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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	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	year return/report (less than 12 mo	onths)	
C	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter description				
Pa	Int II Basic Plan Information—enter all requested information	,			
	Name of plan	ation		1b	Three-digit
	KOFF FAMILY MEDICAL SERVICES, PC 401(K) PLAN				plan number 001
					(PN) •
				1c	Effective date of plan 01/01/2003
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number
	KOFF FAMILY MEDICAL SERVICES, PC	piaii)		20	(EIN) 11-3503139
				2c	Plan sponsor's telephone number
	STOCKHOLM STREET OKLYN, NY 11237			0-1	718-963-6551
				2 a	Business code (see instructions) 621399
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN
WYC	KOFF FAMILY MEDICAL SERVICES, PC 374 STOCKH BROOKLYN,	IOLM STF	REET		11-3503139
	2.100112.11,			3c	Administrator's telephone number 718-963-6551
4 1	the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sponsor		pertined for time plant, erner the		
				4c	
5a	Total number of participants at the beginning of the plan year			5a	14
b	Total number of participants at the end of the plan year			5b	11
С	Total number of participants with account balances as of the end of complete this item)		•	5c	6
62	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
	rt III Financial Information		Г		
7	Plan Assets and Liabilities		(a) Beginning of Year	7	(b) End of Year 252608
	Total plan assets	7a	24090	7	232000
	Total plan liabilities	7b	24096	7	252608
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		''	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	8a(1)			
	(2) Participants	8a(2)	3959	3	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	1984	2	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			59435
d	Benefits paid (including direct rollovers and insurance premiums		4485	5	
	to provide benefits)	8d			
e	Certain deemed and/or corrective distributions (see instructions)	8e	252		
f	Administrative service providers (salaries, fees, commissions)	8f	4.4	0	
g	Other expenses	8g	41	O	47794
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			11641
ĺ	Net income (loss) (subtract line 8h from line 8c)	8i			11041
- 1	Transfers to (from) the plan (see instructions)	Ωi	I		

	F	orm 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instructions:		
		2F 2G 2J 3D						
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	the instructions:		
art	t V	Compliance Questions				_		
0	Durii	ng the plan year:		Yes	No	Amount		
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
С	Was	s the plan covered by a fidelity bond?	10c	X		10000		
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X		198		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		13458		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		h 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						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection 3	302 of	ERISA? Yes No		
	•	es," 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 :	_	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef tive amount)			12d			

Part VII Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)

N/A

No

No

Yes

Yes X No

Yes

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.	10/17/2011	LEON KOZLOWSKI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/17/2011	LEON KOZLOWSKI
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).

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in accord	lance with	the instructions to the Form 5500	-SF.	""	, poot
P	art Annual Report Identification Information				•	
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	./2010 and ending	12	2/31/2010	
Α	This return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)	Γ	one-participa	nt plan
_		final return	/report			•
			year return/report (less than 12 months	١		
_		automatic	. ,	, L	DFVC progra	m
C			extension	L] bi vo piogia	111
	special extension (enter description)					
	art II Basic Plan Information enter all requested inform	nation.		4 1-		<u></u>
Ίа	Name of plan				Three-digit plan number	
	Wyckoff Family Medical Services, PC 401(k) Plan	n	L		(PN) ▶	001
					Effective date of	plan
22	Dian anaparia name and address (ampleyer if for single ampleyer pla	·n)			01/01/2003 Employer Identi	fication Number
Za	Plan sponsor's name and address (employer, if for single-employer pla Wyckoff Family Medical Services, PC	u1)			(EIN) 11-35	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2c	Plan sponsor's t	elephone number
	374 Stockholm Street				(718) 963-6	
υs	Brooklyn NY 11237			2 a	Business code (see instructions)
3a	Plan administrator's name and address (If same as plan employer, ent	er "Same")		3b	Administrator's	EIN
	Same					
				3c	Administrator's	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/reno	ort filed for this plan, enter the	4b	FIN	
•	name, EIN and the plan number from the last return/report. Sponsor's			4c		
_					T T	
	Total number of participants at the beginning of the plan year		ļ	<u>5a</u> 5b	-	14
b b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the			JU		
	complete this item)			5c		6
6a	Were all of the plan's assets during the plan year invested in eligible as					X Yes No
b						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form					E Tes LINO
P	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	7a	240,967		(-,	252,608
b	Total plan liabilities	7b	210,307			202,000
	Net plan assets (subtract line 7b from line 7a)	7c	240,967			252,608
<u>c</u> 8		70	(a) Amount	 	(b) :	Total
o a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(8)	TOWN
u	(1) Employers	8a(1)				
	(2) Participants	8a(2)	39,593			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	19,842			
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	100			59,435
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d	44,855			12.000
e	Certain deemed and/or corrective distributions (see instructions)	8e	2,521			To Proceed
f	Administrative service providers (salaries, fees, commissions)	8f		4		1.54
g	Other expenses	8g	418			45
h		8h	A Company of the Comp			47,794
i	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>				11,641
i	Transfers to (from) the plan (see instructions)	. 8j				

