For	m 5500-SF	Short Form Annual F	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe			е	2	2012
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act o the Intern	B(a) of This Form is Ope				
		Complete all entries in accor	rdance with the instruc	ctions to the Form 550	0-SF.		
Part I	Annual Report Id ar plan year 2012 or fisca	entification Information al plan year beginning 01/01/207	10	and ending 1	2/31/2	2012	
_		a single-employer plan			2/31/2		
	urn/report is for:			lan (not multiemployer)		a one-particip	bant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths	)	
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descripti	on)				
Part II	Basic Plan Inform	nation—enter all requested inform	nation				
1a Name	of plan				1b	Three-digit	
TOMAO, MA	RINO & MCNELIS 401(P	() PROFIT SHARING PLAN				plan number	002
					10	(PN) ►	003
					TC	Effective date of 01/01/	•
2a Plan sr	onsor's name and addre	ess; include room or suite number (	employer if for a single-	employer plan)	2b	Employer Identif	
FRANK A.TO	OMAO, M.D., JOHN S. N	IARINO, M.D. & BRIAN MCNELIS,	M.D.,		20	(EIN) 11-23	
					2c	Sponsor's telep	hone number
2001 MARC	US AVE, SUITE S-265					516-883	
	ESS, NÝ 11042				2d	Business code ( 62111	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's t	elephone number
	•	lan sponsor has changed since the er from the last return/report.	last return/report filed for	or this plan, enter the	4b	EIN	
a Sponse	•				4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		26
<b>b</b> Total r	number of participants at	the end of the plan year			5b		24
C Numb	er of participants with ac	count balances as of the end of the	plan vear (defined bene	efit plans do not	0.0		
					5c		22
6a Were	all of the plan's assets d	uring the plan year invested in eligil	ble assets? (See instruc	tions.)			🗙 Yes 🗌 No
		e annual examination and report of					X Yes 🗌 No
	,	See instructions on waiver eligibility er line 6a or line 6b, the plan can	,				X Yes No
		incomplete filing of this return/re r penalties set forth in the instruction					abla a Schadula
SB or Sche		signed by an enrolled actuary, as w					
SIGN	Filed with authorized/va	lid electronic signature.	02/20/2013	BRIAN T. MCNELIS			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator
SIGN	Filed with authorized/va	lid electronic signature.	02/20/2013	BRIAN T. MCNELIS			
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sid	ning as emplove	r or plan sponsor
Preparer's		ne, if applicable) and address; inclu					number (optional)

	III Financial Information						
<b>7</b> F	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a 1	otal plan assets	7a	338530	2			2459768
b T	Total plan liabilities			0			0
CN	let plan assets (subtract line 7b from line 7a)	7c	338530	2			2459768
<b>8</b> I	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	0-(4)		0			
	<ol> <li>Employers</li> <li>Participants</li> </ol>	8a(1) 8a(2)	4960	0			
	a) Others (including rollovers)	8a(3)		0			
	Dther income (loss)	8b	6679	-			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	0073				116399
	Benefits paid (including direct rollovers and insurance premiums	00					110399
	p provide benefits)	8d	104193	3			
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f A	dministrative service providers (salaries, fees, commissions)	8f		0			
<b>g</b> (	Other expenses	8g		0			
h 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					1041933
	let income (loss) (subtract line 8h from line 8c)	8i			_		-925534
J	ransfers to (from) the plan (see instructions)	8j		0			
Part	If the plan provides welfare benefits, enter the applicable welfare fe						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within th iciary Correct	ne time period described in tion Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		x	
С	Was the plan covered by a fidelity bond?			10c	Х		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefits	s under the plan? (See	10e	×		950
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10q	Х		14132
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h	x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i	x		
Part	VI Pension Funding Compliance						
are	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "Ve					
	5500) and line 11a below)				·····	· · · · · · · · · · · · · · · · · · ·	Yes X No
11		· · · · · · · · · · · · · · · · · · ·				11a	Yes X No
11 11a	5500) and line 11a below)	· · · · · · · · · · · · · · · · · · ·				11a	
11 <u>11a</u> 12	5500) and line 11a below) Enter the amount from Schedule SB line 39	requirements	s of section 412 of the Code			11a	
