### Form 5500-SF

Department of the Treasury

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

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number VALLEY OBSTETRICS & GYNECOLOGY, PC 401K PROFIT SHARING PLAN & TRUST 001 (PN) ▶ 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 14-1816513 VALLEY OBSTETRICS & GYNECOLOGY, PC (EIN) 2c Plan sponsor's telephone number 19 BAKER AVE POUGHKEEPSIE, NY 12601 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN VALLEY OBSTETRICS & GYNECOLOGY, PC 14-1816513 19 BAKER AVE POUGHKEEPSIE, NY 12601 3c Administrator's telephone number 845-483-5893 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 0 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 19709 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 19709 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 8a(2) (2) Participants ..... 0 (3) Others (including rollovers)..... 8a(3) 0 Other income (loss)..... 8b 0 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 19709 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 19709 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -19709 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)..... 0

	Form 5500-SF 2010 Page <b>2-</b>								
ar	t IV Plan Characteristics								-
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 3D	acteris	tic Co	des in t	the instruc	ctions:			_
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	les in t	ne instruc	tions:			
art	V Compliance Questions								-
)	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 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	Χ					30000	_
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		X					_
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					_
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							Ī
art	VI Pension Funding Compliance			•					-
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No	_
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	02 of E	ERISA?		Yes	X No	_
а	(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 instruct granting the waiver	,						0	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1					_
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			12c					_
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			12d					_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A	_
art	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," 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 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)

X Yes 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.	10/07/2011	AZZAM SALEM
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

