				Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
				ctions 104 and 4065 of the Employe	2011						
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).	This Form is Open to Public						
P	ension Benefit Guaranty Corporation	D-SF.	Inspe	ection							
	Part I       Annual Report Identification Information										
	calendar plan year 2011 or fisca			<b>Č</b>	2/31/2						
	This return/report is for:	a single-employer plan		e-employer plan (not multiemployer)		a one-participa	nt plan				
<b>B</b> -	This return/report is:	the first return/report		eturn/report							
				an year return/report (less than 12 mo	onths)	-					
C	Check box if filing under:	Form 5558		extension		DFVC program					
		special extension (enter descriptio									
		nation—enter all requested informa	ation		16	Thus a disit					
	Name of plan KOFF NEONATAL SERVICES,	PC 401(K) PLAN			a	Three-digit plan number					
						(PN) ▶	001				
					1c	Effective date of p 01/01/19					
	Plan sponsor's name and addre KOFF NEONATAL SERVICES,	ess; include room or suite number (er PC	mployer, if	for a single-employer plan)	2b	Employer Identification (EIN) 11-3401					
074.0					2c	Sponsor's telepho 718-963-6					
	STOCKHOLM STREET OKLYN, NY 11237				2d	Business code (se 621399	e instructions)				
	Plan administrator's name and COFF NEONATAL SERVICES,		OLM STR	EET	Administrator's EIN 11-3401138						
		BROOKLYN,	NY 11237		3c	Administrator's telephone number 718-963-6551					
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN					
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN					
		the beginning of the plan year			5a		3				
b	Total number of participants at	the end of the plan year			5b		3				
C		count balances as of the end of the p			5c		3				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		•	X Yes No				
b											
_		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.						
	rt III Financial Informa	ation									
7	Plan Assets and Liabilities		_	(a) Beginning of Year 273916	+	(b) End of Year 446118					
a b	•		7a 7b	210010		440110					
c		b from line 7a)	70 70	273916			446118				
8	Income, Expenses, and Transf	,		(a) Amount		(b) Total					
a	Contributions received or recei										
	(1) Employers		8a(1)		_						
			8a(2)	48600	_						
	() ()	)	8a(3)	129688	_						
b	· · · ·		8b	-3743			174545				
c d		(add lines 8a(1), 8a(2), 8a(3), and 8b)									
ŭ		8d									
е	Certain deemed and/or corrective distributions (see instructions)		8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f								
g	•		8g	2343							
h		3e, 8f, and 8g)	8h				2343				
i		8h from line 8c)					172202				
J	I ransters to (from) the plan (se	e instructions)	8j								

Page 2 - 1

## 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:

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2E 2F 2G 2J 2K 3D
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**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	Durir	During the plan year:				A	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)						
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х			
С	Was	the plan covered by a fidelity bond?	10c	Х			50000	
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			45450	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes X No	
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X No	
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver	th					
lf y	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		1		
b	Enter	r the minimum required contribution for this plan year			12b			
С	Enter	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					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		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						Yes X No	
C								
13c(1) Name of plan(s):				13	c <b>(2)</b> El	IN(s)	<b>13c(3)</b> 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	Filed with authorized/valid electronic signature.	09/19/2012	FRANK VUTRANO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/19/2012	FRANK VUTRANO
