	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB N Benefit Plan							
	Department of the Treasury Internal Revenue Service	-	ctions 104 and 4065 of the Employee	2	2011			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is	o Open to Public	
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500	)-SF.	1115	pection	
		Ientification Information	2		= 10.4.14			
	calendar plan year 2011 or fisca				5/31/2			
	This return/report is for:	X a single-employer plan	•	-employer plan (not multiemployer)		a one-particip	ant plan	
B -	This return/report is:	the first return/report		eturn/report				
			a short pla	in year return/report (less than 12 mc	onths)	-		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m	
		special extension (enter description						
		nation—enter all requested information	ation		41			
	Name of plan	C 401K PROFIT SHARING LAN			10	Three-digit plan number		
BULL	, MORREALE & JUDELSON F	C 40TK PROFIL SHARING LAN				(PN) ►	002	
						Effective date of 01/01/	•	
	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 14-159		
00.01	RYSTAL RUN ROAD, SUITE 40				2c	Sponsor's telept 845-695		
MIDD	DLETOWN, NY 10941	J <del>-1</del>			2d	Business code (s 54111		
	Plan administrator's name and , MORREALE & JUDELSON, P		<b>RUN ROA</b>	ÁD, SUITE 404	3b	Administrator's E		
		MIDDLETOW	'N, NY 109	41	3c	Administrator's to 845-695	elephone number -2002	
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN							
	•	the beginning of the plan year			5a		5	
b	Total number of participants at	the end of the plan year			5b	0		
C	Number of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c		0	
6a	1 /	luring the plan year invested in eligibl					X Yes No	
	Are you claiming a waiver of th	ne annual examination and report of a See instructions on waiver eligibility a	an indepen	dent qualified public accountant (IQF	PA)		X Yes No	
		er 6a or 6b, the plan cannot use Fo						
Pa	rt III Financial Informa	ation			-			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	Total plan assets		7a	713929			0	
b	1		7b	0	_		0	
	· · ·	7b from line 7a)	7c	713929	_			
8	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) T	otal	
а			8a(1)	0				
	(2) Participants		8a(2)	0				
	(3) Others (including rollovers)	)	8a(3)	0				
b	Other income (loss)		8b	35748				
С		8a(2), 8a(3), and 8b)	8c				35748	
d		rollovers and insurance premiums	8d	749677				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	0	_			
f		rs (salaries, fees, commissions)	8f	0	_			
g				0				
h		8e, 8f, and 8g)					749677	
i		e 8h from line 8c)					-713929	
	I ransters to (from) the plan (se	ee instructions)	8j	0				

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

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## Part 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:

## 2E 2F 2G 2J 2R 3D

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

V	Compliance Questions								
Du	ring the plan year:	_	Yes	No		An	nount		
<b>a</b> 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)				x					
		10b		x					
W	as the plan covered by a fidelity bond?	10c	Х					700	00
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
ins	urance service or other organization that provides some or all of the benefits under the plan? (See	10e		х					
f Has the plan failed to provide any benefit when due under the plan?				Х					
Dic	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.)									
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									
VI	Pension Funding Compliance								
ls t 550	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))	plete	Scheo	lule SE	3 (Form	۱ 	Yes		No
If a gra <b>/ou</b> Ent	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction nting the waiver	th	 [	Day 12b 12c					-
								<u> </u>	
					Ye	S	No	N	/A
				<u> </u>	. –	<b>-</b>			
							_		
							0		
of t	he PBGC?						Yes		No
		ne pla	n(s) to						
3c(1	I) Name of plan(s):		13	<b>c(2)</b> El	IN(s)		13c(3	<b>)</b> PN(	s)
ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.				
	Wa 29 We on With Dic or With Dic Or We ins Ha Dic Uf 1 1 252 If 1 exc VI Is ti 550 VI Is ti 550 VI Is ti Con VI Is ti Con VI Is ti Con Con VI Is ti Con Con Con Con Con Con Con Con	During the plan year:         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)	During the plan year:       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         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b         Was the plan covered by a fidelity bond?       10d         Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of distonesty?       10d         Were there any noexempt is any participant 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.)       10d         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.)       10d         Id this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	During the plan year:       Yes         Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a         Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a         Was the plan covered by a fidelity bond?       10d       10c       X         Uid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       10d       10d         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.)       10d       10d         Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	During the plan year:       Yes       No         Was there a failure to transmit to the plan any participant contributions within the time period described in no. 29 CFR 2510-3.1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         Was the plan covered by a fidelity bond?       10b       ×       10c       ×         Us as the plan covered by a fidelity bond?       10c       ×       10c       ×         Us as the plan covered by a fidelity bond?       10c       ×       10d       ×         Use as plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       ×       10d       ×	During the plan year:       Yes       No         Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	During the plan year:       Yes       No       An         Was there a failure to transmit to the plan any participant contributions within the time period described in in 29 CFR 2510-3102? (See instructions and DOL's Voluntary Fiduciary Correction Program).       10a       ×       10b       ×       10c       ×       10b       ×       10c       ×       10c       ×       10b       ×       10c       ×       10b       ×       10b       ×       10b       ×       10b       ×       <	During the plan year:       Yes       No       Amount         Was there a failure to transmit to the plan any participant contributions within the time period described in 1001       Yes       No       Amount         29 CFR 2510-31-02? (See instructions and DOL's Voluntary Fiduciary Correction Program)       1001       X       1001       X         Was the plan covered by a fidelity bond?       100       X       1001       X <td< td=""><td>During the plan year:       Yes       No       Amount         Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-120° (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         Was the plan covered by a fidelity bond?       10b       X       10b       X         Was the plan covered by a fidelity bond?       10b       X       10c       X       70c         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       10d       X       10c       X       <td< td=""></td<></td></td<>	During the plan year:       Yes       No       Amount         Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-120° (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         Was the plan covered by a fidelity bond?       10b       X       10b       X         Was the plan covered by a fidelity bond?       10b       X       10c       X       70c         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       10d       X       10c       X <td< td=""></td<>

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.	07/23/2012	CHARLES A JUDELSON
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	m 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan								
	Department of the Treasury Internal Revenue Service		ctions 104 and 4065 of the Employe	۵	2	011				
Ε	Department of Labor mployee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public Inspection				
F	Pension Benefit Guaranty Corporation		dance wit	h the instructions to the Form 550	0-SF.					
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	01/01/2	011 and anding		12/21/201	1			
		-				12/31/201				
				e-employer plan (not multiemployer)		a one-participa	ant plan			
в	This return/report is:	the first return/report		eturn/report		<b>`</b>				
~	L			an year return/report (less than 12 m	onths		-			
C	C Check box if filing under:									
		special extension (enter description	-							
	Art II Basic Plan Inform Name of plan	nation—enter all requested inform	ation		1b	Three-digit				
		delson PC 401k Profit	Shari	na		plan number				
	lan			5		(PN) 🕨	002			
					10	Effective date of 01/01/1998	plan			
2a	Plan sponsor's name and addre	ess; include room or suite number (e	mplover, if	for a single-employer plan)	2b		cation Number			
	Bull, Morreale & Ju		,,.			(EIN) 14-1596				
					2c	Sponsor's teleph				
	90 Crystal Run Road	Suite 404				(845) 695-2				
	_	, build for		NIX 10041	20	Business code (s 541110	ee instructions)			
	Middletown Plan administrator's name and	address (if same as plan sponsor, ei	nter "Same	NY 10941	3b	Administrator's E	IN			
u	same									
					3c Administrator's telephone nur					
4	If the name and/or EIN of the p	lan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b EIN					
-	name, EIN, and the plan numb									
	Sponsor's name			PN						
			5a		5					
b			5b		5					
С		count balances as of the end of the p			5c		5			
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No			
b				ident qualified public accountant (IQ			X Yes 🗌 No			
				ons.) SF and must instead_use Form 55						
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End c	of Year			
а	Total plan assets		. 7a	692,09	6		713,929			
b	•				0		0			
C	Net plan assets (subtract line 7	b from line 7a)	. 7c	692,09	6		713,929			
8	Income, Expenses, and Transfe			(a) Amount		(b) To	otal			
а	Contributions received or received (1) Employers	vable from:	8a(1)	2,63	3					
			8a(2)		0					
			8a(3)		0					
b	Other income (loss)		<b>8</b> b	34,48	4					
c		8a(2), 8a(3), and 8b)	8c				37,117			
d		ollovers and insurance premiums	8d	15,28	4					
е	, ,	ive distributions (see instructions)	8e		0					
f		s (salaries, fees, commissions)			0					
a	•				0					
h	•	3e, 8f, and 8g)					15,284			
i	. , .	8h from line 8c)					21,833			
j	Transfers to (from) the plan (se	e instructions)	- <b>8</b> j		0					

