Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110
101113300	This form is required to be filed for employee benefit plans under sections 104	1210-0089
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).	2011
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ider	tification Information	•
For calendar plan year 2011 or fiscal	plan year beginning 01/01/2011 and ending 12/31/	2011
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
	x a single-employer plan; a DFE (specify)	
B This return/report is:	the first return/report; the final return/report;	
·	an amended return/report; a short plan year return/report (less t	han 12 months).
\mathbf{C} If the plan is a collectively-bargain	ed plan, check here.	ъП
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
-	special extension (enter description)	—
Part II Basic Plan Inform	nation—enter all requested information	
1a Name of plan ASHER AND ASSOCIATES, P.C. RE		1b Three-digit plan number (PN) ►
		1c Effective date of plan 01/01/1998
2a Plan sponsor's name and addres ASHER AND ASSOCIATES, P.C.	s, including room or suite number (Employer, if for single-employer plan)	2b Employer Identification Number (EIN) 13-3865993
		2c Sponsor's telephone number 718-720-1500
111 JOHN STREET SUITE 1200 NEW YORK, NY 10038	111 JOHN STREET SUITE 1200 NEW YORK, NY 10038	2d Business code (see instructions) 541110

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	10/12/2012	RYAN ESTOMIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
NEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

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	Plan administrator's name and address (if same as plan sponsor, enter "Same") SHER AND ASSOCIATES, P.C.		Iministrator's EIN -3865993			
SL	1 JOHN STREET JITE 1200 EW YORK, NY 10038		3c Administrator's telephone number 718-720-1500			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		4c pn			
5	Total number of participants at the beginning of the plan year	5	16			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		·			
а	Active participants	6a	11			
b	Retired or separated participants receiving benefits	6b	0			
С	Other retired or separated participants entitled to future benefits	6c	4			
d	Subtotal. Add lines 6a, 6b, and 6c	6d	15			
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0			
f	Total. Add lines 6d and 6e	6f	15			
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	15			
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h	0			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D

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

9a	Plan fu	nding	arrangement (check all that apply)	9b	9b Plan benefit arrangement (check all that apply)						
	(1)		Insurance		(1)		Insurance				
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts				
	(3)	X	Trust		(3)	Х	Trust				
	(4)		General assets of the sponsor		(4)		General assets of the sponsor				
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	ttache	ed, and, wh	her	e indicated, enter the number attached. (See instructions)				
а	Pensio	on Sci	hedules	b	General	Sc	hedules				
	(1)		R (Retirement Plan Information)		(1)		H (Financial Information)				
	(2)	\square	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)				
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)				
			actuary		(4)		C (Service Provider Information)				
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)				
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)				

	SCHEDULE I	Financial In	form	ation—Sr	nall	Plan			OMB No. 1210-0110)	
	(Form 5500)		·								
	Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the							2011		
	Department of Labor Employee Benefits Security Administration	Internal I	Revenue	e Code (the Cod	e).		•				
	Pension Benefit Guaranty Corporation	File as a	an attac	hment to Form	5500.			This	Form is Open to Inspection	Public	
For	calendar plan year 2011 or fiscal pla	an year beginning 01/01/201	1		а	nd ending	12/3	31/2011			
	Name of plan ER AND ASSOCIATES, P.C. RETIR	REMENT PLAN				Three-digit		►	001		
	Plan sponsor's name as shown on lin ER AND ASSOCIATES, P.C.	ne 2a of Form 5500				mployer Id 3865993	entificatio	on Numbe	er (EIN)		
	nplete Schedule I if the plan covered Il plan under the 80-120 participant r							ete Scheo	dule I if you are filing	j as a	
	rt I Small Plan Financial										
ass ben	ort below the current value of asset ets held in more than one trust. Do r efit at a future date. Include all incor rrance carriers. Round off amounts	not enter the value of the portion ne and expenses of the plan inc	of an in	surance contrac	t that g	uarantees	during th	is plan ye	ear to pay a specific	dollar	
1	Plan Assets and Liabilities:			(a) Be	ginning	g of Year			(b) End of Year		
а	Total plan assets		. 1a			5	39703			604936	
b	Total plan liabilities		. 1b								
С	Net plan assets (subtract line 1b fro	om line 1a)	1c			5	39703			604936	
2	Income, Expenses, and Transfer	s for this Plan Year:		(a) Amc	ount			(b) Total		
а	Contributions received or receivabl	e:									
	(1) Employers		. 2a(1)				79846				
	(2) Participants		2a(2)								
	., .										
b	Noncash contributions										
С	Other income		. 2c			-	14613				
d	Total income (add lines 2a(1), 2a(2		_							65233	
e	Benefits paid (including direct rollo		-								
f	Corrective distributions (see instruct										
g	Certain deemed distributions of par (see instructions)	rticipant loans									
h	Administrative service providers (sa	alaries, fees, and commissions).									
i	Other expenses		. 2i								
j	Total expenses (add lines 2e, 2f, 2	g, 2h, and 2i)	. 2j								
k	Net income (loss) (subtract line 2j f	rom line 2d)	-				-			65233	
Т	Transfers to (from) the plan (see in	structions)	. 21				-				
3	Specific Assets: If the plan held as remaining in the plan as of the end of by-line basis unless the trust meets o	the plan year. Allocate the value o	f the plai	n's interest in a co							
				г		Yes	No		Amount		
а	Partnership/joint venture interests				3a		Х				
b	Employer real property				3b		Х				
С	Real estate (other than employer re	eal property)			3c		Х				
d	Employer securities				3d		Х				
е	Participant loans				3e		Х				
For	Paperwork Reduction Act Notice	and OMB Control Numbers, s	ee the i	nstructions for	Form	5500			Schedule I (Form	5500) 2011	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		X	

Pa	Part II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of pla year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.			×	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		×	
е	Was the plan covered by a fidelity bond?	4e	Х		54000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		×	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		200000
h	Did the plan receive any noncash contributions whose value was neither readily determinable on ar established market nor set by an independent third party appraiser?			x	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parce of real estate, or partnership/joint venture interest?		×		200000
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	n, 4j		x	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the plan failed to provide any benefit when due under the plan?	41		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).	4m		x	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	🗌 Ye	s 🗙 N	o Amo	ount:

5b 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SIGN HERE

				OMB Nos. 1210-0110			
Form 5500	Form 5500 Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104						
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirem sections 6047(e), 6057(b), and 605	Act of 1974 (ERISA) and	2011				
Department of Labor Employee Benefits Security Administration	 Complete all the instruction 						
Pension Benefit Guaranty Corporation				This Form is Open to Public Inspection			
Rant I Annual Report Ider	ntification Information						
For calendar plan year 2011 or fiscal	plan year beginning 01/01/2011		and ending 12/31/2	:011			
A This return/report is for:	a multiemployer plan;	a multiple	employer plan; or				
	🗙 a single-employer plan;	🗌 a DFE (sj	pecify)				
B This return/report is:	the first return/report;	the final r	etum/report;				
	an amended return/report;	📙 a short pl	an year return/report (less th	ian 12 months).			
C If the plan is a collectively-bargain	ed plan, check here						
D Check box if filing under:	K Form 5558;	🗍 automatio	c extension;	the DEVC program;			
	special extension (enter des	cription)					
Part II Basic Plan Inform	mation—enter all requested informa	tion					
1a Name of plan				1b Three-digit plan 001			
ASHER AND ASSOCIATES, P.C. RE	ETIREMENT PLAN			number (PN) >			
				1c Effective date of plan 01/01/1998			
2a Plan sponsor's name and addres	s, including room or sulte number (Er	nployer, if for single-	employer plan)	2b Employer Identification			
ASHER AND ASSOCIATES, P.C.				Number (EIN) 13-3865993			
				2c Sponsor's telephone number 718-720-1500			
111 JOHN STREET	111 JOHN			2d Business code (see			
SUITE 1200 NEW YORK, NY 10038	SUITE 12 NEW YOF	00 RK, NY 10038		Instructions)			
	complete filing of this return/repor						
Under penalties of perjury and other statements and attachments, as well	penaltiles set forth in the instructions, I as the electronic version of this return	declare that I have /report, and to the b	examined this return/report, i est of my knowledge and be	including accompanying schedules, lef, It is true, correct, and complete.			
SIGN Roberta	Dike	10/12/12	ROBERTO D.	ASHER			
Signature of plan admini	ttator	Date	Enter name of Individual si	gning as plan administrator			
SIGN Follector	Joher	10/12/12	ROBERTA D	ASHER			
Signature of employed ph	m sponsor	Date	Enter name of individual si	gning as employer or plan sponsor			

 Signature of DFE
 Date
 Enter name of individual signing as DFE

 For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.
 Enter name of individual signing as DFE

Form 5500 (2011) v.012611

	Form 5500 (2011) Page 2		
	Plan administrator's name and address (if same as plan sponsor, enter "Same") SHER AND ASSOCIATES, P.C.		ministrator's EIN 3865993
SU	1 JOHN STREET JITE 1200 EW YORK, NY 10038		ministrator's telephone mber 718-720-1500
		1975年(第1 1997年) 	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the plan number from the last return/report:	ie name, EIN and	4b EIN
a	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	16
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	11
b	Retired or separated participants receiving benefits	<u>6b</u>	0
Ċ	Other retired or separated participants entitled to future benefits	<u>6c</u>	4
ď	Subtotal. Add lines 6a, 6b, and 6c	<u>6d</u>	15
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		0
f	Total. Add lines 6d and 6e	<u>6f</u>	15
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		15
_h	less than 100% vested		0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete the	nis item)	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac 2A 2E 3D	teristic Codes in the i	instructions;
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	eristic Codes in the in	structions:

				1				
9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan be	enefl	t arr	angement (check all that apply)
	(1)		insurance		(1)		ו [nsurance
	(2)		Code section 412(e)(3) insurance contracts		(2)			Code section 412(e)(3) insurance contracts
	(3)	×	Trust		(3)	X	4	Frust
	(4)		General assets of the sponsor		(4)		(General assets of the sponsor
10	Check	ali apj	plicable boxes in 10a and 10b to indicate which schedules are a	tache	d, and,	whe	re in	dicated, enter the number attached. (See instructions)
a	Pensic	m_Scl	nedules	b	Gener	al Se	chec	tules
	(1)	Ц	R (Retirement Plan Information)		(1)	Ľ]	H (Financial Information)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X		I (Financial Information - Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		_	A (Insurance Information)
			actuary		(4)			C (Service Provider Information)
	(3)		SB (Single-Employer Defined Benefit Plan Actuarial		(5)			D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)			G (Financial Transaction Schedules)

	SCHEDULE I Financial In	format	ion—Sr	nall I	Plan			OMB No. 1210-0110			
	Department of the Treasury	This schedule is required to be filed under section 104 of the Employee							2011		
	Internal Reveaue Service Retirement Income Security	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).									
1	Employee Benefits Security Administration File as	an attachm	ent to Form	5500.		This Form is Open to Public Inspection					
	Pension Senefit Guerranty Corporation	11		ar	nd ending	12/	31/2011	Inspection			
_	Vame of plan	.,			hree-digil						
	ER AND ASSOCIATES, P.C. RETIREMENT PLAN		-		lan numb		→	001			
								- (EIN)			
	Plan sponsor's name as shown on line 2a of Form 5500			D Er	npiover lo	entificati	on Numbe	r (EIN)	<u>that an </u>		
	ER AND ASSOCIATES, P.C.				3865993			· · · · · ·			
Con	plete Schedule I if the plan covered fewer than 100 participants as c	f the beginn	ing of the plai	n year. `	You may a	lso comp	lete Sched	lule 1 if you are filing as	а		
ma	Il plan under the 80-120 participant rule (see instructions). Complete	Schedule H	if reporting a	s a large	e plan or E	FË.					
	the Small Plan Financial Information										
(ep	ort below the current value of assets and liabilities, income, expension	es, transfer	rs and change	es in ne	t assets d	uring the	plan year.	Combine the value of	plan		
ass aen	ets held in more than one trust. Do not enter the value of the portio efit at a future date, include all income and expenses of the plan in	n of an insur cluding anv	rance contrac trust(s) or se	rt that g parately	uarantees maintain	during ti ad fund(s	his plan ye s) and anv	ar to pay a specific do payments/receipts to/i	llar from		
	rance carriers. Round off amounts to the nearest dollar.	······································					,				
-	Plan Assets and Liabilities: Total plan assets		(a) Be	ginninç	of Year	39703		(b) End of Year	04936		
a b	Total plan llabilities				<u>````</u>	03700			04830		
•	,					39703			04936		
<u>c</u>	Net plan assets (subtract line 1b from line 1a)										
2	Income, Expenses, and Transfers for this Plan Year:			(a) Amo	unt	adarata F		(b) Total			
а	Contributions received or receivable:			<u></u>					ana (Milia) Ana		
	(1) Employers					79846	3	n an Chaile an Indensity (1973) An Anna Chaile an Indensity (1974) An Anna Chaile an Anna Chaile an Anna Anna Anna Anna Anna Anna Anna	anta Maria		
	(2) Participants										
	(3) Others (including rollovers)										
ь	Noncash contributions	. 2b									
С	Other income	2c				14613					
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d							65233		
е	Benefits paid (including direct rollovers)	. 2e									
	Corrective distributions (see instructions)	. 2f					10				
f									· ·		
f g	Certain deemed distributions of participant loans (see instructions)	2g	· · ·								
-									i ti ti i T		
	(see instructions)). 2h									
f g h i j	(see instructions)). 2h 2i									
-	(see instructions) Administrative service providers (salaries, fees, and commissions Other expenses). 2h 2i 2j			······································	··· ··					
Ţ	(see instructions) Administrative service providers (salaries, fees, and commissions Other expenses Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) Net income (loss) (subtract line 2j from line 2d)	2h 2i 2j 2k				· · · · · · · · · · · · · · · · · · ·			65233		
~ i j k I	(see instructions) Administrative service providers (salaries, fees, and commissions Other expenses Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)), 2h 2i 2i 2k 2k 2l ear In any of t	interest in a co	ategorie	s, check "` ed trust co	Yes" and a	enter the cu	ment value of any asset	65233		
~ h j k l	(see instructions)), 2h 2i 2i 2k 2k 2l ear In any of t	interest in a co	ategorie	s, check " ed trust co Yes	/es" and d ntaining t	enter the cu	ment value of any asset	65233		
~h i j k i	(see instructions)), 2h 2i 2i 2k 2k 2l ear In any of I of the plan's ribed in the i	interest in a co instructions.	ategorie ommingl 3a	ed trust co	ntaining t	enter the cu	rrent value of any asset I more than one plan or	65233		
~h ijk J} a	(see instructions)), 2h 2i 2i 2k 2l 2k 2l 2t sar In any of t of the plan's mbed in the i	interest in a co instructions.	ommingl	ed trust co	ntaining t	enter the cu	rrent value of any asset I more than one plan or	65233		
	(see instructions)). 2h 2i 2i 2k 2k 2k 2k 2k 2k 2k 2k 2k 2k 2i 2k 2i 2k 2i 2k	interest in a co instructions.	ommingl 3a	ed trust co	ntaining t No X	enter the cu	rrent value of any asset I more than one plan or	65233		
~h ijk is a	(see instructions)). 2h . 2i . 2j . 2k . 2l . 2k . 2l . 2r . 2k 2l 2i 	interest in a constructions.	ommingl 3a 3b	ed trust co	No X X	enter the cu	rrent value of any asset I more than one plan or	65233		

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

	Schedule I (Form 5500) 2011 Page 2 - 1			_	
		Ι	Yes	No	Amount
3f	Loans (other than to participants)	3f		×	
g	Tangible personal property	3g		x	
-					
P	Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Flduciary Correction Program.)	4a		×	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		×	
¢	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	ennanderenaliste er er der statene er der som en som er statene er som er som er som er som er som er som er s Er som er som
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 48.)	(왕))) 4년	(Badd) Arg	Nelled (* X	
е	Was the plan covered by a fidelity bond?	40	X		54000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	"	разана за с 1 ж Х	har hail in dheilead fair an dheal a' shir
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	∴ 4g	×		640397464964669333535364833353649863 200000
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	1.7.5	x	nen en de la service de la La service de la service de
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	41	×		200000
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		×	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	×		
1	Has the plan failed to provide any benefit when due under the plan?	41		×	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m) ×	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	•	a sij Ser	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

5b 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.)

5b(1) Name of plan(s) 5b(2) EIN(s) 5b(3) PN(s)