11 <u>11a</u> 12 a	5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	requirements as applicabling amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ection :	11a 302 of EF	RISA? Yes 🗙 No
11 <u>11a</u> 12 a	5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	requirements as applicabling amortized	s of section 412 of the Code e.) in this plan year, see instruc Mon	or se	ection :	11a 302 of EF	RISA? Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual	Return/Report of	Small Employe	8	OMB Nos. 1210-0110 1210-0088
Department of the Treasury		Benefit Plan			2012
Department of Lebor	Retirement Income Security A	filed under sections 104 and ot of 1974 (ERISA), and sect semal Revanue Code (the Co	10U 0031(n) sug cosete	) of This	Form is Open to Public Inspection
Pension Benefits Security Administration	► Complete all entries in acc			3F	
Annual Report l	dentification Information				
r calendar plan year 2012 or fisc	al plan year beginning	01/01/2012	and ending	<u>12/31/20</u>	
	x a single employer plan	a multiple-employer plan	i (not multiemployer)	📋 a one-	participant plan
This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/	report (less than 12 mor	nths)	
Check box if filing under:		automatic extension			; program
CHECK DOX II MILLS DIDON	Ly special extension (enter descr	iption)		<u></u>	
	mation enter all requested				
Name of plan				1b Three-di plan nut	nbər
Remon Marine & Man	elis 401(k) Profit Sha	ring Plan	L.	(PN) 🕨	003
Tomao, Marino & MCN				01/01	
i Pian sponsor's name and ad Frank A. Tomao, M.D.	dress; include room or suite numb , John S. Marino, M.D.	Ser (employer, if for a single- & Brian McNells, N	employer plan) L.D. ,	(EIN)	er Identification Number 11-2397671
•				(516)	r's telephone number 003-0122
2001 Marcus Ave, Su				2d Busines 62111	es code (see instructions) 1
8 Lake Success a Plan administrator's name a	NY 11042 nd address X Same as Plan Sp	onsor Name 🔲 Same as P	an Sponsor Address	3b Adminis	strator's EIN
				3c Admini	strator's telephone number
		o the last return/report filed fi	or this plan, enter the	3c Adminis 4b EIN	strator's telephone number
If the name and/or EIN of the name, EIN, and the plan nu	e plan sponsor has changed sinc mber from the last return/report.	e the leat return/report filed fo	or this plan, enter the	4b EIN	strator's telephone number
name, EIN, and the plan nu	mber from the last returnneport.		·	4b EIN 4c PN	strator's telephone number
a Sponsor's name	mber from the last returnineport.	****		4b EIN 4c PN 5a	
name, EIN, and the plan nu a Sponsor's name a Total number of participants	a at the beginning of the plan year			4b EIN 4c PN 5a 5b	<u>26</u> 24
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants C Number of participants with	mber from the last return report. a at the beginning of the plan year s at the end of the plan year account balances as of the end c	of the plan year (defined bene	sît plans do not	4b EIN 4c PN 5a	26 24 22
name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants C Number of participants with complete this itam)	mber from the last return report.	of the plan year (defined bene eligible assets? (See Instruct	sfit plans do not tions.)	4b EIN 4c PN 5a 5b 5c	26 24 22 [X] Yes [] No
name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants c Number of participants with complete this item) Were all of the plan's asset b Are you cleiming a waiver of	mber from the last raturn report. a at the beginning of the plan year s at the end of the plan year account balances as of the end of the during the plan year invested in of the annual examination and rep	of the plan year (defined bench eligible assets? (See Instruct ort of an Independent qualifie ibility and conditions.)	tions.)	4b         EIN           4c         PN           5a	26 24 22 XYes No
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with <u>complete this itam</u> ) a Were all of the plan's asset b Are you cleiming a waiver of under 29 CFR 2520.104-46	mber from the last return report. a at the beginning of the plan year s at the end of the plan year account balances as of the end of the annual examination and rep i? (See instructions on waiver elig	of the plan year (defined benc eligible assets? (See Instruc ort of an Independent qualifie ibility and conditions.)	sfit plans do not tions.) d public accountent (IQ and <u>must instaad use</u>	4b         EIN           4c         PN           5a	26 24 22 
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with <u>complete this itam</u> ) a Were all of the plan's asset b Are you cleiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to for Caution: A penalty for the late	mber from the last raturnepolt. a at the beginning of the plan year s at the end of the plan year account balances as of the end of the annual examination and rep of the annual examination and the annual examination annual examin	of the plan year (defined bene eligible assets? (See Instruct ort of an Independent qualifie ibility and conditions.) cannot use Form 5500-SF wm/report will be assessed	sfit plans do not tions.) ed public accountant (IQ and <u>must înstaad use</u> d un <u>jess reasonable ca</u>	4b EIN 4c PN 5a 5b 5c PA) Form 6500. use is estab	26 24 22 
name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants c Number of participants with <u>complete this itam</u> )	mber from the last return report. a at the beginning of the plan year account balances as of the end of account balances as of the end of the annual examination and rep is during the plan year invested in of the annual examination and rep if (See instructions on waiver elig <u>either line 6a or line 6b, the plan</u> <b>a or incomplete filing of this ret</b> other penalties set forth in the ins and signed by an enrolled actuar	of the plan year (defined bene eligible assets? (See Instruct ort of an Independent qualifie ibility and conditions.) cannot use Form 5500-SF wm/report will be assessed	sfit plans do not tions.) ed public accountant (IQ and <u>must înstaad use</u> d un <u>jess reasonable ca</u>	4b EIN 4c PN 5a 5b 5c PA) Form 6500. use is estab	26 24 22 
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with <u>complete this itam</u> )	mber from the last return report. a at the beginning of the plan year account balances as of the end of account balances as of the end of the annual examination and rep is during the plan year invested in of the annual examination and rep if (See instructions on waiver elig <u>either line 6a or line 6b, the plan</u> <b>a or incomplete filing of this ret</b> other penalties set forth in the ins and signed by an enrolled actuar	of the plan year (defined bene eligible assets? (See Instruct ort of an Independent qualifie ibility and conditions.) cannot use Form 5500-SF wm/report will be assessed	efit plans do not tions.) ad public accountant (IQ <u>and must instaad use</u> <u>I unjess reasonable ca</u> e examined this retum/repo	4b EIN         4c PN         5a         5b         5c         PA)         Form 6500.         suse Is estable         eport, includir         ort, and to the	26 24 22 XYes No XYes No Iished.
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with <u>complete this itam</u> )	mber from the last return report. a at the beginning of the plan year account balances as of the end of account balances as of the end of the annual examination and rep is during the plan year invested in of the annual examination and rep if (See instructions on waiver elig either time fla or time fib, the plan e or incomplete filling of this ret other penalties set forth in the ins and signed by an enrolled actuar implete.	of the plan year (defined bench eligible assets? (See Instruct ort of an Independent qualifier ibility and conditions.) <u>A cannot use Form 5500-SF</u> <u>urn/report will be assessed</u> tructions, I declare that I hav y, as well as the electronic ve	tions.) and must instead use unless reasonable ca examined this return/re argion of this return/repo	4b EIN 4c PN 5a 5b 5c PA) Form 6500. suse is estab eport, includir ort, and to the Mc Nell	26 24 22 XYes No XYes No Ished. Ished. Ang, if applicable, a Schedule best of my knowledge and
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with <u>complete this itam</u> )	mber from the last return report. a at the beginning of the plan year account balances as of the end of account balances as of the end of the annual examination and rep is during the plan year invested in of the annual examination and rep if (See instructions on waiver elig either time fla or time fib, the plan e or incomplete filling of this ret other penalties set forth in the ins and signed by an enrolled actuar implete.	of the plan year (defined bene eligible assets? (See Instruct ort of an Independent qualifie ibility and conditions.) cannot use Form 5500-SF wm/report will be assessed	efit plans do not tions.) ad public accountant (IQ <u>and must instaad use</u> <u>I unjess reasonable ca</u> e examined this retum/repo	4b EIN 4c PN 5a 5b 5c Form 6500. PA) Form 6500. suse is estable aport, includir ort, and to the Mc Nell all signing as	26 24 22 XYes No XYes No Ished. Ished. Ang, if applicable, a Schedule best of my knowledge and
