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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	uance with	i the instructions to the Form 330	U-3F.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)	ſ	a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report	_			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automatio	extension	Ī	DFVC prograi	m	
	special extension (enter description	on)		_	<u> </u>		
Pa	art II Basic Plan Information—enter all requested information	ation					
	Name of plan	<u> </u>		1b	Three-digit		
	L & MAXILLOFACIAL SURGERY ASSOCIATES OF MANHATTAN,	P.C. 401(k	() PROFIT SHARING PLAN		plan number		
					(PN) ▶	002	
				1c	Effective date of	•	
22	Plan sponsor's name and address; include room or suite number (e	mployer if	for a single-employer plan)	2h	01/01/ Employer Identifi		or
ORA	L & MAXILLOFACIAL SURGERY ASSOCIATES OF MANHATTAN,	P.C.	Tot a single employer plant		(EIN) 13-378		E
				2c	Sponsor's teleph	none number	
41 E	AST 57TH STREET, SUITE 1204				212-593		
	YYORK, NY 10022			2d	Business code (s		ns)
^				01	62121		
	Plan administrator's name and address (if same as plan sponsor, et & MAXILLOFACIAL SURGERY ASSOCIATES OF 41 EAST 57T		,	3D /	Administrator's E		
MANI	HATTAN, P.C. NEW YORK,	NY 10022		3c	Administrator's te		nber
					212-593	-0303	
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			10
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the	olan year (defined benefit plans do not				
	complete this item)			5c			_
	Were all of the plan's assets during the plan year invested in eligib		,			X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)			,		X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	580243			419699	9
b	Total plan liabilities	. 7b	0			10350	0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	580243			409349	9
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		0				
	(1) Employers		0				
	(2) Participants	. 8a(2)	0	-			
L	(3) Others (including rollovers)	. 8a(3)		-			
b	Other income (loss)	. 8b	-8172			-8172	2
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				-0172	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	111365				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	36647				
f	Administrative service providers (salaries, fees, commissions)	. 8f	14710				
g	Other expenses	. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					162722	2
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-170894	4
	Transfers to (from) the plan (see instructions)	8j	0				

Form	5500.	SF.	201

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Part IV	Plan	Characte	arietice
Partiv	Pian	Characti	eristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2J 3D
 - 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	
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				ипс	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X					•	05000
	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					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X						0
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ					
	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							
rt \									
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						П	Yes	X No
	Is this 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.)			.02 0					
a I	(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 the waiver		and e	nter th	e dat	e of th			ng
a !			and e	nter th	e dat	e of th			ng
a i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th	and e	nter th	e dat	e of th			ng
a If yo b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th	and e	nter th Day	e dat	e of th			ng
a If you b c d :	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are instructed in this plan year, see instructions are instructed in this plan year, see instructions are instructed in the plan year	th of a	and e	nter th Day	e dat	e of th			ng
a If you b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	and e	nter th Day 12b 12c 12d	e dat	e of th			ng
a lf you b c d : e '	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are 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	th of a	and e	nter th Day 12b 12c 12d	e date	e of th	Year		ng ——
a lf you b c d : e \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	th	and e	12b 12c 12d	e date	e of th	Year		ng ——
a If you b c d : e V	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction to complete 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 megative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e dat	e of th	Year		ng ——
a silf ye b c c silf ye silf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Monotous 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 megative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	nter th Day	e dat	e of th	Year	D [N/A
a Silf you b S	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 th Day	e dat	e of th	Year	D [ng
a Silf you b S	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	nter th Day	Ye	e of th	Year No	D [N/A
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Monotou 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 enegative 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	of a	and e	nter th Day 12b 12c 12d	Ye	e of th	Year No	o [N/A
a Silf you b S	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Monotou 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 enegative 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	of a	and e	nter th Day 12b 12c 12d	Ye	e of th	Year No	o [N/A

