	
		. 8g		0	33,447
g	Other expenses	. 8g . 8h . 8i		0	33,447 171,666

T-261 P003/004 F-256

06-08-'11 12:42 FROM-

Form 5500-SF 2009				
IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char  2E 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acterist	ic Cod	es in the	instructions:
the state of the s	<u>-</u> -	Yes	No	Amount
V Compliance Questions			<del></del> +	
During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described it  Was there a failure to transmit to the plan any participant contributions Within the time period described it  29 CFR 2510.3-102? (See instructions with any party-in-interest? (Do not include transactions reported	10a		<u> </u>	
	105	١.	x	
Wase there any nonexempt tremsactions with the same and t	100	x		200,00
on line 10a.)  Was the plan covered by a fidelity bond?	L.—	十一	<del>                                     </del>	
have a loss whather or not reimbursed by me promise.	104	_	X	
	1		1	
A CONTRACTOR OF THE PROPERTY O	106		x	
		1	x	
	101	1-	1 × 1	
	10	<del>-  </del>	<del>  ^  </del>	
g Old the plan have any participant loans? (If Yes, enter a blackout period? (See instructions and 29 CFR high is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10	h		l
h If this is an individual account plan, was there a blackout period? (See instructions and 2520.101-3.)	1.2	-	┪~~~	
2520.101-3.)	10	Ш_		
eventions to providing the notice applica-		,		
- In Funding Compliance	eample	te Sch	edule Si	G (Form Yes 🖂
Int VI Pension Funding Comprising  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500)).				Yes X
s this a defined benefit plan subject to	ode or	sectio	n 302 of	ERISA? Yes X
OCOUPATION AT A PROTECTION AT				
2 le this a defined contribution plan subject to the immunity and the pelow, as applicable.)	structio	ns, an	d enter t	he date of the letter ruling
2 (a this a defined contribution plan subject to the minimum.) (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	strucua Manth	ns, an	d enter t Day	he date of the letter ruling
2 le this a defined contribution plan subject to the minimum.  (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	strucuc Month 13.		Dey	he date of the letter ruling
2 Is this a defined contribution plan subject to the mode, as applicable.) (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500).	Month 13.		12b	he date of the letter ruling
<ul> <li>2 Is this a defined contribution plan subject to the minimum.</li> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> <li>if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line before the minimum required contribution for this plan year.</li> </ul>	strucuo Month 13.		Dey	he date of the letter ruling
<ul> <li>2 Is this a defined contribution plan subject to the minimum.</li> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> <li>if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line before the minimum required contribution for this plan year.</li> <li>b Enter the amount contributed by the employer to the plan for this plan year.</li> </ul>	struction Month 13.	a	12b	he date of the letter ruling
<ul> <li>2 Is this a defined contribution plan subject to the plan, as applicable.)</li> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> <li>if you completed line 12a, complete tines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine before the minimum required contribution for this plan year.</li> <li>b Enter the amount contributed by the employer to the plan for this plan year.</li> <li>c Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the su</li></ul>	Month Manth 13.	a	12b 12c 12d	he date of the latter ruling Year
<ul> <li>2 Is this a defined contribution plan subject to the plan, as applicable.)</li> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> <li>if you completed line 12a, complete tines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine before the minimum required contribution for this plan year.</li> <li>b Enter the amount contributed by the employer to the plan for this plan year.</li> <li>c Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the subtract the su</li></ul>	Month Manth 13.	a	12b 12c 12d	he date of the latter ruling Year
<ul> <li>le this a defined contribution plan subject to the plan, as applicable.)</li> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to time to the minimum required contribution for this plan year.</li> <li>Enter the amount contributed by the employer to the plan for this plan year.</li> <li>Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).</li> <li>Will the minimum funding amount reported on line 12d be met by the funding deadline?</li> </ul>	Month 13.	a	12b 12c 12d	he date of the latter ruling Year  Year  Yes No 1
<ul> <li>le this a defined contribution plan subject to the plan, as applicable.)</li> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to time to the minimum required contribution for this plan year.</li> <li>Enter the amount contributed by the employer to the plan for this plan year.</li> <li>Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).</li> <li>Will the minimum funding amount reported on line 12d be met by the funding deadline?</li> </ul>	Month 13.	a	12b 12c 12d	he date of the latter ruling Year  Year  Yes No 1
<ul> <li>Is this a defined contribution plan subject to the plan, as applicable.)         (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.         If you completed line 12a, complete tines 3, 9, and 10 of Schedula MB (Form 5500), and skip to time better the minimum required contribution for this plan year.         C Enter the amount contributed by the employer to the plan for this plan year.         C Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).         Will the minimum funding amount reported on line 12d be met by the funding deadline?</li></ul>	Month 13.	a	12b 12c 12d	he date of the latter ruling Year  Year  Yes No Yes X
<ul> <li>Is this a defined contribution plan subject to the plan, as applicable.)         (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.         if you completed line 12a, complete times 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine better the minimum required contribution for this plan year.</li></ul>	Month 13.	a ander th	12b 12c 12d 13a e contro	he date of the latter ruling Year  Year  Yes No Yes X
<ul> <li>Is this a defined contribution plan subject to the plan, as applicable.)         (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.         If you completed line 12a, complete tines 3, 9, and 10 of Schedule MB (Form 5500), and skip to time better the minimum required contribution for this plan year.         Enter the amount contributed by the employer to the plan for this plan year.         C Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?</li></ul>	Month 13.	a ander th	12b 12c 12d 13a e contro	he date of the latter ruling Year  Year  Yes No Yes X
2 Is this a defined contribution plan subject to the plan, as applicable.) (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 or Schedule MB (Form 5500), and skip to time to be plan 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 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  D Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea.  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea.  If the plan the plan the plan the plan year and the plan year.	Month 13.	a ander th	12b 12c 12d 13a e contro	he date of the latter ruling Year  Yes No Yes X
<ul> <li>Is this a defined contribution plan subject to the plan, as applicable.)         (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.         If you completed line 12a, complete tines 3, 9, and 10 of Schedule MB (Form 5500), and skip to time better the minimum required contribution for this plan year.         Enter the amount contributed by the employer to the plan for this plan year.         C Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?</li></ul>	Month 13.	a ander th	12b 12c 12d 13a e contro	he date of the latter ruling Year  Yes No Yes X
<ul> <li>Is this a defined contribution plan subject to the plan, as applicable.) (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.  If you completed line 12a, complete tines 3, 9, and 10 of Schedula MB (Form 5500), and skip to time before the minimum required contribution for this plan year.  C Enter the amount contributed by the employer to the plan for this plan year.  d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?</li></ul>	Month 13.	a ander th	12b 12c 12d 13a e contro	he date of the latter ruling Year  Yes No Yes X

iste 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.

- bi	eliel, il	is true, correct, and complete.				
1	SIGN	Vincinia III Office Bom	6-8-11	VIRGINIA O'NEILL		
7	ERE	Signature of plan administrator	Date	Enter name of Individual signing as plan administrator		
١,	SIGN					
H	ERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons		
Ļ		adiatora or ambrahambian aboutage	<u> </u>	Service traction at the service of t		