name, EIN, and the plan nu a Sponsor's name a Total number of participants b Total number of participants c Number of participants with complete this itam)	mber from the last return report. a at the beginning of the plan year s at the end of the plan year account balances as of the end of the annual examination and rep of the annual examination and rep (See instructions on waiver elige either time fla or time fib. the plan e or incomplete filling of this ret other penalties set forth in the ins and signed by an enrolled actuar implete.	of the plan year (defined bench eligible assets? (See Instruc- ort of an Independent qualifier ibility and conditions.) <u>a cannot use Form 5500-SF</u> <u>curr/report will be assessed</u> tructions, I declare that I hav y, as well as the electronic ver- Date 03.5111	tions.) and must instaad use and must instaad use a	4b EIN 4c PN 5a 5b 5c Fan 6500. ause Is estab eport, includir ort, and to the Mc Nell uel signing as rule signing as	26 24 22 XYes No XYes No Mished. Ishe
name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants c Number of participants with <u>complete this item</u> ) a Were all of the plan's asset b Are you cleiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to s Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co SIGNE Signature of plan ac	mber from the last return report.	of the plan year (defined bench eligible assets? (See Instruct ort of an Independent qualifier ibility and conditions.) <u>a cannot use Form 5500-SF</u> <u>urn/report will be assessed</u> tructions, I declare that I hav y, as well as the electronic very Date 02.5111	tions.) and must instead use unless reasonable ca e examined this return/report be camined this	4b EIN 4c PN 5a 5b 5c Fan 6500. ause Is estab eport, includir ort, and to the Mc Nell uel signing as rule signing as	26 24 22 XYes No XYes No Ished. Ished. Ang, if applicable, a Schedule best of my knowledge and
name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants c Number of participants with complete this itam)	mber from the last return report. a at the beginning of the plan year s at the end of the plan year account balances as of the end of the annual examination and rep of the annual examination and rep (See instructions on waiver elige either time fla or time fib. the plan e or incomplete filling of this ret other penalties set forth in the ins and signed by an enrolled actuar implete.	of the plan year (defined bench eligible assets? (See Instruct ort of an Independent qualifier ibility and conditions.) <u>a cannot use Form 5500-SF</u> <u>urn/report will be assessed</u> tructions, I declare that I hav y, as well as the electronic very Date 02.5111	tions.) and must instead use unless reasonable ca e examined this return/report be camined this	4b EIN 4c PN 5a 5b 5c Fan 6500. ause Is estab eport, includir ort, and to the Mc Nell uel signing as rule signing as	26 24 22 XYes No XYes No Mished. Ishe
name, EIN, and the plan nu a Sponsor's name Total number of participants b Total number of participants c Number of participants with complete this item)	mber from the last return report.	of the plan year (defined bench eligible assets? (See Instruct ort of an Independent qualifier ibility and conditions.) <u>a cannot use Form 5500-SF</u> <u>urn/report will be assessed</u> tructions, I declare that I hav y, as well as the electronic very Date 02.5111	tions.) and must instead use unless reasonable ca e examined this return/report be camined this	4b EIN 4c PN 5a 5b 5c Fan 6500. ause Is estab eport, includir ort, and to the Mc Nell uel signing as rule signing as	26 24 22 XYes No XYes No Mished. Ishe

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Part III Financia	I Information						b) End of Y	
7 Plan Assets and Lia	blittes		(a) Beginning of Year					459,768
a Total plan assets		7a	3,385,302		~		<u> </u>	<u>239,708</u>
b Totel plan liabilities		76				·		
	btract line 7b from line 7a)	7 <u>c</u>	3,385,302					459,760
8 Income, Expenses,	and Transfers for this Plan Year	-0	(a) Amount			·····	(b) Total	
a Contributions recei	ed or receivable from:	Ba(1)		,				
			49,60	5	÷ .		(	hart a training
		8a(2)		5		- 14 - 16		
	ig rollovers)	8 <u>a(3)</u> 80	66,79	4	۴,			a seconda esta esta esta esta esta esta esta est
		<u> </u>	5	_				116,399
C Total income (add	Ines 88(1), 8a(2), 8a(3), and 8b)	. <u>8</u> c						
d Benefits paid (inclution to provide benefits)	ding direct rollovers and insurance premiums	. 8d	1,041,93	3				<u>.</u>
	d/or corrective distributions (see instructions)			0		×		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	ice providers (satarles, fees, commissions)	. 8f		0		<u></u>	<u> (</u>	
				0				
				<u>е</u>			1	,041,933
	d lines 8d, 8e, 8f, and 8g)		The second s	2.1.				925,534)
	subtract line 8h from line 8c)			0	S (		A.	
