## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection	10110		
Part I	Annual Report Iden	tification Information						
For cale	ndar plan year 2011 or fiscal p			and ending 12/31/20	11			
A This	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or				
	•	a single-employer plan;	a DFE (s	pecify)				
R This	eturn/report is:	the first return/report;	the final r	eturn/report;				
	otani, roport io.	an amended return/report;	a short pl	an year return/report (less tha	n 12 months).			
C If the	plan is a collectively-bargaine							
		Form 5558;	automatio		the DFVC program;			
D Chec	k box if filing under:		ш	extension,	Ine Dr ve program,			
		special extension (enter des	. ,					
Part		nation—enter all requested informa	ation		41	1		
	ne of plan	IACE DI AN			<b>1b</b> Three-digit plan number (PN) ▶	001		
FRIIZO	MILLER PC MONEY PURCH	HASE PLAN			1c Effective date of pla	an		
					01/01/1996			
2a Plan	sponsor's name and address	s, including room or suite number (Er	mployer, if for single-	employer plan)	2b Employer Identifica	ition		
					Number (EIN)			
FRITZ 8	MILLER PC				13-3835650 <b>2c</b> Sponsor's telephone			
LUNICLIA	W AND CHI DEDTCON				number			
	W AND CULBERTSON	700 TUID	DAVE ATUELOOD		201-594-0800			
	RD AVE, 4TH FLOOR DRK, NY 10017		D AVE, 4TH FLOOR RK, NY 10017		2d Business code (see	е		
					instructions) 541110			
					341110			
Caution	: A penalty for the late or in	complete filing of this return/repor	rt will be assessed u	unless reasonable cause is e	established.			
	1 , , ,	enalties set forth in the instructions,			0 , , 0	,		
Statemen	its and attachments, as well a	as the electronic version of this return	Treport, and to the bo	est of my knowledge and belie	er, it is true, correct, and corr	ipiete.		
OLON	Filed with authorized/valid ele	estronio gianaturo	06/28/2012	GEORGE FARLEY				
SIGN HERE	riled with authorized/valid ele	ectionic signature.	00/20/2012	GEORGE PARLET				
	Signature of plan adminis	ature of plan administrator		Enter name of individual signing as plan administrator				
SIGN HERE								
HEIKE	Signature of employer/pla	n sponsor	Date	Enter name of individual sign	ning as employer or plan sp	onsor		
SIGN								
HERE	Signature of DFE		Date	Enter name of individual signing as DFE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

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FR	Plan administrator's name and address (if same as plan sponsor, enter "Sar	<b>3b</b> Administrator's EIN 13-3835650			
78	ISHAW AND CULBERTSON ) THIRD AVE, 4TH FLOOR W YORK, NY 10017				ministrator's telephone mber 201-594-0800
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for thi	is plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	1
6	Number of participants as of the end of the plan year (welfare plans complet	te only lines 6a, 6b	o, 6c, and 6d).		<u> </u>
_	Author contrators are			60	1
а	Active participants	•••••		6a	'
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>			6d	1
u	Subtotal. Add lines va, vb, and vc	•••••		6e	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits				
f	Total. Add lines 6d and 6e.				1
g	Number of participants with account balances as of the end of the plan year complete this item)	•	6g		
h	Number of participants that terminated employment during the plan year witless than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only			7	
8a	If the plan provides pension benefits, enter the applicable pension feature of $\frac{2C}{2G}$ $\frac{3E}{3E}$	odes from the List of	of Plan Characteristic Codes	in the i	nstructions:
b	2C 2G 3E  If the plan provides welfare benefits, enter the applicable welfare feature coo	des from the List of	f Plan Characteristic Codes i	n the ins	structions:
9a	Plan funding arrangement (check all that apply)		it arrangement (check all that	t apply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1)	Insurance Code section 412(e)(3) in	nsuranc	e contracts
	(3) X Trust	(3) ×	Trust		
	(4) General assets of the sponsor	(4)	General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, whe	ere indicated, enter the numb	er attac	hed. (See instructions)
а	Pension Schedules	<b>b</b> General Se	chedules		
	(1) R (Retirement Plan Information)	(1)	<b>H</b> (Financial Inform	ation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) ×	l (Financial Informa		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	A (Insurance Inform		-ti\
	· —	(4) (5)	C (Service Provide D (DFE/Participatin		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	G (Financial Transa	-	
		<u> -</u>	-		