98 If the plan provides pension brandfits, where the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	Par	IV Plan Characteristics							
28 27 30 23 30 bit the plan proteins welfare hereins, enter the applicable welfare testure codes from the List of Pan Characteristic Codes in the instructions: Part V Compliance Questions 10			re codes from the List	of Plan Characteris	stic C	odes i	in the ii	nstructions:	
Vest No		2E 2F 2G 2J 3D							
Vest No	Par	V Compliance Questions							
a Was there a failure to bransmit to the plan any participant contribution within the time period described in 29 CFR 2503-102? (See Interactions and DOLT) Voltuniary Fisticoty Correction Program). b Were there any nonexempt transactions with any party-in-interest? (10 not include transactions reported on line 10-b). c Was the plan covered by a fidelity bond? d Did the plan have any classification of the plan's fidelity bond, that was caused by fraud or distinctions at Joseph and the plan have any stationary provides some or all of the benefits under the plan's fidelity bond, that was caused by fraud or distinctions as services or other provides some or all of the benefits under the plan's (5ee instructions as plant to any brokers, agents, or other persons by an insurance carier, insurance services or other organization that provides some or all of the benefits under the plan's (5ee instructions as instructions). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant tours? (If "Yes," enter amount as of year end.). 106			WHI			Yes	No	An	nount
2 S CFR 2510-3-1027 (See instructions and DOL's Volumby Fluckery Correction Program) b Were there any nonexempt transactions with any partyl-in-therest? (Do not include transactions reported on ine 10s.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fauld or dishoneally? 6 Were any fee or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.) 7 Has the plan fielded to provide any benefit when due under the plan? 8 Did the plan have any participant loans? (if If Yes, feer amount as of year end.) 19 Life the plan have any participant loans? (if If Yes, feer amount as of year end.) 19 Life the plan have any participant loans? (if If Yes, feer amount as of year end.) 10 Life the plan fielded to provide any benefit when due under the plan? 10 Life the plan fielded to provide any benefit when due under the plan? 11 If		•	within the time period	described in					
con line 10a.) C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan reveal of the plan fidelity bond? C Was the plan covered by a fidelity bond? C Was the plan reveal of the plan fidelity bond in the provides some or all of the benefits under the plan? C Was the plan fidelity participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) If I How 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 If I this is a defined bonding the notice applied under 29 CFR 2520.101-3 If I this is a defined bondination of the plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SR (Form 5500). I s Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SR (Form 1990). C Was this addination of the plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SR (Form 1990). C Was this addination of the plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SR (Form 1990). C Was this addination of the plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SR (Form 1990). C Was this addination of the plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SR (Form 1990). C Was this		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program)		10a		<u>*</u>		
C Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by finud or dishonesty? e Were any fees or commissions poid to any borkers, agents, or other persons by an insurance currier, insurance services or other organization that provides some or oil of the benefits under the plan? (See instructions, s) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 100	b				106		x		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fee or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions). I has the plan failed to provide any benefit when due under the plan? G Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) If I floh 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 250.101-3. If I shall a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S00)). Part VIP Penson Funding Compliance I is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S00)). I is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S00)). I is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						7			10.000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? Gee instructions, 3. If his the pile natified to provide any benefit when due under the plan? Giff the pile natified is a providing the provides some or all of the benefits under the plan? Gee instructions, 3. If this is an individual account plan, was there a blackout period (? Gee instructions and 29 CFR 2520.101.3). If this is an individual account plan, was there a blackout period (? Gee instructions and 29 CFR 2520.101.3). If the providing the notice applied under 28 CFR 2520.101.3. Part VII Pension Funding Compliance I is this adefined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). If we always the subject to subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes \(\bar{\text{No}} \) (If "Yes," complete 122 or 12b, 12c, 12d, and 12e below, as applicable.) If we always 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 veiter Day Yes Tentre the amount contributed by the employer to the plan year 12b 12c 12d 12d	-				100		<u> </u>		