	the plan (see instructions)	. <u>8</u> j						
Part IV Plan Cl	naracteristics		Characteristics Characterist	elotic	Code	ae in th	• Instruction	<u></u>
9a (I the plan provides	pension benefits, enter the applicable pension	feature coo	des from the List of Plan Charact	ensuc		58 II U	8 matreet.en	
2A 2E 2	F 2H 2J 2K 3D				_			
b If the plan provide:	welfare benefits, enter the applicable welfare fo	esture code	es from the List of Plan Character	ristic	Code	s in (ne	Instructions	
Part V Compli	ance Questions					rr		
		_	· · · · · · · · · · · · · · · · · · ·		Yes	No	An	nount
a Was there a fail	ure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid	ULICITY YUN		10a	~ <u>~</u> ~	x		
b Were there any	nonexempt transactions with any party-in-interes	stv (Uo noi		10b		x		500,000
	vored by a fidelity hand?		*************************************	10c	X	┝───┤		
d Did the plan hav	e a loss, whether or not reimbursed by the plan	s fidelity b	ond, that was caused by Ireud	10d		x		
e Were any fees insurance service	or commisions paid to any brokers, agents, or ot e or other organization that provides some or a	her persor	is by an insurance carrier.	10e	x			950
Instructions.)	led to provide any benefit when due under the p			10f		x		
				10g	X			14,132
g Did the plan he	e any participant loans? (If "Yes." enter amount	t as of yea	r end.)	<u>+</u> *	┼╼──		de l'agge	
2520.101-3.)	idual account plan, was there a blackout period			101	X	<u> </u>		
i If 10h was answ exceptions to p	vered "Yes," check the box if you either provided roviding the notice applied under 29 CFR 2520.1	the requir 101-3	ed notice or one of the	10i	x			
Port VI Pensir	n Funding Compliance			-	-		<u> </u>	
	benefit plan subject to minimum funding requir 11a below)	ements? (	If "Yes," see instructions and con	plete	Sche	edule S	B (Form	Yes X No
					******	[ I I A		
12 is this a define	d contribution plan subject to the minimum fund	ing require	ments of section 412 of the Code	or St	ection	302 0	ERISA?	Yes X No
			aliaehla 1					- tettos culino
a If a waiver of t	ne minimum funding standard for a prior year is		Manager		s, and	enter D	ine date of the second se	Yest
grammy me w	line 12s, complete lines 3, 9, and 10 of Scher	iule MB (F	form 6500), and skip to line 13.				<del>_</del>	
IT you completed	num required contribution for this plan year					126	L	
b Enter the mini	num required contribution for this plan year							

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Page	3-	
r aye	• •	

	Enter the amount contributed by the employer to the plan for this plan year	<u>12c</u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minue sign to the left of a negative amount)	12d		
8	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	
Part	Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminete the plan been adopted in any plan year?			No
	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 of the PBGC?	control		
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0		
	13c(1) Name of plan(s):13	c(2) EIN	(\$)	13c(3) PN(s)
1 e 1	Truct Information (ontional)			

14a Name of trust	14b Trust's EIN

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