Form 5500-SF		Short Form Annual Return/Report of Small Employ			/ee	OMB Nos. 121			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e	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).			tions 6057(b) and 6058	8(a) of This Form is Open to Public					
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	ins	pection		
Part I Annual Report Identification Information									
For calenda	ar plan year 2012 or fisca	· · · · ·		<u> </u>	2/31/2				
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:		e final return/report						
		an amended return/report	port a short plan year return/report (less than 12 months)						
C Check b	oox if filing under:	Form 5558 automatic extension			DFVC program				
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested informatic	ิท		1				
1a Name	•				1b	Three-digit			
EMPIRE PH	YSICAL THERAPY PLL	C 401(K) PROFIT SHARING PLAN & T	RU			plan number (PN)	001		
					1c	Effective date of			
						01/01/	•		
	oonsor's name and addre YSICAL THERAPY PLL	ess; include room or suite number (emp C	loyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 80-00			
550 MAMAR	NECK AVENUE				2c	Sponsor's telephone number 914-777-8700			
SUITE 503 HARRISON,					2d		Business code (see instructions) 621340		
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	b Administrator's EIN			
						3c Administrator's telephone number			
 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 									
		er from the last return/report.			4c PN				
a Sponsor's name 5a Total number of participants at the beginning of the plan year					5a 18				
b Total number of participants at the end of the plan year				5b 19					
 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 					30		10		
complete this item)					5c		10		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
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, 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/va	lid electronic signature.	06/07/2013	GEORGE MERHI					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual signing as plan administrator				
SIGN	– Po 2000				- 0				
HERE Signature of employer/plan sponsor Date Enter name of individu					ual sin	ining as emplove	r or plan sponsor		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (option									

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

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 X e 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 X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 X Part VI Pension Funding Compliance 10i Yes 11a 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Xes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Yes Xes Yes <	Part III Financial Information							
b Total pion labilities To To c Nergina assets (abtract line 7b from line 7b) Tc 229744 320033 a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (a) Other income (add lines for this Plan Year (b) Total (c) Derivers 84(1) 4046 (c) (c) Derivers 84(3) (c) (c) (c) Derivers 84(3) (c) (c) (c) Derivers 84(3) (c) (c) (c) (c) Derivers (c) (c) (c) (c) (c) (c) Derivers (c) (c	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	22974	4		328033		
8 income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 4045 (b) Total (c) 0 Engloyers. 8a(1) 4045 (c) 0 Engloyers. 8a(3) 4045 (c) 0 the income (loss) 8a(3) 10045 109570 C Total income (add lines 6a(1), 6a(2), 6a(3), and 8b). 8c 102570 109570 G Benefits paid (including circle) lowers and insarance premiums 8d 11231 109570 G Contrain dirend and/or concelve distributions (see instructions). 8d 11231 905289 g Othor expanses. 8g 11281 905289 g Othor expanses. 8g 91 11281 I net income (kss) (ubtract line 8h from line 80). 8i 91 91 g I the plan provides benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 25 2 2 2 2 3 2 3 7 3 30 g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 25 2 2 2 3 3 2 7 3 30 I toting the pl	b Total plan liabilities	7b						
a Contributions received or receivable from: Ba(1) 4046 (2) Participants. Ba(2) 72446 (3) Others (including rollowers). Ba(3) (4) Detrom (including rollowers). Ba(3) (5) Others (including rollowers). Ba(3) (7) Including (including rollowers). Ba(3) (8) Including rollowers. Ba(3) (9) Inter spenses. Bg(3) (9) Inter lopan proroides pension benefits, enter the applicable p	C Net plan assets (subtract line 7b from line 7a)		22974	4		328033		
(1) Employers 8a(2) 72446 (2) Participants 8a(2) 72446 (3) Other income (loss) 8a(3) 33078 10 Derin income (loss) 8a(3) 109570 11 So Chain (add lines 8d,1), 8a(2), 8a(3), and 8b) 8c 109570 12 Order income (loss) 8d 11231 109570 13 Order express 8d 11231 109570 14 So Cartan income denthilis 109570 8d 11231 15 Test income (loss) (subtract line 8d, fee, 8d, and 8g) 8d 11221 9 16 Test income (loss) (subtract line 8h from line 8c) 8i 90 90 112281 16 Test income (loss) (subtract line 8h from line 8c) 8i 90 90 11281 17 Transfers 16 (subtract line 8h from line 8c) 8i 90 90 11281 17 Plan Characteristics 91 91 11281 92 128 22 21 32 130 128 128 128 128 128 128 128<	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participantia 8a(2) 72448 (3) Others (including rolevers) 8a(3) (4) Other including rolevers) 8a 33078 (5) Other including rolevers) 8b 33078 (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1008570 (7) Benefits paid (including direct rollovers and insurance premiums on provide service monthly) 8d 11231 (8) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1008570 (7) Other expenses 8g 50 50 (7) Other expenses 8g 50 9 (8) Other incomes (add lines 8d, 6e, 8d, and 8g) 8t 982.89 (7) Transfers to (from) the plan (see instructions) 8g 9 982.89 (7) Transfers to (from) the plan (see instructions) 8g 9 982.89 (7) Transfers to (from) the plan (see instructions) 8g 9 982.89 (7) Other ghain year: 9 9 9 9 (8) If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 22 (8) If the plan plan yae: 10a X 2		• (1)	104	~				
(a) Others (including rollovers) 8a(3) 8b 33078 (b) Other income (loss) 8b 33078 108570 (c) Total income (loss) 8c 11231 108570 (c) Total income (loss) 8c 11231 108570 (c) Enclating direct rollovers and instance prenums to provide benefits), and (including direct rollovers and instance prenums to provide benefits), and (including direct rollovers and instance prenums to provide benefits), and (including direct rollovers and instance) 8d 11231 (c) Other segments 8d 11231 108570 (c) Other segments 8d 11231 108570 (c) Other segments 8d 11231 108570 (c) Transfers to (from) the plan (see instructions) 8g 91 11281 (c) Transfers to (from) the plan (see instructions) 8g 91 91 91 (c) Transfers to (from) the plan (see instructions) 91 91 91 91 91 (c) During the plan provides pension benefits, enter the applicable version set with the time period described in 128 C CPL 25(10.5.102.12) (See instructions and DOL's Volutiny Fridulary Crotection Frogram) 100 X 20 (c) During the plan pave: and (c) A A Amount <td< td=""><td></td><td>, ,</td><td colspan="3"></td><td></td><td></td></td<>		, ,						
b Other income (loss) Bb 33078 c Total income (loss) Based ts paid (including direct collovers and insurance premiums and insurance premiums and insurance premiums and income and/or corrective districtions (see instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers and insurance premiums and the instructions) Based ts paid (including direct collovers in the paid (including direct collovers paid (including direct collovers in the paid (including direct collovers in the instructions) Based ts paid (including direct collovers instructions and paid (including direct collovers) Based ts paid (including dincludin paid (including direct			7244	ю				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								
d Benefits paid (including direct rollovers and insurance premiums to provide hermfits)			3307	8				
to provide benefits). 8d 11231 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (statines, [see, commissions)	-	80			_		109570	