Instructions services or other organization that provides some or all of the benefits under the plan? (See Instructions, a) f Has the plan falled to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If If this is an individual account plan, was there a blackout period? (See Instructions and 29 GFR 2520.101-3) If If this 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 GFR 2520.101-3 If If this 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 GFR 2520.101-3 If I is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) If is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? If we were 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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. B Enter the minimum required contribution for this plan year If you completed line 12a for the plan for this plan year C Enter the amount contributed by the employer to the plan for this plan year If you completed line 12a form the amount in line 12b. Enter the result (enter a minus sigh to the left of a negative amount) Experimental the amount of any plan assets that reverted to the employer this year If you completed line 12a form the amount in line 12b. Enter the result (enter a minus sigh to the left of a negative amount) Experimental the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PSGC? If the minumental the plan bear and transferred to some the	u	· · · · · · · · · · · · · · · · · · ·	•	•	10d		x		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 13,455 If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h	е	insurance services or other organization that provides some or all of the	ne benefits under the	plan? (See	10e	x			198
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 101 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 If 101 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Is this a defined benefit plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	f	Has the plan failed to provide any benefit when due under the plan?			10f		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. This is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) It is a walver 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 walver Year Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. It is the the minimum required contribution for this plan year 12e	g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a	х			13,458
Part VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver No (In		If this is an individual account plan, was there a blackout period? (See	instructions and 29 C	FR			х		
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	i								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?					10i	<u> </u>	<u> </u>		
SSOON Yes No No Yes No No Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes	***************************************		0.41610.4				00.45		
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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year C Enter the amount contributed by the employer to the plan for this plan year 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) e Will the minimum funding amount reported on line 12b tem to the funding deadline? Will the minimum funding amount reported on line 12b to the total plan year or any prior year? If Yes, "enter the amount of any plan assets that reverted to the employer this year 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 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? C 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(2) EIN(s) 13c(3) PN(s) Sign D - 1 - 1 Leon Roz1owski	11								Yes X No
granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 🗓 No							
Enter the minimum required contribution for this plan year		granting the waiver		Mon					
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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No NA Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? Yes No 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? Yes No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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. 10 - 17 - 1						. [12b		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	С	Enter the amount contributed by the employer to the plan for this plan	year				12c		
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?	d					. [12d		
Has a resolution to terminate the plan been adopted during the plan year or any prior year?	е_	Will the minimum funding amount reported on line 12d be met by the f	unding deadline? .	<u></u>	•			Yes [□No □N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part	VII Plan Terminations and Transfers of Assets							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?			·			Yes X No
of the PBGC?		If "Yes," enter the amount of any plan assets that reverted to the empl	oyer this year			•	13a		
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 10-17-11 Leon Kozlowski		of the PBGC?					ol 		Yes X No
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 10-17-11 Leon Kozlowski Signature of plan administrator Date Enter name of individual signing as plan administrator 10-17-11 Leon Kozlowski		3c(1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3) PN(s)
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 10-17-11 Leon Kozlowski Signature of plan administrator Date Enter name of individual signing as plan administrator 10-17-11 Leon Kozlowski			•						
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 10-17-11 Leon Kozlowski Signature of plan administrator Date Enter name of individual signing as plan administrator 10-17-11 Leon Kozlowski									
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 10-17-11 Leon Kozlowski Signature of plan administrator Date Enter name of individual signing as plan administrator 10-17-11 Leon Kozlowski									
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 10-17-11 Leon Kozlowski Signature of plan administrator Date Enter name of individual signing as plan administrator 10-17-11 Leon Kozlowski					L		L. II L	_1	
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 10-17-11 Leon Kozlowski			•						
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN 10-17-11 Leon Kozlowski Leon Kozlowski	SB or	Schedule MB completed and signed by an enrolled actuary, as well as							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Leon Kozlowski			10-17-11	Leon Kozlowe	ıki			,	
SIGN 10-17-1 Leon Kozlowski		▼				al sion	ing as	olan administ	rator
		-711-				ar orgii	9 03	p.d., ddillillist	
	800000000000000000000000000000000000000	T T	Date			al sion	ina as	emplover or n	olan sponsor

Page **2-**

Form 5500-SF 2010