SIGN	Filed with authorized/valid electronic signature.	07/25/2012	JOHN B. TODOROVICH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		OZIIOZ WI	in the instructions to the Form 550	u.or.					
For	art I Annual Report Identification Information								
	70	01/01/:		12/31/2011					
Α	This return/report is for: 🗵 a single-employer plan	a muitipi	a-amployer plan (not multiemployer)	er) a one-participant plan					
В	This return/report is: the first return/report	the final	return/report						
	an amended return/report	a short pl	an year retum/report (less than 12 m	onths)					
C	Check box if filing under: Form 5558	automati	c extension		DFVC program				
	special extension (enter description)	ол)							
P	art II Basic Plan Information—enter all requested inform	ation							
1a	Name of plan			16	Three-digit				
	Oral & Maxillofacial Surgery Associates	of			plan number				
	Manhattan, P.C. 401(k) Profit Sharing Pl	Lan		 _ _	(PN) 002				
				16	Effective date of plan 01/01/1995				
2a	Plan sponsor's name and address; include room or suite number (e	mployer, i	f for a single-employer plan)	2ь	Employer identification Number				
	Oral & Maxillofacial Surgery				(EIN) 13-3789526				
	Associates of Manhattan, P.C.			2c	Sponsor's telephone number				
	41 East 57th Street, Suite 1204				(212) 593-0303				
	•			2d Business code (see instructions					
	New York	-1 15	NY 10022	25	621210				
34	Plan administrator's name and address (if same as plan sponsor, e Same	nter Sam	•")	30	Administrator's EIN				
				3с	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				
_	name, EIN, and the plan number from the last return/report.								
	Sponsor's name			4c					
	Total number of participants at the beginning of the plan year			5a	10				
	Total number of participants at the end of the plan year			5b	9				
	Number of participants with account balances as of the end of the complete this item)	plan year (defined benefit plans do not	5c	9				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See Instructions.)		X Yes No				
ь	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)								
	under 20 CEP 2520 104-462 (See festivations on walves attaintities	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	and condit orm 5500:	lons.)	·····	X Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F rt ill. Financial information	and condit orm 5500	lons.)	·····	X Yes No				
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility If you answered "No" to either 8a or 6b, the plan cannot use F	and condit orm 5500	lons.)	·····					
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500	ions.)SF and must instead use Form 55	00.					
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt III Financial information Plan Assets and Liabilities	orm 5500 7=	SF and must instead use Form 55	00.	(b) End of Year				
Pa 7 a b	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility If you answered "No" to either 8a or 6b, the plan cannot use F It ill. Financial Information Plan Assets and Liabilities Total plan assets	orm 5500 7a 7b	SF and must instead use Form 55	3	(b) End of Year 419, 699				
Pa 7 a b c	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility If you answered "No" to either 8a or 6b, the plan cannot use F It ill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	orm 5500 7a 7b	SF and must instead use Form 55 (a) Beginning of Year 580, 24	3	(b) End of Year 419, 699 10, 350				
Pa 7 a b c	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use F rt ill. Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c	(a) Beginning of Year 580, 24	3	(b) End of Year 419, 699 10, 350 409, 349				
Pa 7 a b c	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use F rt ill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	7a 7b 7c 8a(1)	(a) Beginning of Year 580, 24	3	(b) End of Year 419, 699 10, 350 409, 349				
Pa 7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use F rt ill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 580, 24	3	(b) End of Year 419, 699 10, 350 409, 349				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use F rt ill. Financial information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 580, 24 (a) Amount	3 0 3	(b) End of Year 419, 699 10, 350 409, 349				
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8s(3)	(a) Beginning of Year 580, 24	3 0 3	(b) End of Year 419, 699 10, 350 409, 349 (b) Total				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 580, 24 (a) Amount (8,172	3 0 3 0	(b) End of Year 419, 699 10, 350 409, 349				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 580, 24 (a) Amount (8,172	00, 300, 000, 300,	(b) End of Year 419, 699 10, 350 409, 349 (b) Total				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 580, 24 (a) Amount (8, 172	000, 3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 419, 699 10, 350 409, 349 (b) Total				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 580, 24 (a) Amount (8,172	000, 3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 419, 699 10, 350 409, 349 (b) Total				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 580, 24 (a) Amount (8, 172	000, 3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 419, 699 10, 350 409, 349 (b) Total				
7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 580, 24 (a) Amount (8, 172	000, 3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 419, 699 10, 350 409, 349 (b) Total (8, 172)				
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 580, 24 (a) Amount (8, 172	000, 3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 419, 699 10, 350 409, 349 (b) Total				
7 abc 8 a bcd efghlj	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt ill Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 580, 24 (a) Amount (8,172 111, 36 36, 64 14, 71	000, 3 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 419, 699 10, 350 409, 349 (b) Total (8, 172)				

	Fam: 6000-5F 2011 Page Z -						
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the 2A 2E 2J 3D	List of Plan Character	istic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the l	List of Plan Characteris	tia Cod	ies in ti	he instructio	ns:	
Раг	V Compliance Questions						
10	During the plan year:	111111	Yes	No	4	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time pe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra	ariod described in 10a		х	-		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include trans	actions reported	<u> </u>	х			
c			 			10	5,000
d		caused by fraud		х			
9	or dishonesty?	rance carrier. e plan? (See		x	-1		
f	Has the plan failed to provide any benefit when due under the plan?		-	x			
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	 ''''	1				
•	If this is an individual account plan, was there a blackout period? (See instructions and 2	9 CFR	┢			nggan, gwasi. Mahali i ang	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or or	ne of the	\vdash	X	To deposit venimino de Especialista de la compositación	is in vigoritid Verifications	Data da
Parista;	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	<u> </u>	L	ADDIMENTAL		Marine Marine
	VI Pension Funding Compliance						
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins	tructions and complete	Sched	ule SB	(Form	Yes	No.
12	is this a defined contribution plan subject to the minimum funding requirements of section					Yes	X 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	n year, see instructions	, and e	nter th	e date of the	letter ruli	ina
	granting the waiver.	Month		Day_	Y	ear	
	you completed line 122, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and	•	_				
	Enter the minimum required contribution for this plan year			12b			
C		***************************************		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a mininegative amount)	us sign to the left of a		12d	"		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
<u>Part</u>	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		******	ΧY	es No		
	if "Yes," enter the amount of any plan assets that reverted to the employer this year		3а				0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC7	*************************		ntrol		Yes	X No
¢	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See Instructions.)	plan(s), identify the pla	n(s) to				_
1	3c(1) Name of plan(s):		130	(2) EIN	l(s)	13c(3)	PN(s)
		ļ					
		1101					
	ion: A penalty for the late or incomplete filing of this return/report will be assessed u						
88 or	r penalties of perjury and other penalties set forth in the instructions, i declare that I have e r Schedule MB completed and signed by an enrolled actuary, as well as the electronic vers f, it is true, correct, and complete.	examined this return/re sion of this return/repor	port, in t, and t	cluding o the b	, if epplicable ast of my kn	ė, a Sche owledge s	dule and
SIGN		John B. Todor	ovic	1			
HERI	E/ Signature of plan administrator Date	Enter name of Individu	al sign	ing es	pian admini	strator	
SIGN		John B. Todore					
HER	Signature of employer/plan sponsor Date	Enter name of Individu	ısı sigr	ing as	employer or	plan spor	пзог