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan FRITZ & MILLER PC MONEY PURCHASE PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
FRITZ & MILLER PC	13-3835650
Operators Oak and the Lifeth and a recognition of the Account of t	and the above of Vennes also consists Oaks data Life on a City of the

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	110045	106674
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	110045	106674
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	-3271	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-3271
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans	0		
h	(see instructions)			
h i	Administrative service providers (salaries, fees, and commissions).		100	
:	Other expenses (add lines 22 26 28 2h and 3i)	2i	100	100
J V	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)			-3371
K	Net income (loss) (subtract line 2j from line 2d)			-3371
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans		X		

Page	2	-
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Schedule I (Form 5500) 2011

		Г	Yes	No	Λn	nount
3f	Leans (other than to participants)	3f	162	X	All	iount
	Loans (other than to participants)			X		
g	Tangible personal property	3g		^		
Pa	art II Compliance Questions		ı	1 1		
4	During the plan year:		Yes	No	Aı	mount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e		X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ī	Has the plan failed to provide any benefit when due under the plan?	41		Χ		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo A	mount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	(s) to wh	hich assets or li	abilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	<b>5b(3)</b> PN(s)

## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

Pension Benefit G	uaranty Corporation				-	This Form is Open to Pu Inspection	ıblic
David Ann	usel Danast Idas	ntification Information				Парсскоп	
		ntification Information plan year beginning 01/01/2011		and ending	12/31/2011	, ,	
A This return/rep		a multiemployer plan;	a multiple-	employer plan; or			
A Triis returnire	port is ior.	a single-employer plan;	a DFE (sp	ecify)			
		A desirgio employer plant	[] (-)				
B This return/rep	nort is:	the first return/report;	the final re	turn/report;			
Timo rotalinio,	port 101	an amended return/report;	a short pla	n year return/report	(less than	12 months).	
C If the plan is a	a collectively-bargain	ned plan, check here					
D Check box if f		Form 5558;		extension;		the DFVC program;	
<b>D</b> Oneon box ii i	ming directi.	special extension (enter des	scription)				
Part II B	asic Plan Infor	mation—enter all requested information	ation				
1a Name of plan						1b Three-digit plan	001
FRITZ & MILLEF	R PC MONEY PURC	CHASE PLAN				number (PN) > 1c Effective date of pl	an
						01/01/1996	an
2a Plan sponso	or's name and addre	ss, including room or suite number (E	mployer, if for single-e	employer plan)		2b Employer Identifica Number (EIN)	ation
FRITZ & MILLER	D DC					13-3835650	
PRITZ & WILLE	N F O					2c Sponsor's telephone	
HINSHAW AND	CULBERTSON					number 201-594-080	0
780 THIRD AVE	, 4TH FLOOR	780 THIF	RD AVE, 4TH FLOOR RK, NY 10017			2d Business code (see	
NEW YORK, NY	7 10017	NEW 10	KK, NT 10017			instructions) 541110	
						341110	
						The second secon	gar profes
Caution: A pen	alty for the late or	incomplete filing of this return/repo	ort will be assessed t	ınless reasonable o	cause is es	stablished.	
Under penalties statements and	of perjury and other attachments, as wel	penalties set forth in the instructions,	, I declare that I have on In/report, and to the be	examined this returnates of my knowledge	/report, incl and belief,	it is true, correct, and co	mplete.
	160	1	/-	M	а	- [1	
SIGN	May		6/27/In	Ilan	and	a thto	
HERE Signa	ture of plan admin	istrator	Date	Enter name of indi	ividual signi	ng as plan administrator	
SIGN	Wat	5 1	6/27/12	Mar	and,	aFitz	
HERE Signa	ature of employer/	lan sponsor	Date	Enter name of indi	ividual signi	ing as employer or plan s	ponsor
SIGN		$\nearrow$					
HERE	ature of DFE	1/	Date	Enter name of indi	ividual sign	ing as DFE	0 (0044)
For Paperwork	Reduction Act No	tice and OMB Control Numbers, se	e the instructions fo	r Form 5500.		Form 550	00 (2011) v.012611

