	Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					(OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	baranent of the measury					2011				
	Department of Labor	Retirement Income Security Act of	ISA), and sections 6057(b) and 6058(s Open to Public					
	nployee Benefits Security Administration ension Benefit Guaranty Corporation			Code (the Code).			pection				
		Complete all entries in accord entification Information	dance with	h the instructions to the Form 5500)-SF.						
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011					
Α.	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan				
	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	automatic	extension		DFVC progra	m				
		special extension (enter descriptio	n)								
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation								
1a	Name of plan	·			1b	Three-digit					
NOR	TH SHORE CARDIO PULMONA	ARY ASSOCIATES, P.C. PROFIT SH	HARING P	LAN & TRUST		plan number (PN) ▶	001				
					1c	Effective date of					
					10	01/01/	•				
		ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif					
NOR	TH SHORE CARDIO PULMON	ARY ASSOCIATES, P.C.				(EIN) 11-26					
					2c	Sponsor's telept					
	EENFIELD ROAD SSET, NY 11791			-	2d		le (see instructions)				
	,					62111					
		address (if same as plan sponsor, er		;")	3b	Administrator's					
NOR ⁻ P.C.	TH SHORE CARDIO PULMONA	ARY ASSOCIATES, 8 GREENFIEI SYOSSET, N		-	30	Administrator's t					
					3c Administrator's telephone number 516-496-7900						
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN					
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN					
	•	the beginning of the plan year			5a		39				
b		the end of the plan year		-	<u>5a</u>		23				
C		count balances as of the end of the p		-	50						
	· ·				5c		23				
-	•	• • • •		(See instructions.)			X Yes 🗌 No				
D				ident qualified public accountant (IQP ions.)			X Yes No				
				SF and must instead use Form 550							
Pa	rt III Financial Informa	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End					
a			7a	2553123	_		844133				
b			7b	0 2553123			0 844133				
<u> </u>		'b from line 7a)	7c			<i></i>					
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) T	otal				
u			8a(1)	1551							
	(2) Participants		8a(2)	5667							
	(3) Others (including rollovers)		8a(3)	0	_						
b	· · · ·		8b	-80801			70500				
C d		8a(2), 8a(3), and 8b)	8c				-73583				
d		ollovers and insurance premiums	8d	1619162							
е	. ,	ive distributions (see instructions)	8e	16055							
f	Administrative service provider	s (salaries, fees, commissions)	8f	190							
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				1635407				
i	() ()	8h from line 8c)	8i				-1708990				
j	Transfers to (from) the plan (se	e instructions)	8j								

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

Form 5500-SF (2011) v.012611 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: 2E 2H 2J 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Am	ount	
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)	10a		x				
b	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					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					1310
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						Yes	No
lf y	(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. Nou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	nth	 Г	Day				
	Enter the minimum required contribution for this plan year			12b 12c				
c d	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)	ofa		120				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	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?			X	/es	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
1	3c(1) Name of plan(s):	_	13	c(2) El	N(s)		13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ple cau	use 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.	10/15/2012	STEPHEN BERNSTEIN
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

1	Short Form Annual Return/Report of Small Employee					
Department of the Trassury Internal Revenue Senace This form	n is required to be filed under	100	2011			
Department of Labor Retirement in	ncome Security Act of 1974 (E	68(a) of				
Employee Benefits Security Administrations Pension Benefit Guaranty Corporation	the Internal Reven.		This Form is Open to Public Inspection			
Complete	all entries in accordance w	ith the instructions to the Form 55	00-SF.			
Part I Annual Report Identification For calendar plan year 2011 or fiscal plan year beg	information 01/01	2011 and ending		12/31/2011		
A This return/report is for: X a single-emp		le-employer plan (not multiemployer		a one-participant plan		
B This return/report is: I the first return	<u> </u>	return/report	,	C s one-participant pan		
Let a H	,	lan year return/report (less than 12 i				
C Check box if filing under: X Form 5558	, <u> </u>	ic extension		DFVC program		
<u> </u>	sion (enter description)	C GALENBION	1	Drive plogram		
Part II Basic Plan Information-enter						
1a Name of plan	r airrequesieu enormation		16	Three-digit		
NORTH SHORE CARDIO PULMONARY A	ASSOCIATES, P.C. P	ROFIT SHARING PLAN &		plan number (PN) 001		
			1c	Effective date of plan 01/01/1988		
2a Plan sponsor's name and address; include room NORTH SHORE CARDIO PULMONARY A	m or suite number (employer, ASSOCIATES, P.C.	If for a single-employer plan)	2b	Employer IdenIlfication Number (EIN) 11-2694057		
8 GREENFIELD ROAD			2c	Sponsor's telephone number 516-496-7900		
SYOSSET NY	11791		2d	Business code (see instructions) 621111		
3a Pian administrator's name and address (if sam NORTH SHORE CARDIO PULMONARY A		ие ⁻)	3b .	Administrator's EIN 11-2694057		
8 GREENFIELD ROAD SYOSSET NY	11792		3c	Administrator's telephone number 516 - 496 - 7900		
4 If the name and/or EIN of the plan sponsor has name. EIN, and the plan number from the last	s changed since the last return return/report.	Vreport filed for this plan, enter the	4b			
a Sponsor's name			4c	PN		
5a Total number of participants at the beginning o	the plan year		- 5a	39		
b Total number of participants at the end of the p	plan year		5b	23		
-	•		5b 5c	23		
b Total number of participants at the end of the p C Number of participants with account balances complete this item).	as of the end of the plan year ear invested in eligible assets	(defined benafit plans do not ? (See instructions.)	5c	23		
b Total number of participants at the end of the p C Number of participants with account balances c complete this item). Sa Were all of the plan's assets during the plan y b Are you claiming a waiver of the acnual exami under 29 CFR 2520 104-457 (See Instructions	as of the end of the plan year ear invested in eligible assets ination and report of an indepen on waiver eligibility and condition	(defined benafit plans do not ? (See instructions.) indent qualified public accountant (fo tions.)	Sc (PA)	23		
b Total number of participants at the end of the p C Number of participants with account balances complete this item). Sa Were all of the plan's assets during the plan y b Are you claiming a waiver of the acnual exami under 29 CFR 2520.104-467 (See Instructions If you answerd "No" to oithor 6 a or 6b, tho	as of the end of the plan year ear invested in eligible assets ination and report of an indepen on waiver eligibility and condition	(defined benafit plans do not ? (See instructions.) indent qualified public accountant (fo tions.)	Sc (PA)	23		
b Total number of participants at the end of the p c Number of participants with account balances complete this item). So Were all of the plan's assets during the plan y b Are you claiming a waiver of the achual exami under 29 CFR 2520-104-457 (See Instructions If you answerd "No" to oithor 5a or 5b, the Part III Financial Information	as of the end of the plan year ear invested in eligible assets ination and report of an indepen on waiver eligibility and condition	(defined benaft plans do not ? (See instructions.) 	Sc (PA)	23 X Yes No Yes No		
b Total number of participants at the end of the p c Number of participants with account balances complete this item). 3 Were all of the plan's assets during the plan ye b Are you claring a waiver of the actival exami under 29 CFR 2520.104-457 (See Instructions If you answered "No" to oithor 6a or 6b, tho Part III Financial Information 7 Plan Assets and Liabilities	as of the end of the plan year rear invested in eligible assets nation and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500	(defined benaft plans do not ? (See instructions.) indent qualified public accountant (f tions.) -SF and must instead use Form 5 (a) Beginning of Yoar	1PA)	23 Yes No X Yes No (b) End of Year		
b Total number of participants at the end of the p c Number of participants with account balances complete this item). So Were all of the plan's assets during the plan y b Are you claiming a waiver of the achual exami under 29 CFR 2520-104-457 (See Instructions If you answerd "No" to oithor 5a or 5b, the Part III Financial Information	as of the end of the plan year ear invested in eligible assets ination and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500 7a	(defined benaft plans do not ? (See instructions.) 	1PA)	23 X Yes No Yes No		
b Total number of participants at the end of the p C Number of participants with account balances complete this (tern). Are your claiming a waiver of the atmusi exami under 29 CFR 2520 104-457 (See Instructions If you answered "No" to othor 5a or 5b, the Part IN Financial Information	as of the end of the plan year ear invested in eligible assets instion and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500 7a 7a 7b	(defined benaft plans do not ? (See instructions.) indent qualified public accountant (f tions.) -SF and must instead use Form 5 (a) Beginning of Yoar	27A) 500.	23 Yes No Yes No Yes No No (b) End of Year B44133		
b Total number of participants at the end of the p C Number of participants with account balances complete this item). Are your claring a waiver of the atmusi exami under 29 CFR 2520.104-457 (See Instructions If you answered "No" to oithor 6a or 6b, the Part III Financial Information Plan Assets and Liabilities a Total plan assets.	as of the end of the plan year ear invested in eligible assets ination and report of an indeps on waiver eligibility and condi o plan cannot use Form 5500 7a 7b 7c	(defined benaft plans do not ? (See instructions.) 	27A) 500.	23 X Yes No X Yes No X Yes No (b) End of Year 844133 0		
b Total number of participants at the end of the p c Number of participants with account balances complete this item). A ve you claring a waiver of the acnual exami under 29 CFR 2520.104-457 (See Instructions If you answered "No" to oithor 6a or 6b, tho Part III Financial Information Plan Assets and Liabilifies Total plan liabilities. Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for the Jean Contributions received or receivable from:	as of the end of the plan year ear invested in eligible assets ination and report of an indepe on waiver eligibility and condi or plan cannot use Form 5500 7a 7b 7c Year	(defined benaft plans do not ? (See instructions.) 	500.	23 X Yes No X Yes No X Yes No (b) End of Year 844133 0 844133		
b Total number of participants at the end of the p C Number of participants with account balances c complete this item). Are your claring a waiver of the atmusi exami under 29 CFR 2520.104-457 (See Instructions If you answered "No" to oithor 6a or 6b, the Part III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Income, Expenses, and Transfers for the Plan Contributions received or receivable from: (1) Employers	as of the end of the plan year ear invested in eligible assets and report of an indepe on waiver eligibility and condi- plan cannot use Form 5500 7a 7b 7c Year 8a(1)	(defined benaft plans do not ? (See instructions.) 	500. 51	23 X Yes No X Yes No X Yes No (b) End of Year 844133 0 844133		
b Tolal number of participants at the end of the p C Number of participants with account balances . complete this item). Were all of the plan's assets during the plan y b Are you claining a waiver of the acnual examinunder 29 CFR 2520.104-467 (See Instructions If you awavered "No" to oithor fa or 6b, the Part IN Financial Information Finan Assets and Liabilities Tolal plan assets. D Tolal plan liabilities C Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan C Ontributions received or receivable from: (1) Employers (2) Participants.	as of the end of the plan year ear invested in eligible assets ination and report of an indepe on waiver eligibility and condi- optian cannot use Form 5500 7a 7b 7c Year 8a(1) 8a(2)	(defined benaft plans do not ? (See instructions.) 	500. 51	23 X Yes No X Yes No X Yes No (b) End of Year 844133 0 844133		
b Total number of participants at the end of the p C Number of participants with account balances complete this item). Were all of the plan's assets during the plan y b Are you claiming a waiver of the atmual exami under 29 CFR 2520 104-457 (See Instructions If you answerd "No" to oithor 5 are of b, the Part III Financial Information Flan Assets and Liabilities Total plan assets	as of the end of the plan year rear invested in eligible assets ration and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500 7a 7b 7c 7c 8a(1) 8a(3)	(defined benaft plans do not ? (See instructions.) 	500. 500. 23 67 0	23 X Yes No X Yes No X Yes No (b) End of Year 844133 0 844133		
b Total number of participants at the end of the p c Number of participants with account balances complete this item). 3 Were all of the plan's assets during the plan y b Are you claiming a waiver of the acnual examinunde: 29 CFR 2520-104-457 (See Instructions If you anwared "No" to olthor 52 or 5b, the Part III Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets. b Total plan assets. c Net plan assets. c Net plan assets. c Net plan assets. d Total plan assets. d Total plan assets. d Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). b Other income (loss).	as of the end of the plan year rear invested in eligible assets ination and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500 7a 7b 7c Year 8a(1) 8a(2) 8a 8b	(defined benaft plans do not ? (See instructions.) 	500. 500. 23 67 0	23 Yes No Yes No Yes No (b) End of Year 844133 0 844133 (b) Total		
b Total number of participants at the end of the p complete this item). complete this item). a Complete this item). b Were all of the plan's assets during the plan y b Are you claiming a waiver of the annual examinants at the end of the plan's assets during the plan y b Are you claiming a waiver of the annual examinants are set to obling a so sho the plan to obling a so sho the plan to obling a so sho the plan table. Part IN Financial Information 7 Plan Assets and Liabilities a Total plan assets. b Total plan assets. b Total plan assets. b Total plan assets. c Net plan assets (subtract line 7b from line 7a). a Income. Expenses, and Transfers for the Plan a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). b Differ income (loss). c Total income (add lines 8a(1), 8a(2), 8a(3), and d Benefits paid (Including direct rollovers and inset income	as of the end of the plan year ear invested in eligible assets ination and report of an indepe on waiver eligibility and condi- optian cannot use Form 5500 7a 7b 7c Year 2a(1) 8a(2) 8a(3) 8b d 8b)8c	(defined benafit plans do not ? (See instructions.) indent qualified public accountant (ti tions.) -SF and must instead use Form Si (a) Beginning of Yoar 25531 25531 (a) Amount 15 56 -808	500. 500. 23 0 23 51 67 0 03	23 X Yes No X Yes No X Yes No (b) End of Year 844133 0 844133		