f Administrative service providers (salaries, fees, commissions)		8d	1123	1				
g Other expenses Bg 11281 A Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 11281 I Net income (loss) (subtract line 8h from line 8c). 8i 98289 J Transfers to (from) the plan (See instructions) 8j 98289 Part IV Plan Characteristics 91 98289 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2X 2T 30 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Person the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a X 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 10b X 2 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to a site of 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? 10d X c Was the plan failed to provide any benefit when due under the plan? 10f <t< td=""><td>e Certain deemed and/or corrective distributions (see instructions)</td><td>8e</td><td></td><td></td><td></td><td></td><td></td></t<>	e Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	5	0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)								
i Net income (loss) (subtract line 8h from line 8c)	-						11281	
j Transfers to (from) the plan (see instructions) gj 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: 2z E ZF 2G 2J 2Z X CT 3D D 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 Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 22 GFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × c Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b × 2 c Was the plan covered by a fidelity bond? 10c × 10c × 2 d Did here plan volves onomissions paid to any broker, agents, or other persons by an insurance carrier, insurance service or onter organization that provides some or all of the benefits under the plan? 10d × 2 d Did the plan have and second plan, was there a blackout period? (See instructions and 29 CFR 250.010-3) 10d × 2 10d × <t< td=""><td></td><td>8i</td><td></td><td></td><td></td><td></td><td></td></t<>		8i						
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 2F 2G 2J 2K 2T 3D b If the plan provides pension 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 a 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 Fluciary 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 2 c Was the plan covered by a fidelity bond? 10c X 2 2 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 X 2 f Has the plan failed to provide any benefit when due under the plan? 10f X 2 f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice a	j Transfers to (from) the plan (see instructions)	8i						
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2X 2T 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 Yes No Amount a Was there a tailure 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 Fluciary 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 2 c Was the plan covered by a fidelity bond? 10c X 2 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 X 2 10d X 2 f Has the plan failed to provide any benefit when due under the plan? 10f X 2 2 2 2 2 10d X 2 2 10d X 2 2 10d X 10d X	Part IV Plan Characteristics	3						
10 During the plan year: Yes No Amount a 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 Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 2 c Was the plan covered by a fidelity bond? 10c X 2 2 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 10d X 2 e 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.) 10d X 2 f Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 250.101-3.) 10g X 2 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 250.101-3. 10i X 2 ii 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 250.101-3. </th <th>2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare fermion</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare fermion							
a 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 c Was the plan covered by a fidelity bond? 10c X 2 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 X 2 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 X 2 e 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.) 10d X 2 f Has the plan failed to provide any benefit when due under the plan? 10f X 2 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 f Has the plan failed to provide applied under 29 CFR 2520.101-3 10d X 2 g Did the plan have any participant loans? (If "Yes," see instructions					Vaa	Na	• .	
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 c Was the plan covered by a fidelity bond? 10c X 2 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest? 10d X 2 e 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 2 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 f Has the plan failed to provide any benefit when due under the plan? 10h X 2 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 f Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X 2 <td></td> <td colspan="5"></td> <td>Amount</td>							Amount	
on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 2 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 X 2 e 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 10e X X f Has the plan failed to provide any benefit when due under the plan? 10d X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X f Has the plan failed to provide any benefit when due under the plan? 10d X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X f Has the plan failed to provide any benefit when due under the plan? 10d X X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X X X f H for was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied unde				10a		Х		
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 X e 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 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						x		
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 X e 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 X Image: Complete in the plan individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10g X Image: Complete in the plan 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. 10h X extreme It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a 11 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes in the waiver. a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Year	C Was the plan covered by a fidelity bond?			10c	X		23000	
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 X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 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 X Part VI Pension Funding Compliance 10i Yes Yes 11a Its his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes x (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Inta Inta a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, comp		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all o	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				x		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	f Has the plan failed to provide any benefit when due under the plan	ויייי		10f		Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	g Did the plan have any participant loans? (If "Yes." enter amount as					Х		
 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	${f h}$ If this is an individual account plan, was there a blackout period? (If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12								
11a Inter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirement							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a waive to line 13.								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
	a If a waiver of the minimum funding standard for a prior year is bein	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling					•	
b Enter the minimum required contribution for this plan year								
	- ·					12h		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	•					
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	
C 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN