For	m 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210- 1210-		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					2	2012		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form i	•	Public	
Pension Be	enefit Guaranty Corporation	tions to the Form 5500	Inspection 00-SF.						
Part I		entification Information							
For calenda	ar plan year 2012 or fisca		2	and ending 00	6/30/2	2012			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant 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 mo	onths))			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter description	n)						
Part II	Basic Plan Inform	nation—enter all requested informa	ation						
1a Name					1b	Three-digit			
WASHINGT	ONVILLE PEDIATRICS,	PC 401K PROFIT SHARIN PLAN & 7	TRUST			plan number (PN) ▶	001		
				-	1c	Effective date or			
					10	01/01	•		
	oonsor's name and addre ONVILLE PEDIATRICS,	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 06-13	fication Num 26113	ber	
	RVANE DRIVE				2c	Sponsor's telep 845-496		er	
	ONVILLE, NY 10992				2d	Business code (62111		ions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's EIN			
					3c	Administrator's t	elephone nu	umber	
4 If the r name,	name and/or EIN of the p , EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo	r this plan, enter the		EIN			
a Spons						PN			
		the beginning of the plan year			5a			21	
b Total r	number of participants at	the end of the plan year			5b			0	
		count balances as of the end of the p			5c			0	
							× Yes	No	
		luring the plan year invested in eligible the annual examination and report of a					A 103		
		See instructions on waiver eligibility a					X Yes	No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use I	Form	5500.			
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed u	unless reasonable caus	se is	established.			
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.							
SIGN	Filed with authorized/va	lid electronic signature.	04/15/2013	BARBARA GANNON					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ıal siç	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu					
Preparer's	name (including firm nan	ne, if applicable) and address; include	e room or suite number	· (optional)	Prep	parer's telephone	number (op	tional)	

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	69671	1			0
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	69671	1			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
h	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	2303	9			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					23039
	to provide benefits)	8d	71975	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					719750
i	Net income (loss) (subtract line 8h from line 8c)	8i					-696711
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
Part 10					Yes	No	Amount
<u>a</u>	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		162	NO	Amount
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corre	ction Program)	10a		Х	
	on line 10a.)	`	•	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Х		120000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefi	its under the plan? (See	10e		х	
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 en	d.)	10q	Х		٥
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or se	ection	302 of	ERISA? Yes 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicat	ole.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-	Mon		, and e	enter th Day	e date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	1 5500), and skip to line 13.				
	Enter the minimum required contribution for this plan year					12b	

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annu	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service						
Department of Labor Employee Benefits Security Administration	a) of This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation		accordance with the instructions	to the Form 5500-S	SF.	spection	
Part IAnnual Report IdFor calendar plan year 2012 or fisc	dentification Information		and ending	06/30/20	1 0	
	X a single-employer plan	a multiple-employer plan (no		a one-partic		
	the first return/report	X the final return/report	n muniempioyer)	a one-partic	ipant pian	
B This return/report is:	an amended return/report	X a short plan year return/report	ort (less than 12 mon	the)		
C Check box if filing under:	X Form 5558	automatic extension		DFVC progr	ram	
	special extension (enter des					
Part II Basic Plan Infor	mation—enter all requested i	1 7				
1a Name of plan	indion enter all requested i	monnation	1	b Three-digit		
Washingtonville Pe	diatrics, PC 401k H	Profit Sharin		plan number	0.01	
Plan & Trust			1	(PN)	001	
			'	C Effective date of 01/01/199		
2a Plan sponsor's name and addr Washingtonville Per		ber (employer, if for a single-employ	yer plan) 2	b Employer Ident (EIN) 06-132		
			2	c Sponsor's telep		
10 Weathervane Dri	ve		2	(845) 496 2d Business code		
Washingtonville		NY 109		621111		
	address XSame as Plan Spo	onsor Name Same as Plan Spons		b Administrator's	EIN	
			3	C Administrator's	telephone number	
4 If the name and/or EIN of the		e the last return/report filed for this p		C Administrator's	telephone number	
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed sinc ber from the last return/report.	e the last return/report filed for this p	olan, enter the		telephone number	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 	ber from the last return/report.	e the last return/report filed for this p	olan, enter the 4	Ib EIN		
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a 	at the beginning of the plan year		olan, enter the 4	Ib EIN Ic PN		
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac 	at the beginning of the plan year at the end of the plan year ccount balances as of the end of	r of the plan year (defined benefit plan	olan, enter the 4	lb EIN lc PN 5a 5b		
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item) 	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end o	r of the plan year (defined benefit plan	olan, enter the 4	lb EIN lc PN 5a 5b 5c	2	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi	olan, enter the 4	Ib EIN Ic PN ja	Z X Yes No	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of t under 29 CFR 2520.104-46? 	at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.)	olan, enter the 4	Ib EIN Ic PN 5a	2	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants with ac complete this item) 6a Were all of the plan's assets b Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith 	at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m	olan, enter the 4 5 5 1s do not 5 ic accountant (IQPA nust instead use Fo	Ib EIN Ic PN 5a	Z X Yes No	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants with ac complete this item) 6a Were all of the plan's assets a Are you claiming a waiver of the under 29 CFR 2520.104-46? If you answered "No" to eith Caution: A penalty for the late on the second se	at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plan r incomplete filing of this retu	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless	olan, enter the 4 5 5 15 do not 5 16 accountant (IQPA 10 aust instead use Fo 16 reasonable cause	b EIN c PN 5a 5b 5c 5c 5500. e is established.	Z X Yes No X Yes No	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants with ac complete this item) 6a Were all of the plan's assets a Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith Caution: A penalty for the late of Under penalties of perjury and other 	at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m	olan, enter the 4 5 5 5 5 5 6 7 5 7 5 7 7 7 7 7 7 7 7 7 7	b EIN c PN 5a 5b 5c orm 5500. e is established. t, including, if applie	Z X Yes No X Yes No cable, a Schedule	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig ther line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary	r of the plan year (defined benefit plan n eligible assets? (See instructions.). oort of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin r, as well as the electronic version of	olan, enter the 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	b EIN c PN 5a 5b 5c orm 5500. e is established. t, including, if applie	Z X Yes No X Yes No cable, a Schedule	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with accomplete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu- er penalties set forth in the instr d signed by an enrolled actuary lete.	r of the plan year (defined benefit plan n eligible assets? (See instructions.). oort of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin a swell as the electronic version of	olan, enter the 4	b EIN c PN 5a 5b 5c 0 0 0 0 0 1 5500. 0 1 5500. 0 1 5500. 0 1 1 1 1 1 1 1 1 1 1 1 1 1	Z X Yes No X Yes No cable, a Schedule y knowledge and	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu- er penalties set forth in the instr d signed by an enrolled actuary lete.	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin a swell as the electronic version of	olan, enter the 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	b EIN c PN 5a 5b 5c 0 0 0 0 0 1 5500. 0 1 5500. 0 1 5500. 0 1 1 1 1 1 1 1 1 1 1 1 1 1	2 X Yes No X Yes No cable, a Schedule y knowledge and	
 4 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with accomplete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary lete.	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi jibility and conditions.). n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin r, as well as the electronic version of Date Ente	olan, enter the 4	Ib EIN Ic PN 5a	Z X Yes No X Yes No cable, a Schedule y knowledge and ministrator	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary lete. dministrator yer/plan sponsor	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi jibility and conditions.). n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin r, as well as the electronic version of Date Ente	olan, enter the 4	Ib EIN Ic PN 5a	2 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary lete. dministrator yer/plan sponsor	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin a swell as the electronic version of Date Ente	olan, enter the 4	Ib EIN Ic PN 5a	Z X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary lete. dministrator yer/plan sponsor	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin a swell as the electronic version of Date Ente	olan, enter the 4	Ib EIN Ic PN 5a	2 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary lete. dministrator yer/plan sponsor	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin a swell as the electronic version of Date Ente	olan, enter the 4	Ib EIN Ic PN 5a	2 X Yes No X Yes No cable, a Schedule y knowledge and ministrator er or plan sponsor	
 If the name and/or EIN of the name, EIN, and the plan num a Sponsor's name 5a Total number of participants a b Total number of participants a c Number of participants with ac complete this item)	ber from the last return/report. at the beginning of the plan year at the end of the plan year ccount balances as of the end of during the plan year invested in the annual examination and rep (See instructions on waiver elig her line 6a or line 6b, the plan r incomplete filing of this retu er penalties set forth in the instr d signed by an enrolled actuary lete. dministrator yer/plan sponsor	r of the plan year (defined benefit plan n eligible assets? (See instructions.). port of an independent qualified publi gibility and conditions.) n cannot use Form 5500-SF and m urn/report will be assessed unless ructions, I declare that I have examin a swell as the electronic version of Date Ente	olan, enter the 4	Ib EIN Ic PN 5a	2 X Yes No X Yes No cable, a Schedule y knowledge and ministrator	