b Total number of participants at the end of the p camplete this item). camplete this item). 3 Were all of the plan's assets during the plan y b Are you claiming a waiver of the actual examinates 20 CFR 2520-104-457 (See Instructions If you anwared "No" to olthor 5 are of b, the Part 111 Financial Information 7 Plan Assets and Liabilities a Total plan assets. b Total plan assets. c Not plan assets. 6 Not plan assets (subtract line 7b from line 7a). 7 Encome. Expenses, and Transfers for the Plan 20 Nothers (including rollovers). 4 Other income (loss). 5 Other income (loss). 6 Benefits paid (including direct rolovers and insite to provice benefits).	as of the end of the plan year rear invested in eligible assets nation and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500 7a 7b 7c 7c 7c 7c 8a(1) 5a(2) 8a(3) 8b d 8b) 8c urance premiums	(defined benafit plans do not ? (See instructions.)	500. 1PA) 500. 23 0 23 51 67 0 03 62	23 Yes No Yes No Yes No (b) End of Year 844133 0 844133 (b) Total		
b Total number of participants at the end of the p C Number of participants with account balances complete this item). So Were all of the plan's assets during the plan y b Are you claiming a waiver of the acnual exami under 29 CFR 2520-104-457 (See Instructions If you answered "No" to oithor 6 aor 6b, the Part III Financial Information Plan Assets and Liabilities Total plan liabilities. Total plan liabilities. Net plan assets. Total plan liabilities. Net plan assets. Total plan liabilities. Net plan assets. Total plan liabilities. Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for the Plan Contributions received or receivable from: (1) Employers (2) Participants (3) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and Benefits paid (Including direct relovers and ins to provide benefits). Certain deemed and/or corrective distributions	as of the end of the plan year rear invested in eligible assets nation and report of an indepe on waiver eligibility and condi o plan cannot use Form 5500 7a 7b 7c Year Year 3a(1) 8a(2) 8a(3) 8b d 8b) 8c urance premiums 8d (see instructions) 8c	(defined benaft plans do not ? (See instructions.) 	5c 1PA) 500. 23 0 23 51 67 0 01 62 55	23 Yes No Yes No Yes No (b) End of Year 844133 0 844133 (b) Total		
b Tolal number of participants at the end of the p C Number of participants with account balances complete this item). S Were all of the plan's assets during the plan y b Are you claring a waiver of the acnual exami under 29 CFR 2520.104-457 (See Instructions If you answered "No" to oithor 6a or 6b, tho Part III Financial Information Plan Assets and Liabilities Tolal plan liabilities. Tolal plan liabilities. Total plan liabilities. Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). D Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and d Benefits paid (including direct rollovers and insistrative service provides (sataries, fees.	as of the end of the plan year rear invested in eligible assets anation and report of an indepe on waiver eligibility and condi or plan cannot use Form 5500 7a 7b 7c Year Xear 2a(1) 8a(2) 8a(3) 8b d 8b) 8c urance premiums 8d (see instructions)	(defined benaft plans do not ? (See instructions.) 	500. 1PA) 500. 23 0 23 51 67 0 03 62	23 Yes No Yes No Yes No (b) End of Year 844133 0 844133 (b) Total		
 b Tolal number of participants at the end of the p c Number of participants with account balances complete this item). d Were all of the plan's assets during the plan y b Are you claiming a waiver of the acnual examinunder 29 CFR 2520.104-467 (See Instructions If you answered "No" to oilthor fa or 6b, the Part IN Financial Information 7 Flan Assets and Liabilities a Tolal plan assets b Total plan labilities c Net plan assets (subtract line 7b from line 7a) 3 Income, Expenses, and Transfers for this Plan (1) Employers	as of the end of the plan year ear invested in eligible assets and report of an indepe on waiver eligibility and condi- plan cannot use Form 5500 7a 7b 7c Year Xear 8a(1) 8a(2) 8a(3) 8b 0 8b) 8c urance premiums 8d (see instructions)	(defined benaft plans do not ? (See instructions.) 	5c 1PA) 500. 23 0 23 51 67 0 01 62 55	23 Yes No Yes No Yes No (b) End of Year 844133 0 844133 (b) Total -73583		
b Tolal number of participants at the end of the p C Number of participants with account balances complete this item). S Were all of the plan's assets during the plan y b Are you claring a waiver of the acnual exami under 29 CFR 2520.104-457 (See Instructions If you answered "No" to oithor 6a or 6b, tho Part III Financial Information Plan Assets and Liabilities Tolal plan liabilities. Tolal plan liabilities. Total plan liabilities. Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Contributions received or receivable from: (1) Employers. (2) Participants (3) Others (including rollovers). D Other income (loss). C Total income (add lines 8a(1), 8a(2), 8a(3), and d Benefits paid (including direct rollovers and insistrative service provides (sataries, fees.	as of the end of the plan year ear invested in eligible assets an average of an indepe on waiver eligibility and condi- plan cannot use Form 5500 7a 7b 7c Year 8a(1) 8a(2) 8a(3) 8b 8b 9b) 8c urance premiums 8d (see instructions) 8f 8g 8h	(defined benaft plans do not ? (See instructions.) 	5c 1PA) 500. 23 0 23 51 67 0 01 62 55	23 Yes No Yes No Yes No (b) End of Year 844133 0 844133 (b) Total		

