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

		dance with	the instructions to the Form 55	JU-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final re	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 n	nonths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)		L	_
Pa	urt II Basic Plan Information—enter all requested informa	ation			
	Name of plan	20011		1b	Three-digit
	LY EAR, NOSE & THROAT SERVICES, PLLC PROFIT SHARING F	PLAN			plan number
					(PN) ▶ 001
				1c	Effective date of plan
	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single-employer plan)	2h	06/01/2001 Employer Identification Number
FAM	ILY EAR, NOSE & THROAT SERVICES, PLLC	iipioyei, ii	Tot a single-employer plant		(EIN) 14-1830175
					Sponsor's telephone number
5010	STATE ROUTE 30, SUITE 204				518-842-8185
	TERDAM, NY 12010			2d	Business code (see instructions)
					621111
	Plan administrator's name and address (if same as plan sponsor, er LY EAR, NOSE & THROAT SERVICES, PLLC 5010 STATE			3b	Administrator's EIN 14-1830175
i Aivii	AMSTERDAN			3c	Administrator's telephone number
					518-842-8185
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN
9	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DN
	Total number of participants at the beginning of the plan year			_	1
b				ou	
	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 p complete this item)			5c	9
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information				
,	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End of Year 12129
a	Total plan assets		0		0
b	Total plan liabilities	7b	12120		12129
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	25		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			25
d	Benefits paid (including direct rollovers and insurance premiums		46		
	to provide benefits)	8d	16		
e	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses	8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			16
į	Net income (loss) (subtract line 8h from line 8c)				9
J	Transfers to (from) the plan (see instructions)	8j	0		

Form	5500-	SF	201

Page 2 -	1	
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

During the plan year:		Yes	No		Amo	ount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
Was the plan covered by a fidelity bond?	10c	Χ				100
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or sec	ction 3	302 of E	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	e or sec ctions,	ction 3	302 of E	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sec	and e	302 of E	RISA?	[Yes X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	ctions, hth of a	and e	nter the Day _	RISA?	[Yes X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions, th of a	and e	nter the Day _	RISA?	f the let	Yes X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets I Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	nter the Day	RISA?	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the participants or beneficiaries and the plan to another plan(s), identify the participants or beneficiaries and the plan to another plan(s), identify the participants or beneficiaries and the plan to another plan(s), identify the participants or beneficiaries and the plan to another plan(s), identify the participants or beneficiaries and the plan to another plan(s), identify the participants or beneficiaries and the plan to another plan(s), identify the participants or beneficiaries and the plan th	of a	and e	nter the Day	RISA?	f the let	Yes X tter ruling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the standard provided in any plan to another plan(s), identify the plan is plan to another plan(s), identify the pl	of a	and e	nter the Day	RISA?	f the let	Yes X tter ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	nter the Day	RISA?	f the let	Yes X

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/20/2012	KAREN TAN MD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/20/2012	KAREN TAN MD
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 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Annual Dance	t Identification Information							
	he calendar plan year 2011 o		01/01/	/2011	and ending	12/	31/2011	7	
			· · · · · · · · · · · · · · · · · · ·			_ /		ant plac	
	This return/report is for:	x a single-employer plan	•		(not multiemployer)	L	a one-particip	anı pian	
B 1	This return/report is:	the first return/report	the final retu	•		41			
		an amended return/report	a short plan	year return/re	eport (less than 12 mon	tns)			
C	Check box if filing under:	x Form 5558	automatic e	xtension			DFVC program	m	
	-	special extension (enter description)						
D.	Basic Plan Inf	ormation enter all requested infor	mation.						_
	Name of plan	Critici dii regocotto ililor					nree-digit		_
		mbasah Garaiana Brid Basa	+ Cha	a Dlan			an number PN) ▶	001	
	Family Ear, Nose &	Throat Services, PLLC Profi	r pharin	a tram	ŀ		ffective date of		
							6/01/2001	F	
2a	Plan sponsor's name and ad	idress; include room or suite number (em	ployer, if for	single-employ	ver plan)	2b E	mployer Identif	ication Number	
	Family Ear, Nose &	Throat Services, PLLC				(E	IN) 14-183	30175	
						2c P	ian sponsor's t	elephone number	
	5010 State Route 30). Suite 204					518) 842-8		
	JOIN DEATE WORKS JO	.,					•	see instructions)	
	Amsterdam	NY 12010					21111		
3a		nd address (If same as plan sponsor, ent	er "Same")			3b A	dministrator's E	EIN	
	Same								
						3c A	dministrator's t	elephone number	
4	If the name and/or FIN of the	e plan sponsor has changed since the las	st return/repo	ort filed for this	plan, enter the	4b ∈	IN	•	
-	name, EIN, and the plan nur	mber from the last return/report.				4c P	N		_
	Sponsor's Name					5a	<u> </u>	11	
		at the beginning of the plan year				5b		9	
b	Total number of participants Number of participants with	at the end of the plan yearaccount balances as of the end of the pla	n year (defir	ned benefit pla	ans do not				
С	complete this item)			<u></u>		5c		9	
6a		during the plan year invested in eligible						x Yes No	
b	Are you claiming a waiver of	f the annual examination and report of an	independer	nt qualified put				IX Yes □No	
		? (See instructions on waiver eligibility an ither 6a or 6b, the plan cannot use For						الال 163 <u>الم</u>	
- Pi	CONTRACTOR OF THE CONTRACTOR O		11 JUUU-OF 8	ma muət mət					
	898 (5) 5 (5) (5)	inauon	1	(a) B	eginning of Year	T	(b) End	of Year	
7	Plan Assets and Liabilities		. 7a	(-, -	12,120			12,129	
a	Total plan assets		7b		0			0	
b	Total plan liabilities .		. 7c		12,120			12,129	
<u>c</u> 8	Net plan assets (subtract lin Income, Expenses, and Tra		. 76		(a) Amount		(b)	Total	
o a	Contributions received or re-		20010MS4 4MF3		•		-/		
_	(1) Employers		. 8a(1)		0	_		Fig. 1	
	(2) Participants		. 8a(2)		0		Saj Bayas		
	(3) Others (including rollove	ers)	. 8a(3)		0				
b	Other income (loss)		. 8b	en anno agrada activi di Siriki.	25				17.
C	Total income (add lines 8a(. 8c		(10) (10) (21) (21)		A CONTRACTOR OF THE CONTRACTOR	25	ARCH N
d		ct rollovers and insurance premiums	. 8d		16				
_	to provide benefits)	active distributions (see instructions)	. 8e		0	100		A Facility	
e		ective distributions (see instructions) .	. 8f		0		A SECTION OF THE SECT		
† ~		ders (salaries, fees, commissions)	-		0				
g	Other expenses		. 8g . 8h	"Live of the law				16	2 37
n :	Total expenses (add lines 8		. 8i		arta de la comunicación de la comu			9	
1	, , ,	line 8h from line 8c)			0	37.51		• •	is.
- 1	ransfers to (from) the plan	(see instructions)	. 8j	1		10.00	CONTRACTOR CONTRACTOR	A STATE OF THE STA	STATE OF

	Form 5500-SF 2011 Page 2-		_			
Par	IV Plan Characteristics				············	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte	eristic C	odes	in the i	nstructions:	
b	2E 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character	istic Co	des ir	n the in	structions:	
Par	t V Compliance Questions					
10	During the plan year:		Yes	No	Am	ount
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a		x		
	on line 10a.)	10c	x			100,000
C C	Was the plan covered by a fidelity bond?	100				
đ	or dishonesty?	10d		х		
е	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	10e	İ	x		
f	instructions.)	10f		х		
T ~	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	T .		х		
g h	and 20 CER	iog			113	196 at 1
"	2520.101-3.)	10h		X		
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	10i				
Par	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	• •	• •	<u> </u>	<u> </u>	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes X No
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	ions, a onth	nd en	ter the Day	date of the lett	er ruling ear
b	- I the discussion for this plantage		. [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 congative amount)	ofa •••	, [12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>			Yes [No N/A
Par	t VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		٠ ـ	<u></u>	· · · · ·	Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?		•	trol		Yes X No
С	which assets or liabilities were transferred. (See instructions.)	, prante	.,			
	13c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(3) PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cause	is est	ablish	ed.	
SB c	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ref, it is true, correct, and complete.	n/repor port, a	t, inclu nd to t	iding, if the bes	applicable, a tof my knowle	Schedule dge and
	Faren Tan	MD				
Francis	Signature of plan administrator Date 9/18 b Enter name of i		ıal sig	ning as	plan administ	rator
	Varen Tan					
100	RE signature of employer/plan spensor Date 9/19/12 Enter name of i	***	ıal sig	ning as	employer or p	lan sponsor