# 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

Name of the calcular plane page 2019 of fiscal plane page 1019 of fi	Pe	nsion Benefit Guaranty Corporation  • Complete all entries in accord	lance with t	he instructions to the Form 5500	SF.		
A This return/report is for B This return/report is for B This return/report is for First return/report   Shart return/report   Shar							
B This return/report is for	For	alendar plan year 2010 or fiscal plan year beginning	1/01/20	10 and ending		12/31/2010	
C Check box 4 filling under: Special extension   special extension   special extension   special extension (emer description)    Part II   Basic Plan Information—emiter all requested information    1a Name of plan   VALLEV OBSTETRICS & OWNECOLOGY, PC 4.01 K   PROPIT SHARING PLAN & TRUST    PROPIT SHARING PLAN & TRUST   10   10   10   10   10   10   10   1			·			one-participant	plan
Part II   Basic Plan Informationshare all requested information		an amended return/report	short plan y	ear return/report (less than 12 mor	nths)		
Part II   Basic Plan Informationshare all requested information	<b>C</b> (	heck box if filing under: X Form 5558	automatic e	xtension		DFVC program	
Part			n)		,		
1	Pa		·····				
PROPRIT SHARING PLAN & TRUST   16   Effective date of plan   0/10/12/03/3   17   18   Effective date of plan   0/10/12/03/3   18   0/10/12/03/3   19   0/10/12/03/3			ition		1b	Three-digit	
PROFEST SHAR ING PLAN & TRUST   1c   Effective take of pian   01/01/20/3     2c   Effective take of pian   01/01/20/3     2c   Employer Identification Number   (EN) 14-18/1531   2c   Employer Identification Number   (B45) 1483-5893   2d   Business code (see instructions)   2d   Suspiness code (see instructions)   2d		•					
1	I	PROFIT SHARING PLAN & TRUST				`	
19 BAKER AVE   POUGHKEPSIR   NY 12601   20 Plan sponsor's telephone number (846) 493 - 5893   2d Susiness code (see instructions) 621111   3b Administrator's name and address (if same as Plan sponsor, enter 'Same')   3b Administrator's EIN SAME   3c Administrator's EIN   3c Administrator's telephone number   4l H 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   1		NOTIT GIBROTO TERM & TROOT				01/01/2003	
19 BAKER AVE   2000HKEEPSIE   NY 12601   200 Business code (see instructions)   621111   621111   70	2a ,	Plan sponsor's name and address (employer, if for single-employer ALLEY OBSTETRICS & GYNECOLOGY, PC	plan)			(EIN) 14-1816	513
POUCHKEEPSIE   NY 12601   S21111   S21111   S21111   S2111   S21111   S211111   S21111   S211111   S211111   S211111   S211111   S211111   S211111   S211111   S211111		9 BAKER AVE				(845)483-58	93
A				NY 12601	2d	•	e instructions)
A 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	3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same")		3b	Administrator's Ell	N
Sa   Total number of participants at the beginning of the plan year   Sa   Sa   Sa   Sa   Sa   Sa   Sa	•	7			3с	Administrator's tel	ephone number
Sa	<b>4</b> If	the name and/or EIN of the plan sponsor has changed since the las	st return/repo	ort filed for this plan, enter the	4b	EIN	
b Total number of participants at the end of the plan year.  c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA).  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 Total plan assets.  7 Ta 19,709 (b) End of Year  10 Total plan liabilities  7 To 10 19 In assets (subtract line 7 to from line 7 a).  7 Rotal plan assets (subtract line 7 to from line 7 a).  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  (2) Participants  (2) Participants  (3) Other income (loss).  4 Benefits paid (including direct rollovers and insurance premiums to provide benefits).  6 Cortain deemed and/or corrective distributions (see instructions).  8 Administrative service providers (salaries, fees, commissions).  8 Administrative service providers (salaries, fees, commissions).  8 Administrative service providers (salaries, fees, commissions).  9 Other expenses.  10 Other expenses.  10 Other expenses.  11 Total expenses (add lines 8d, 8e, 8f, and 8g).  12 Other expenses.  13 Other spenses.  14 Total expenses (add lines 8d, 8e, 8f, and 8g).  15 Total expenses (add lines 8d, 8e, 8f, and 8g).  16 Total expenses (add lines 8d, 8e, 8f, and 8g).  17 Total expenses (add lines 8d, 8e, 8f, and 8g).  18 Total expenses (add lines 8d, 8e, 8f, and 8g).  19 Total expenses (add lines 8d, 8e, 8f, and 8g).  19 Total expenses (add lines 8d, 8e, 8f, and 8g).  10 Total expenses (add lines 8d, 8e, 8f, and 8g).  10 Total expenses (add lines 8d, 8e, 8f, and 8g).  10 Total expenses (add lines 8d, 8e, 8f, and 8g).  11 Total expenses (add lines 8d, 8e, 8f, and 8g).  12 Total expens	r	ame, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN	
b Total number of participants at the end of the plan year.  c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA).  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 Total plan assets.  7 Ta 19,709 (b) End of Year  10 Total plan liabilities  7 To 10 19 In assets (subtract line 7 to from line 7 a).  7 Rotal plan assets (subtract line 7 to from line 7 a).  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  (2) Participants  (2) Participants  (3) Other income (loss).  4 Benefits paid (including direct rollovers and insurance premiums to provide benefits).  6 Cortain deemed and/or corrective distributions (see instructions).  8 Administrative service providers (salaries, fees, commissions).  8 Administrative service providers (salaries, fees, commissions).  8 Administrative service providers (salaries, fees, commissions).  9 Other expenses.  10 Other expenses.  10 Other expenses.  11 Total expenses (add lines 8d, 8e, 8f, and 8g).  12 Other expenses.  13 Other spenses.  14 Total expenses (add lines 8d, 8e, 8f, and 8g).  15 Total expenses (add lines 8d, 8e, 8f, and 8g).  16 Total expenses (add lines 8d, 8e, 8f, and 8g).  17 Total expenses (add lines 8d, 8e, 8f, and 8g).  18 Total expenses (add lines 8d, 8e, 8f, and 8g).  19 Total expenses (add lines 8d, 8e, 8f, and 8g).  19 Total expenses (add lines 8d, 8e, 8f, and 8g).  10 Total expenses (add lines 8d, 8e, 8f, and 8g).  10 Total expenses (add lines 8d, 8e, 8f, and 8g).  10 Total expenses (add lines 8d, 8e, 8f, and 8g).  11 Total expenses (add lines 8d, 8e, 8f, and 8g).  12 Total expens	5a	Total number of participants at the beginning of the plan year			5a		1
Complete this item)  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)  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).  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   7a					5b		0
Complete Institutions Complete Institutions (See instructions).    A		Total number of participants with account balances as of the end of	the plan ye	ar (defined benefit plans do not			0
Were all of the plan's assets during the plan year invested in eight eastert. (GPA)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  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  7 Total plan assets  7 Total plan assets  7 Total plan liabilities.  7 Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers.  (2) Participants  (3) Others (including rollovers).  8 Total income (loss)  b Other income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  B C Certain deemed and/or corrective distributions (see instructions)  A Contributions received or receivable from:  (a) Beginning of Year  (b) End of Year  (b) End of Year  (b) End of Year  (a) Amount  (b) Total  (b) Total  (c) Participants  (a) Amount  (b) Total  (c) Participants  (a) Other income (loss)  (b) Other income (loss)  (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8 C C Total income (loss)  8 C Other expenses.  9							X Yes ☐ No
Part III   Financial Information   (a) Beginning of Year   (b) End of Year	6a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ and conditio	dent qualified public accountant (IC ns.)			
Total plan assets			orm 5500-S	F and must instead use Form 55	00.		
Total plan assets and clabilities  Total plan liabilities	Pa					(h) End o	• Voor
Doctor   Total plan liabilities   Total plan liabilities   Total plan liabilities   Total plan assets (subtract line 7b from line 7a)   Total plan assets (subtract line 7b from line 7b	-				20	(b) End 0	
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Ret plan assets (subtract line 7b from line 7a)	b			10.70	<del>-`</del>	· · · · · · · · · · · · · · · · · · ·	
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(1) Employers       8a(1)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       0         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       19,709         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       0         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       19,709         i Net income (loss) (subtract line 8h from line 8c)       8i       (19,709)         j Transfers to (from) the plan (see instructions)       8j       0	8	, ,		(a) Amount		(6) 10	,tai
(2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       0         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       19,709         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       0         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       19,709         i Net income (loss) (subtract line 8h from line 8c)       8i       (19,709)         j Transfers to (from) the plan (see instructions)       8j       0	а		8a(1)		0		
(3) Others (including rollovers)					0		
b Other income (loss)					0		
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f Administrative service providers (salaries, fees, commissions)	u	to provide benefits)		19,7	0 9		
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i Net income (loss) (subtract line 8h from line 8c)	g				ॅ┼		19.709
j Transfers to (from) the plan (see instructions)	h	•			_   -		
Transfers to (from) the plan (see instructions)	i				_		(10),001
	j			5500-SE	٧		Form 5500-SF (2010)

