## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending 04/03/2012 X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report X a 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) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number LSC, CPA, PC PENSION PLAN (PN) ▶ 003 1c Effective date of plan 10/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LSC, CPA, PC 13-2848123 (EIN) 2c Sponsor's telephone number 212-375-6567 179-11 HENLEY ROAD 179-11 HENLEY ROAD JAMAICA, NY 11432 2d Business code (see instructions) JAMAICA, NY 11432 541211 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 13-2848123 LSC, CPA, PC 179-11 HENLEY ROAD JAMAICA, NY 11432 **3c** Administrator's telephone number 212-375-6567 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. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 0 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.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2975027 0 Total plan assets..... 7a n 0 7b Total plan liabilities..... 0 2975027 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... (2) Participants ..... 8a(2)

(3) Others (including rollovers)..... 8a(3) 204330 **b** Other income (loss)..... 8b 204330 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 3179357 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 3179357 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -2975027 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions) .....

Form	5500.	SF.	201

Page	2	- [	1	
------	---	-----	---	--

Part IV	Plan	Characteristics

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

During the plan year:		Yes	No		Amo	unt
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			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
Was the plan covered by a fidelity bond?	10c	Χ				300
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			
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			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
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					
VI Pension Funding Compliance	1 1					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructions.	e or sec	ction 3	302 of E	RISA?.	[	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon	e or sec ctions, ith	ction 3	302 of E	RISA?.	[	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sec ctions, oth	and e	302 of E	RISA?.	[	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.	e or sec ctions,	and e	nter the	RISA?.	[	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	ctions, th	and e	nter the Day _	RISA?.	[	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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)	ctions,	and e	nter the Day _	RISA?.	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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?	ctions,	and e	nter the Day _	RISA?.	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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?	ctions, oth	and e	nter the Day _	RISA?.	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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?	ctions, th	and e	nter the Day	RISA?.	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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 in any plan 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 a	and e	nter the Day	RISA?.	f the let	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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  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 plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year.	of a	and e	nter the Day	RISA?.	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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?  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	and e	nter the Day	RISA?.	f the let Year	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	of a	and e	nter the Day	RISA?.	f the let Year	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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?  WII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan 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	and e	nter the Day	RISA?.	f the let Year	Yes X ter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver.  Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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 in any plan 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	and e	nter the Day	RISA?.	f the let Year	Yes X ter ruling

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/23/2012	SUZANNE MALEN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

This form is required to be filed under sections 104 and 4065 of the Employee

Short Form Annual Return/Report of Small Employee

Benefit Plan

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 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

2011

This Form is Open to Public Inspection

4	Part Annual Report Identification Information				
For	the calendar plan year 2011 or fiscal plan year beginning	10/01	/2011 and ending	0	4/03/2012
Α	This return/report is for:  x a single-employer plan	a multiple-	employer plan (not multiemployer	r)	a one-participant plan
В	This return/report is:	x the final re	turn/report		
		=	n year return/report (less than 12	months)	
C	Check box if filing under: Form 5558	automatic		monutaj	□ pc/c
•		<b>-</b>	extension		DFVC program
2012000	special extension (enter description)				
-	art II Basic Plan Information enter all requested inf	ormation.			
ıa	Name of plan			1b	Three-digit plan number
	LSC, CPA, PC PENSION PLAN				(PN) ► 003
				1c	Effective date of plan
22	Plan sponsor's name and address; include room or suite number (e	mpleyer if fe	- almala amplayayalan		10/01/2005
<u>_</u> u	LSC, CPA, PC	прюуег, и ю	r single-employer plan)	25	Employer Identification Number (EIN) 13-2848123
				20	
•	17011 HENT BY DOAD			20	Plan sponsor's telephone number (212) 375-6567
	179-11 HENLEY ROAD			2d	Business code (see instructions)
US	JAMAICA NY 11432				541211
3a	Plan administrator's name and address (If same as plan sponsor, e	nter "Same")		3b	Administrator's EIN
	SAME				
				3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/rep	ort filed for this plan, enter the	4b	FIN
-	name, EIN, and the plan number from the last return/report.		plant, sitter and	4c	
	Sponsor's Name  Total number of participants at the beginning of the plan year				
b	Total number of participants at the end of the plan year			. <u>5a</u> . 5b	4 0
C	Number of participants with account balances as of the end of the p	lan year (defi	ned benefit plans do not	. 30	
	complete this item)	<u> </u>		. 5с	
	Were all of the plan's assets during the plan year invested in eligible				
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	n independer nd conditions	it qualified public accountant (IQF `\	PA)	XYes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				XYes No
Pa	rt III Financial Information				
7	Plan Assets and Liabilities	a dia di Kan	(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	2,975,02	7	0
b	Total plan liabilities	7b		)	0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2,975,02	7	0
8	Income, Expenses, and Transfers for this Plan Year	Control of the contro	(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	90(4)		190 ju	i de la grande de la calenda de la companya de la c
	(0) D (1)	. 8a(1)			
	(2) Participants	. 8a(2)			
b	Other income (loss)	. 8a(3)	204,330	1	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	204,330 Straumannia (1995)		
d	Benefits paid (including direct rollovers and insurance premiums	-		ligiciy Gara	204,330
	to provide benefits)	. 8d	3,179,35	7	
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e	. , , , , , , , , , , , , , , , , , , ,		
f	Administrative service providers (salaries, fees, commissions)	. 8f			eggi and Assantantanic selection
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		100 m	3,179,357
İ	Net income (loss) (subtract line 8h from line 8c)	. 8i			(2,975,027)
1	Transfers to (from) the plan (see instructions)	. Ri			

Par	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
la.	1A 1I 3D									
D	f the plan provides welfare benefits, enter the applicable welfare featu	ire co	odes from the Lis	t of Plan Characteri	stic C	odes	in the i	instructions:		
Par	V Compliance Questions	•								
10	During the plan year:					Yes	No	Aı	mount	
а	Was there a failure to transmit to the plan any participant contributio	ns w	ithin the time per	iod described in			х			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia				10a		<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	•		ections reported	10b		x			
_	,				10c	х	<b></b>		300	000
ď	Was the plan covered by a fidelity bond?				100	^			300	,000
u	Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty?			•	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other parts.									
C	insurance services or other organization that provides some or all of									
	instructions.)				10e		X			
f	Has the plan failed to provide any benefit when due under the plan?				10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of yea	ar end.)		10g		х			
h	If this is an individual account plan, was there a blackout period? (Se							22 KG 18 KG		
	2520.101-3.)				10h			6.006		\$4,000 mm
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3				10i					
Par	VI Pension Funding Compliance									<u>~~~~~~~~</u>
11:	Is this a defined benefit plan subject to minimum funding requirement 5500))								Yes X	No
12	Is this a defined contribution plan subject to the minimum funding rec								Yes X	No
-1-550	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable									
e, a	If a waiver of the minimum funding standard for a prior year is being	amo	rtized in this plan	year, see instruction	ns, a	nd ent	ter the	date of the le	etter ruling	
	granting the waiver			Mont					ear	
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	-		-		_				
b	Enter the minimum required contribution for this plan year					·  -	12b			
С	Enter the amount contributed by the employer to the plan for this pla	•				·	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)						12d			
A	Will the minimum funding amount reported on line 12d be met by the				•	٠ ـ		Yes	No N	 V/A
Part	VII Plan Terminations and Transfers of Assets	ranc	ang deadine: •		• •	•	• • •			
	Has a resolution to terminate the plan been adopted in any plan year	~?							X Yes	No
104	If "Yes," enter the amount of any plan assets that reverted to the em		er this vear		• •	Ċ	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, tr		-	plan, or brought up	dor th					
	of the PBGC?			pian, or prought unt		e com			X Yes	No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this	plan to another p	olan(s), identify the p	olan(s	s) to				
	3c(1) Name of plan(s):					13	c(2) El	IN(s)	13c(3) PN(s	s)
Cauti	on: A penalty for the late or incomplete filing of this return/report	will	be assessed un	iless reasonable c	ause	is est	ablish	ed.		
Under	penalties of perjury and other penalties set forth in the instructions, I	decla	are that I have ex	amined this return/r	eport	, inclu	ding, if	applicable, a	Schedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well as									
vellet,	it is true, correct, and complete	4	6 13	<u> </u>						
SIG		t –	19/12_	LESLIE SUFRI						
HE	Signature of plan administrator	Da	te	Enter name of indi	vidua	l signi	ng as i	plan administ	rator	
SIG		<u> </u>								
HEF	E Signature of employer/plan sponsor	Da	te	Enter name of indi	vidua	l sioni	no as e	emplover or r	olan sponsor	

Page **2-**

Form 5500-SF 2011