Form	5500-SF	2011
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Page 2 -

Par	rt IV	Plan Characteristics	
n -	17	•••• •••• · · · · · · · · · · · · · · ·	A class of the second

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 3D

 $b_{\rm c}$ 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	During the plan year:		Yes	No		Аг	nount	
а	Was there a failure to fransmit 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		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
c	Was the plan covered by a fidelity bond?	10c	х				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	104		х				
8	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?	101		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х					1310
ħ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	101						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500).						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA	7	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	clions, th	and e	nter th Day	e date	of the	letter rulir ear	ig
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
ъ	Enter the minimum required contribution for this plan year		L	125				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[12đ				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	NIA
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Хγ	'es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
d	Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brought of the PBGC?					ļ	Yes	X] No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	•				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)]	13c(3)	PN(5)
Cauti	on: A penaity for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	rse is	establ	ished			
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this rel Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return its func, correct, and complete.	urn/re	port, in	ncludine	q, ð ep	plicable	e, a Sche owledge a	dule Ind
	TEDVEN BE	RNST	EIN	-				
SIGN	STEPREN DE							

HERE Signature of plan administrator Date / 10/10 / Enter name of Individual signing as plan administrator

SIGN	ALT I LA		STEPHEN BERNSTEIN
1	Signature of employer/plan sponsor	Date 1 alla 12	Enter name of Individual signing as employer or plan sponsor