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

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## Part 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: 2E 2F 2G 2J 2R 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions						
10	Dur	ing the plan year:		Yes	No		Amoun	t
а	a 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х			
С	Wa	s the plan covered by a fidelity bond?	10c	Х				70,000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)							
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 year end.)	10g		х			
h	lf th	is 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					
Part	VI	Pension Funding Compliance						
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	-				Ye	es 🗍 No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	_				Ye	es 🛛 No
	(lf "\	(es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a v gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon	ctions, th	and e	nter th Day	ne date of th	ne letter Year	ruling
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Ente	er the minimum required contribution for this plan year		L	12b			
С	Ente	er the amount contributed by the employer to the plan for this plan year		L	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		[	12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes X No	0	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?			ntrol		Ye	es 🛛 No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th th assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
1	3c(1)	Name of plan(s):		13	C(2) E	N(s)	13c	(3) PN(s)
Caut	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		

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	Ba C Dree	3/26/2012	Charles A Judelson
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	Short Form Annual Return/Report of Small Employee								
	Department of the Treasury Internal Revenue Service			t Plan ections 104 and 4065 of the Employe	0	2011				
-	Department of Labor mployee Benefits Security Administration	Retirement Income Security Act of	f 1974 (ER	RISA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to P	ublic			
-	Pension Benefit Guaranty Corporation		dance wit	h the instructions to the Form 550	0-SF.					
	art I Annual Report Id calendar plan year 2011 or fisca	entification Information	01/01/2	2012 and ending	_	05/31/2012				
_	This return/report is for:		1	e-employer plan (not multiemployer)		a one-participant plan				
	This return/report is:	the first return/report		return/report						
-		an amended return/report		an year return/report (less than 12 m	onths)					
С	Check box if filing under:	Form 5558		c extension	onaroj	DFVC program				
-		special extension (enter description								
Pa	art II Basic Plan Inform	nation-enter all requested inform	,							
1a	Name of plan				1b	Three-digit				
	Bull, Morreale & Ju	ng		plan number (PN) ▶ 002	)					
	lan		1c	Effective date of plan						
				01/01/1998						
2a	Plan sponsor's name and addre Bull, Morreale & Ju	ess; include room or suite number (e adelson, PC	employer, i	f for a single-employer plan)	2b	Employer Identification Numb (EIN) 14-1596016	ber			
					2c	Sponsor's telephone number (845) 695-2002	r			
	90 Crystal Run Road		2d	Business code (see instruction	ons)					
_	Middletown			NY 10941	01	541110				
Ja	same	address (if same as plan sponsor, e	nter "Same	9″)	3D	Administrator's EIN				
						3c Administrator's telephone number				
4 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				
а	name, EIN, and the plan number Sponsor's name	er from the last return/report.			4c	PN				
		the beginning of the plan year			5a		5			
b	Total number of participants at	the end of the plan year			5b		0			
с	Number of participants with acc	count balances as of the end of the p	olan year (	defined benefit plans do not						
					5c		0			
				(See instructions.) Indent qualified public accountant (IQ		X Yes	No			
D	under 29 CFR 2520.104-46? (\$	See instructions on waiver eligibility a	and condit	ions.)	-A)	X Yes [	No			
<b></b>			<u>orm 5500-</u>	<u>SF and must instead use Form 55</u>	00.					
	rt III Financial Informa	tion	1		_					
7	Plan Assets and Liabilities			(a) Beginning of Year 713,92		(b) End of Year	0			
a b				113,92	9 0		0			
c		b from line 7a)		713,92	9					
8	Income, Expenses, and Transfe			(a) Amount	-	(b) Total				
a	Contributions received or receiv									
	(1) Employers				0					
	., .				0					
L.				35,74	0					
b					0		5,748			
c d		a(2), 8a(3), and 8b) blovers and insurance premiums	8c				, 140			
-			8d	749,67	7					
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e		0					
f	•	s (salaries, fees, commissions)			0					
g					0					
h		e, 8f, and 8g)					9,677			
1		8h from line 8c) e instructions)			0	(713,	929)			
1	ransiers to (nom) the plan (se		8j		Y					

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

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## Part 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: 2E 2F 2G 2J 2R 3D

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

Par	t V	Compliance Questions						
10	Dur	ing the plan year:		Yes	No		Amount	
а		s 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		х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х			
С	Wa	is the plan covered by a fidelity bond?	10c	Х			7	0,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		х			
e	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		х			
f	Has	s 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 year end.)	10g		х			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x			
i		In 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					
Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Yes	No No
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code		_			Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- nting the waiver						
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-				
b	Ente	er the minimum required contribution for this plan year	•••••		12b			
С	Ente	er the amount contributed by the employer to the plan for this plan year		L	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)		[	12d			
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?	· · · · · · <u>· · · ·</u>			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			ΧY	res 🗌 No	<b>b</b>	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C	lf du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th th assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.		
Unde	er pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, in	cluding	g, if applica	ble, a Sche	dule
		edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	report	, and f	to the t	best of my k	nowledge	and

SIGN	Qhe a bran	711312812	Charles A Judelson
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