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

_	Form 5500-SF	Short Form Annual	OMB Nos. 1210-0110 1210-0085							
-	Internal Revenue Service Department of Labor	This form is required to be f	iled under	sections 104 and 4065 of the Employ	yee	2011				
_!	mployee Benefits Security Administration	ERISA), and section 6057(b) and 605 nue Code (the Code).	58(a) of	This Form is Open to Public						
-	Pension Benefit Guaranty Corporation	Complete all entries in acce		ith the instructions to the Form 55	500-56					
	Part I Annual Report Ic	Jentification Information			/00-01	•]				
	or the calendar plan year 2011 or fis	····	01/	01/2011 and ending	1	2/31/2011				
		a single-employer plan	a multipl	e-employer plan (not multiemployer)		a one-participant plan				
в	This return/report is:	the first return/report	the final	return/report						
		an amended return/report	a short p	lan year return/report (less than 12 mc	ont <b>hs</b> )					
С	Check box if filing under:	Form 5558		c extension		DFVC program				
_		special extension (enter descriptio	on)							
_	Part II Basic Plan Inform	mation enter all requested info	ormation		·····					
1;	Name of plan		annation.		1h	Three-digit				
	Wyckoff Neonatal Serv	ices, PC 401(k) Plan				plan number				
					10	(PN) ► 001				
2						Effective date of plan 01/01/1998				
2a	Plan sponsor's name and addres Wyckoff Neonatal Serv:	ss; include room or suite number (en	nployer, if fo	or single-employer plan)	2b	Employer Identification Number				
						(EIN) 11-3401138				
	374 Stockholm Street				2c	Plan sponsor's telephone number				
	574 SCOCKHOIM Street				24	(718) 963-6551				
		NY 11237			2u	Business code (see instructions) 621399				
3a	Plan administrator's name and ac Same	ddress (If same as plan sponsor, ent	ter "Same")		3b	Administrator's EIN				
					3c	Administrator's telephone number				
4										
4	name, EIN, and the plan number	n sponsor has changed since the las	st return/rep	ort filed for this plan, enter the	4b	EIN				
	Sponsor's Name				4c	PN				
5a	Total number of participants at the	e beginning of the plan year		· · · · · · · · · · · · · ·	5a	3				
b C	I otal number of participants at the	e end of the plan year	• • •	• • • • • • • • • • • • • •	5b	3				
_	complete this item)	unt balances as of the end of the pla	n year (defi	ned benefit plans do not	<b>F</b> .					
6a	were an or the plan's assets durin	ig the plan year invested in eligible a	issets? (See	e instructione )	<u>5c</u>	3				
b	Are you claiming a waiver of the a	annual examination and report of an i	indonondon	to collification of the second second	• •	•••• • XYes No				
	10000 100 100 100 100 100 100 100 100 1	and waiver eligibility and	1 conditions	.)	• •	🗴 Yes 🗌 No				
Pa	rt III Financial Informat	ba or 6b, the plan cannot use Form	n 5500-SF a	and must instead use Form 5500.						
7	Plan Assets and Liabilities				- <u></u>					
а	Total plan assets		70	(a) Beginning of Year		(b) End of Year				
b	Total plan liabilities		. 7a . 7b	273,916		446,118				
с	Net plan assets (subtract line 7b fr	om line 7a)		072.051						
8	Income, Expenses, and Transfers	for this Plan Year		273 , 916 (a) Amount	+	446,118				
а	Contributions received or receivab (1) Employers	le from:		(a) Amount	12	(b) Total				
	(1) Employers		8a(1)							
	<ul><li>(3) Others (including rollovers).</li></ul>		8a(2)	48,600						
b	Other income (loss)	· · · · · · · · · · · · · ·	8a(3)	129,688						
с		2), 8a(3), and 8b)	8b 8c	(3,743)		and the state of the				
d	Benefits paid (including direct rollow	vers and insurance premiums				174,545				
~	to provide benefits)		<b>8</b> d							
e f	Administrative and/or corrective of	distributions (see instructions)	8e							
		alaries, fees, commissions)	8f							
g h	Other expenses	$\cdot \cdot $	2,343	day.						
i	Net income (loss) (subtract line shi	If, and 8g)	8h			2,343				
j	Transfers to (from) the plan (see ins	structions)		and the second se		172,202				
			8j							

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

Form 5500-SF 2011

Page **2-**

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:

**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

Aug. A set of a flate to framewith the plan any participant controlutions within the time period described in the set of a set of the set	10	During the plan year:		· ····			The	<u> </u>	······	
b       Were there any nonexampt transactions with my party-in-indexes? (Do not include transactions reported in the 10a)       10a       A         c       West the plan have at loss, whether on or remoursed by the plan's facility bond, that was caused by fraid or dishones?       10c       X         0       Do the plan have at loss, whether on or remoursed by the plan's facility bond, that was caused by fraid or dishones?       10c       X         0       Were any frees or commissions paid any blockers, agents, or other persons by an insurance carrier, insurance services or other organization that provides and or dishones?       10c       X         10       Were any frees or commissions and the set organization that provides and or dishones?       10c       X         10       Bother plan have any bandity in the divide under the plan?       10r       X         11       It has the stain balaid to provide any bandit, when divide under the plan?       10r       X         11       It has the stain advidual account plan, was there a blockout pentry (See instructions and 20 CFR 200.01.3)       10n       X         12       It has a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions, and entry the date of the learning requirements?       10r       X         12       It has a defined contribution plan subject to minimum funding requirements?       10r       10r       10r         13       It has a defined contr	a	Was there a failure to transmit to the plan any participant contribution	ns within the time po	riod descultured to	ſ	Yes	NO		Amount	
and inter 10a       100       100       100         and line 10a       100       100       100       100         C       Was the plan overand by a fidelity bond?.       100       100       100       100         D       Uter ban have a loss whether or not reimbursed by the plan's fidelity bond, that was caused by fraud       100	h				10a		x			
C Was the plan avered by a fidely bond?.       106       X         G Do the plan have alloss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty?       102       X         9 Were any fees or commissions poid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions)       102       X         9 Did the plan have any pertopention that provides some or all of the benefits under the plan? (See instructions)       103       X       4         9 Did the plan have any pertopent to any brokers, agents, or other persons by an insurance carrier, insurance services or their organization that provides some or all of the benefits under the plan? (See instructions)       103       X       4         9 Did the plan have any pertopent to any brokers, agents (Yes, "enter ancount as of year end)       103       103       X       4         2200 101-3)       11 fill the san individual account plan, was there allocity theored (See instructions and 20 CFR 200 101-3)       100       X       100       X       100       X       100       X       101       X       101       X       102       X       101       X       101       X       101       X       102       X       102       X       102       X       102       X       102       X       102       X		vice there any nonexempt transactions with any party-in-interest? (	Do not include trans	offician and and a d		<u> </u>	1	<u> </u>		
Dot the plan have any deas commissions paid to any bookers, agents, or other parsons by an insurance carrier, instructions, or char organization that provides some or at of the benefits under the plan? (See instructions).     Has the plan have any participant toans? (If 'Yes,'' each and the organization that provides some or at of the benefits under the plan? (See instructions).     If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR tool and the plan have any participant toans? (If 'Yes,'' complete the box if you either provide the required notice or one of the each of the plan have any participant toans? (If 'Yes,'' complete the box if you either provide the required notice or one of the each of the plan have any participant to any biological to any box and the requirements? (If 'Yes,'' see instructions and 29 CFR tool account plan, was there a blackout period? (See instructions and 29 CFR tool account plan, was there a blackout period? (See instructions and 29 CFR tool account plan, was there a blackout period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and complete Schedule SB (Form 1990) and the endore account plan subject to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to the latter ruling protong the value? If the minimum funding requirements? (If 'Yes,'' can difter black to the latter ruling protong the value? If the minimum funding requirements? (If 'Yes,'' can difter black to the latter ruling protong the value? I					10b		x			
Dot the plan have any deas commissions paid to any bookers, agents, or other parsons by an insurance carrier, instructions, or char organization that provides some or at of the benefits under the plan? (See instructions).     Has the plan have any participant toans? (If 'Yes,'' each and the organization that provides some or at of the benefits under the plan? (See instructions).     If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR tool and the plan have any participant toans? (If 'Yes,'' complete the box if you either provide the required notice or one of the each of the plan have any participant toans? (If 'Yes,'' complete the box if you either provide the required notice or one of the each of the plan have any participant to any biological to any box and the requirements? (If 'Yes,'' see instructions and 29 CFR tool account plan, was there a blackout period? (See instructions and 29 CFR tool account plan, was there a blackout period? (See instructions and 29 CFR tool account plan, was there a blackout period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and 20 CFR tool account plan, was there a blackout, period? (See instructions and complete Schedule SB (Form 1990) and the endore account plan subject to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to minimum funding requirements? (If 'Yes,'' can difter black to the latter ruling protong the value? If the minimum funding requirements? (If 'Yes,'' can difter black to the latter ruling protong the value? If the minimum funding requirements? (If 'Yes,'' can difter black to the latter ruling protong the value? I		Was the plan covered by a fidelity bond?			10c	x			······	50,000
e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions).       Idd       X         f       Has the plan failed to provide any benefit when due under the plan?       Idf       X       Idg       X         g       Did the plan have any participant toans? (Iff'Yes, "enter amount as dy year end).       Inf       Inf       X       Idg       X       4         1       Iff this is an incividual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3).       Idf       X       4         2520 101-3).       Iff this was answered 'Yes," check the box if you either provided the required notice or one of the exceptions to providing the natice applied mode? 20 CFR 2200 101-3       Idf       X       4         1       Is this a defined centribian subject to minimum funding requirements? (if 'Yes," see instructions and complete Schedule SB (Form       Ide in the exceptions to providing the natice applied mode? 20 CFR 2200 101-3       Ide in the avalue of the minimum funding standard for a pror year is being amortized in this plan year.       Ide in the avains of the letter ruling granting the waiter       Ide in the span is applicable.         12       Is this a defined contribution for this plan year       Ide in the minimum funding amount in the 12b. Enter the minimum ford is applicable.       Ide in the amount in the 12b. Theer the eanount in the 12b form the amount in the 12b	a	Did the plan have a loss, whether or not reimbursed by the plan's fide	elity hand that was a							50,000
instructions)       tote or particulation that provide any benefit when due under the plan?       tote       x         f       Has the plan have any participant loans? (if "Yes," enter amount as of year end)       tot       x         g       Dot the plan have any participant loans? (if "Yes," enter amount as of year end)       tot       x         g       Dot the plan have any participant loans? (if "Yes," enter a blackout provides the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520 101-3       toh       x         g       Tot the ansigned to the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans?       toh       x       toh         g       Dot the anithmum funding requirements of section and 20 of ERISA?       Lyes is a defined centribution plan subject to immum funding requirements of section 412 of the Code or section 302 of ERISA?       Lyes is a defined centribution prove as applicable.         g       If a waver of the minimum funding standard for a pror year is being amontized in this plan year.       12b       toh			• • • • • •		10d		х			
instructions)       tote or particulation that provide any benefit when due under the plan?       tote       x         f       Has the plan have any participant loans? (if "Yes," enter amount as of year end)       tot       x         g       Dot the plan have any participant loans? (if "Yes," enter amount as of year end)       tot       x         g       Dot the plan have any participant loans? (if "Yes," enter a blackout provides the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520 101-3       toh       x         g       Tot the ansigned to the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans? (if "Yes," enter amount as of year end)       toh       x         g       Dot the participant loans?       toh       x       toh         g       Dot the anithmum funding requirements of section and 20 of ERISA?       Lyes is a defined centribution plan subject to immum funding requirements of section 412 of the Code or section 302 of ERISA?       Lyes is a defined centribution prove as applicable.         g       If a waver of the minimum funding standard for a pror year is being amontized in this plan year.       12b       toh	е	Were any fees or commisions paid to any brokers, agents, or other p	ersons by an insurar	ce carrier.				-		
In the plan have any participant loans? (If "Yes," enter amount as of year end.)       10f       X         10g       X       10g       X         11f       10h       X       10g       X         11f       10h       X       10g       X       4         2520:101-3)       10h       X       <							v			
g       Did the plan have any participant toans? (if 'Yes,'' enter amount as dyser end.)       10g       x       4         h       this is in individual account plan, was there a blackout period? (see instructions and 29 CFR       10h       x       4         1       this is in individual account plan, was there a blackout period? (see instructions and 29 CFR       10h       x       4         1       if this is in individual account plan, was there a blackout period? (see instructions and 29 CFR       10h       x       4         Part VI       Pension Funding Compliance       10h       x       10h       x       4         1       is this a defined contribution plan subject to the minimum funding requirements? (if 'Yes,'' see instructions, and complete Schedule SR (Form	f	Has the plan failed to provide any hopofit when due works if	• • • • • • •		10e		<u>л</u>	┥────		
In this is a final object of the pair was there a blackout period? (Gee instructions and 29 CFR       10h       X         1       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 2620.101.3       10h       X         Part VI Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution for a plan year is being anotized in this plan year.       Ives is a defined contribution for this plan year is being anotized in this plan year.       Ives is a defined contribution for this plan year is a plan year is a negative amount in line 12a. from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       Ives is a defined of a negative amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       Ives is a defined contributed by the employer to the plan year?         12b         0       With the minimum funding amoun	a	Did the plan have an evide any benefit when due under the plan?	• • • • • • •	• • • • • •	10f		х			
In this is a final object of the pair was there a blackout period? (Gee instructions and 29 CFR       10h       X         1       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 2620.101.3       10h       X         Part VI Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ives is a defined contribution for a plan year is being anotized in this plan year.       Ives is a defined contribution for this plan year is being anotized in this plan year.       Ives is a defined contribution for this plan year is a plan year is a negative amount in line 12a. from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       Ives is a defined of a negative amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)       Ives is a defined contributed by the employer to the plan year?         12b         0       With the minimum funding amoun		Did the plan have any participant loans? (If "Yes," enter amount as of	fyear end.) , ,		10g	x			······································	45,450
If Toh 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. Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	n	in this is an individual account plan, was there a blackout period? (Sec	o instructions 100	0.00						
Part VI       Pension Funding Compliance         11       is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form	i	If 10h was answered "Voc " chock the base if	• • • • • • •	• • • • • •	10h		x	s.,?		
<b>Part VII</b> Periston Puncting Compliance <b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form		exceptions to providing the notice applied under 29 CER 2520 101 2	equired notice or one	of the						· · · ·
11       Is this a defined contibution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	Part	VI Pension Funding Compliance	· · · · · · ·	<u>· · ·</u>	10i					
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	11	Is this a defined benefit plan subject to minimum funding comulation	-0.46957							
If a value do thinking tails subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       If ves."         If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Denter the minimum required contribution for this plan year       12b       12c         C Enter the amount contributed by the employer to the plan for this plan year       12b       12c       12d         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a       12d       12d         Part VII       Plan Terminations and Transfers of Assets       Ives       Ives       Ives       Ives         13a       Has a resolution to terminate the plan been adopted in any plan year?       Ives       Ives       Ives       Ives       Ives         13a       Has a resolution to terminate the plan been adopted in any plan year?       Ives       Ives <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>[]./</td> <td>[</td>									[]./	[
	12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section	112 of the Code	· · ·	· ·	• •	<u>···</u>		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)	+12 Of the Code of se	ection	302 of	ERIS	SA? .	. LYes	X No
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Day       Year         b       Enter the minimum required contribution for this plan year       12b         c       Enter the amount contributed by the employer to the plan for this plan year       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 a negative amount)       12d         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?       12d         Part VII       Plan Terminations and Transfers of Assets         13a       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       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control       I Yes IX         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to       I 3c(2) EIN(s)       13c(3) PN(c)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(c)       I       I 3c(3) PN(c)         SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule belief, it is true, corr of any conclex.       I Athttty       Frank Vutrano	а	If a waiver of the minimum funding standard for a prior year in heirer								
b       Enter the minimum required contribution for this plan year       12b         c       Enter the amount contributed by the employer to the plan for this plan year       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 a negative amount)       12d         e       Will the minimum funding amount reported on line 12b be met by the funding deadline?       12d         Part VII       Plan Terminations and Transfers of Assets         13a       Has a resolution to terminate the plan been adopted in any plan year?       13a         tf "Yes," enter the amount of any plan assets that reverted to the employer this year       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control       Yes (x)         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(c)         13a       13a       13a       13a       13a(3) PN(c)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(c)       13c(3) PN(c)         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I dec	16	granting the waiver		year, see instructions	s, and h	enter	the da	ate of the I	letter ruling	
D       Enter the minimum required contribution for this plan year       12b         C       Enter the amount contributed by the employer to the plan for this plan year       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 a negative amount)       12d         e       Will the minimum funding amount reported on line 12b be met by the funding deadline?       12d         e       Will the minimum funding amount reported on line 12b be met by the funding deadline?       12d         e       Will the minimum funding amount reported on line 12b be met by the funding deadline?       12d         e       Will the minimum funding amount reported on line 12b be met by the funding deadline?       12d         f       Plan Terminations and Transfers of Assets         13a       Has a resolution to terminate the plan been adopted in any plan year?       13a         f       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control       13a         of the PBGC?       13c(1) Name of plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filling of this return/report will be assessed u	пу	i i i i i i i i i i i i i i i i i i i	o (Form 5500), and s	Kip to line 13.			Day		rear	
c       Enter the amount contributed by the employer to the plan for this plan year       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 a negative amount)       12d         e       Will the minimum funding amount reported on line 12b be met by the funding deadline?       12d         Part VII       Plan Terminations and Transfers of Assets         13a       Has a resolution to terminate the plan been adopted in any plan year?       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       13a         c       If drug this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(s)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BS 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, corpect, and complete.         Sign       Minther       Minther       Fra	a	Enter the minimum required contribution for this plan year				1	2b			
Consist and another in the T2b from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	-	Enter the amount contributed by the employer to the plan for this plan	Vear			1	20			
Will the minimum funding amount reported on line 12d be met by the funding deadline?     If "Yes No Part VII Plan Terminations and Transfers of Assets     If "Yes," enter the amount of any plan assets that reverted to the employer this year     If "Yes," enter the amount of any plan assets that reverted to the employer this year     If "Yes," enter the amount of any plan assets that reverted to the employer this year     If "Yes," enter the amount of any plan assets that reverted to the employer this year     If "Yes," enter the amount of any plan assets that reverted to the employer this year     If "Yes," enter the amount of any plan assets that reverted to the employer this year     If "Yes," enter the amount of any plan assets or beneficiaries, transferred to another plan, or brought under the control     of the PBGC?     If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to     If ac(2) EIN(s)     If ac(2) EIN(s)     If ac(2) EIN(s)     If ac(3) PN(s)     If ac(2) EIN(s)     If ac(3) PN(s)     If	d	outract the amount in line 120 from the amount in line 12b. Enter the	ropult (antas						·····	
Part VII       Plan Terminations and Transfers of Assets         13a       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       13a         b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?       13a         c       If driving this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)       13c(2) EIN(s)       13c(3) PN(:         13a(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(:         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct and complete.         Sign       Arthur Frank Vutrano	-					1				
13a       Has a resolution to terminate the plan been adopted in any plan year?       Image: Standard Stand	Dert	will the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No I	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year		Fian reminations and Transfers of Assets							······	
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which assets or liabilities were transferred. (See instructions.)         13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule BB 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 beelief, it is true, correct and complete.         Sign HERE       Signature of plan administrator										
13c(1) Name of plan(s):       13c(2) EIN(s)       13c(3) PN(s)         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       13c(3) PN(s)         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign HERE       Signature of plan adminietrator	C	If during this plan year, any assets or liabilities were transferred from th	nis plan to another pla	an(s), identify the plai	י. ו(s) to	•••		•••	· LIres	X No
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Sign Here Signature of plan administrator										(3)
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SIGN ALL Frank Vutrano	oelief, it	is true, correct, and complete.	e electronic version of	of this return/report, a	and to	the be	est of	my knowle	edge and	
HERE Signature of plan administrator						·				
Signayare or plan administrator		y pro-	- <u>4/1-/1,</u>	Frank Vut	ran	10				
Enter harne of individual signing as plan administrator		Signatore of plan administrator		Enter name of indivic	lual si	gning a	as pla	an adminis	trator	
SIGN 4/4 //A		4/1/1/								
HERE Signature of employer/plan sponsor Date 1/2 Enter name of individual signing as employer or plan sponsor	HERE		Dat 6/1-11-							