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32	Plan administrator's name and address (if same as plan sponsor, enter "Sar	mo"\		<b>3h</b> Ad	ministrator's EIN	
	TZ & MILLER PC	13-3835650				
HII	ISHAW AND CULBERTSON				ministrator's telephone	
780 NE	) THIRD AVE, 4TH FLOOR W YORK, NY 10017				mber	
	,				201-594-0800	
4	If the name and/or EIN of the plan sponsor has changed since the last return	n/report filed for thi	s plan, enter the name, EIN	and	4b EIN	
	the plan number from the last return/report:					
а	Sponsor's name				4c PN	
5	Total number of participants at the beginning of the plan year				,	
6	Number of participants as of the end of the plan year (welfare plans completed)	to only lines <b>6a 6h</b>	. Co. and Cd)	5		
U	Number of participants as of the end of the plan year (welfare plans complete	te offig liftes <b>6a, 6b</b>	, <b>66</b> , and <b>60</b> ).		T	
а	Active participants			6a	1	
b	Retired or separated participants receiving benefits			6b		
С	Other retired or separated participants entitled to future benefits			6c		
d	Subtotal. Add lines 6a, 6b, and 6c.			6d	1	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits		6e		
_						
f	Total. Add lines <b>6d</b> and <b>6e</b>		6f	1		
g	Number of participants with account balances as of the end of the plan year	(only defined cont	ribution plans			
	complete this item)			6g		
h	Number of participants that terminated employment during the plan year wit	h accrued benefits	that were			
	less than 100% vested			6h		
7	Enter the total number of employers obligated to contribute to the plan (only	/ multiemployer pla	ans complete this item)	7		
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List	of Plan Characteristic Codes	in the i	nstructions:	
	2C 2G 3E					
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	des from the List of	f Plan Characteristic Codes i	n the ins	structions:	
9a	Plan funding arrangement (check all that apply)		t arrangement (check all tha	t apply)		
	(1) Insurance	(1)	Insurance			
	(2) Code section 412(e)(3) insurance contracts (3) Trust	(2)	Code section 412(e)(3) in	nsuranc	e contracts	
	(3) X Trust (4) General assets of the sponsor	(3) (4)	General assets of the sp	oneor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a				hed (See instructions)	
	•		·	or amao	nour (eco mondonono)	
а	Pension Schedules  (4)	b General S	chedules -			
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	ation)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X	I (Financial Inform	ation – S	Small Plan)	
	Purchase Plan Actuarial Information) - signed by the plan	(3)	A (Insurance Inforr	nation)		
	actuary	(4)	C (Service Provide	r Inform	ation)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	<b>D</b> (DFE/Participating	ting Plan Information)		
	Information) - signed by the plan actuary	(6)	<b>G</b> (Financial Transa	action S	chedules)	

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending 12/31/2011
A Name of plan FRITZ & MILLER PC MONEY PURCHASE PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
FRITZ & MILLER PC	13-3835650
Operators Oak and the Lifeth and a recognition of the Account of t	and the above of Vennes also consists Oaks data Life on a City of the

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	110045	106674
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	110045	106674
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	-3271	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-3271
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans	0		
h	(see instructions)			
h i	Administrative service providers (salaries, fees, and commissions).		100	
:	Other expenses (add lines 22 26 28 2h and 3i)	2i	100	100
J V	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)			-3371
K	Net income (loss) (subtract line 2j from line 2d)			-3371
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans		X		

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Schedule I (Form 5500) 2011

		Г	Yes	No	Λ.	mount
3f	Loans (other than to participants)	3f	162	X	AI	iiouiit
	Loans (other than to participants)			X		
g	Tangible personal property	3g		^		
Pa	art II Compliance Questions			1		
4	During the plan year:		Yes	No	Α	mount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X		
е	Was the plan covered by a fidelity bond?	4e		X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X			
ī	Has the plan failed to provide any benefit when due under the plan?	41		Χ		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	o A	mount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	ne plan	(s) to w	hich assets or l	iabilities were
	5b(1) Name of plan(s)		<b>5b(2)</b> EIN(s) <b>5b(3)</b> PN(s)			