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SIGN HERE

Signature of employer/plan sponsor

		 1
Page	2-	
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Enter name of individual signing as employer or plan sponsor

Par	+ 11/	Plan Characteristics								-
		e plan provides pension benefits, enter the applicable pension feature	re codes from the L	ist of Plan Char	acteri	stic Co	des in	the instruct	tions:	
-		2E 2F 2G 2J 3D								
b	If the	e plan provides welfare benefits, enter the applicable welfare featur	e codes from the L	ist of Plan Chara	acteris	tic Co	des in t	he instructi	ons:	
D = =4		Compliance Out the								
Part 10		Compliance Questions				1,,				
		ing the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b	We	re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)	not include transac	ctions reported	10b		х			
С	Wa	s the plan covered by a fidelity bond?			10c	Х			-	30,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit								,,,,,,,
		ishonesty?			10d		Х			
е	insı	re any fees or commissions paid to any brokers, agents, or other pe irance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	••••		10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10a		Х			
h	If th	is is an individual account plan, was there a blackout period? (See i 0.101-3.)	instructions and 29	CFR	10h		Х			
i	If 10	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i					
art		Pension Funding Compliance			1	<u> </u>				<del></del>
11	Is th	is a defined benefit plan subject to minimum funding requirements?							Yes	☐ No
12	ls t	nis a defined contribution plan subject to the minimum funding requi	irements of section	412 of the Code	e or se	ction :	302 of <b>I</b>	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								
	grai	waiver of the minimum funding standard for a prior year is being am nting the waiver.		<b>M</b> or	nth	, and 6 	enter th Day	e date of th	ne letter ru Year	ıling 
lf :		completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	401			
b		er the minimum required contribution for this plan year					12b			
С		er the amount contributed by the employer to the plan for this plan y				}-	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the r ative amount)					12d			<del></del>
е	Will	the minimum funding amount reported on line 12d be met by the fu	inding 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	ar or any prior year	?				1	X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			
	of t	re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?							X Yes	No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another p	olan(s), identify 1	he pla	an(s) to	···-			
	13c(1	) Name of plan(s):		*****	-	13	c(2) El	N(s)	13c(3	3) PN(s)
				· <u> </u>	+ -					
Cau	tion.	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonal	ole ca	use is	estab	lished.		
Und SB c	er pe or Scl	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	eclare that I have e	examined this re	turn/re	eport, i	ncludin	g, if applica	able, a Sc knowledg	hedule e and
	Ť	Drafin Us	10/3/11	AZZAM SALI	ΞM					
SIG		Signature of also administrator	Date	Enter name of		lual si	anina a	s plan adm	inistrator	
		Signature of plan administrator	Dute	Emor hame of			J			

Date