Par	t III	Financial Information							
7	Plan /	Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
а	Total	plan assets	7a	696	,71	1			0
b	Total	plan liabilities	7b		(0			0
С	Net p	lan assets (subtract line 7b from line 7a)	7c	696	,71	1			0
8	Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) Total	
а		ibutions received or receivable from: Employers	8a(1)						
	(/	Participants	8a(2)						
		Others (including rollovers)	8a(3)						
b	<u> </u>	r income (loss)	8b	23	,03	9			
С		income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						23,039
d	Bene	fits paid (including direct rollovers and insurance premiums	0.4	719	,75	0			
		ovide benefits)	8d	115	110	-			
e		ain deemed and/or corrective distributions (see instructions)	8e			+			
f	-	inistrative service providers (salaries, fees, commissions)	8f			+			
g		r expenses	8g 8h			+			719,750
		expenses (add lines 8d, 8e, 8f, and 8g)				+			96,711)
<u> </u>	_	ncome (loss) (subtract line 8h from line 8c) sfers to (from) the plan (see instructions)	8i			+			
1	rt IV		8j						
9a b	If the	e plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 3D e plan provides welfare benefits, enter the applicable welfare for Compliance Questions							
Par						Yes	No	Amour	nt
10		ring the plan year: as there a failure to transmit to the plan any participant contribu	itions with	in the time period described in	10a		х		
) We	OFR 2510.3-102? (See instructions and DOL's Voluntary Fidere there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions reported	10b		x		
		line 10a.)			10D	х	Δ		120,000
					100				
	or	d the plan have a loss, whether or not reimbursed by the plan's dishonesty?			10d		Х		
	ins	ere any fees or commissions paid to any brokers, agents, or ot surance service or other organization that provides some or all structions.)	of the ben	efits under the plan? (See	10e		х		
		as the plan failed to provide any benefit when due under the pla			10f		Х		
		d the plan have any participant loans? (If "Yes," enter amount a			10g	Х			C
	h Ift	this is an individual account plan, was there a blackout period? (20.101-3.)	(See instr	ructions and 29 CFR	10h		x		
	l If	100 was answered "Yes," check the box if you either provided acceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i				
Pa	rt VI								
11	10	this a defined benefit plan subject to minimum funding require (00) and line 11a below)	ments? (If	"Yes," see instructions and cor	nplete	e Sche	dule SE	3 (Form	′es 🗌 No
11		nter the amount from Schedule SB line 39					11a		
_		this a defined contribution plan subject to the minimum fundin	a reauiren	nents of section 412 of the Cod	e or s	ection	302 of	ERISA?	′es XNo
12	(1f	"Ves " complete line 12a or lines 12b 12c 12d and 12e below	w, as appli	icable.)					
	a If :	a waiver of the minimum funding standard for a prior year is be anting the waiver.	eing amort	ized in this plan year, see instru	iction: hth	s, and	enter tl Day	ne date of the lette Year	er ruling
	gr.	anting the waiver. I completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	orm 5500), and skip to line 13					
		nter the minimum required contribution for this plan year					12b		

			1	
с	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X `	Yes 🗌 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
	13c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
				,
Part	VIII Trust Information (optional)			

14a Name of trust			14b Trust's EIN	