### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

						inspection	
Part I	Annual Report Identific						
For caler	ndar plan year 2012 or fiscal plan y				31/2012		
A This r	eturn/report is for:	a multiemployer plan;		e-employer plan; or			
		x a single-employer plan;	a DFE (s	pecify)			
<b>B</b> This r	eturn/report is:	the first return/report;	the final i	return/report;			
		an amended return/report;	a short p	lan year return/report (les	ss than 12 m	onths).	
C If the	plan is a collectively-bargained pla	an, check here				<b>→</b> □	
<b>D</b> Chec	k box if filing under:	Form 5558;	automati	c extension;	th	e DFVC program;	
	<b>3</b>	special extension (enter desc	cription)				
Part l	I Basic Plan Information	on—enter all requested informa	. ,				
	e of plan	ontor an requested informa			1b	Three-digit plan	
	K & ASSOCIATES PC PROFIT S	HARING PLAN				number (PN) ▶	001
					1c	Effective date of pl	an
0- 5					Ola	01/01/2002	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)						Employer Identification  Number (EIN)	ation
KI FINIC	K AND ASSOCIATES PC					13-4201402	
	,				2c	Sponsor's telephor	ne
					number	_	
C/O BT CO LLP, 1 PENN PL, STE 533 233 BROADWAY				24	212-533-9200		
NEW YORK, NY 10119 NEW YORK, NY 10279			20	2d Business code (see instructions)			
						541110	
Caution	A penalty for the late or incom	nlete filing of this return/renor	t will be assessed	unlass rassanable caus	eo is ostabli	shad	
	enalties of perjury and other penalt						edules
	its and attachments, as well as the						
SIGN	Filed with authorized/valid electro	nic signature.	07/30/2013	KEITH KLEINICK			
HERE	Signature of plan administrato	r	Date	Enter name of individu	al signing as	plan administrator	
SIGN							
HERE	Signature of employer/plan sp	onsor	Date	Enter name of individu	al signing as	employer or plan sp	onsor
	orginature or employen plan sp	011301	Dute	Enter name of marvia	ar orgriirig ao	employer or plan op	7011301
SIGN							
HERE	Signature of DFE		Date	Enter name of individu	ol oigning oo	DEE	
Preparer	's name (including firm name, if an	pplicable) and address; include re				telephone number	
•	IEDERHOFFER CPA	,		,	(optional)	,	
BUCHBII	NDER TUNICK & CO. LLP					212-695-5003	
ONF PF	NN PLAZA						
	RK, NY 10119-0219						

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3a	Plan administrator's name and address XSame as Plan Sponsor Name	Same as Plan Sponsor Address	<b>3b</b> Administrator's EIN
			3c Administrator's telephone number
			41
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/report filed for this plan, enter the name,	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year		5 3
6	Number of participants as of the end of the plan year (welfare plans complete	te only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).	
а	Active participants		<b>6a</b> 0
b	Retired or separated participants receiving benefits		. 6b
С	Other retired or separated participants entitled to future benefits		6c
d	Subtotal. Add lines 6a, 6b, and 6c		<b>6d</b> 0
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits	. <b>6e</b> 1
f	Total. Add lines <b>6d</b> and <b>6e</b>		. 6f 1
g	Number of participants with account balances as of the end of the plan year complete this item)		<b>6g</b> 1
	,		09
	Number of participants that terminated employment during the plan year wit less than 100% vested		. 6h
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	. 7
8a	If the plan provides pension benefits, enter the applicable pension feature of $\frac{2E}{2G}$ $\frac{2R}{3D}$	odes from the List of Plan Characteristics Cod	les in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature code	des from the List of Plan Characteristics Code	s in the instructions:
9a	Plan funding arrangement (check all that apply)	<b>9b</b> Plan bene <u>fit</u> arrangement (check all th	at apply)
	(1) Insurance	(1) Insurance	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insurance contracts
	(3) X Trust (4) General assets of the sponsor	(3) X Trust (4) General assets of the s	ponsor
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a		
9	Pension Schedules	b General Schedules	
а	(1) R (Retirement Plan Information)		mation)
		(1) H (Financial Inform	,
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	` ' <b>⊢</b> ` `	mation – Small Plan)
	actuary	(3) A (Insurance Information C (Service Provided)	
	(3) SR (Single-Employer Defined Reposit Plan Actuarial		ing Plan Information)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	——————————————————————————————————————	saction Schedules)
	, , , , , , , , , , , , , , , , , , , ,	.,	,

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending 12/31/2012
A Name of plan KLEINICK & ASSOCIATES PC PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)
KLEINICK AND ASSOCIATES PC	13-4201402

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	1011233	199
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	1011233	199
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	64334	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		64334
е	Benefits paid (including direct rollovers)	. 2e	1075368	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans	0		
h	(see instructions)			
h :	Administrative service providers (salaries, fees, and commissions).			
:	Other expenses	. 2i		1075368
J	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)			-1011034
K	Net income (loss) (subtract line 2j from line 2d)			-1011034
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans			X	

Page	2	-
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Schedule I (Form 5500) 2012

			Г		1		
				Yes	No		Amount
3f	Loans	(other than to participants)	3f		X		
g	Tangib	le personal property	3g		Χ		
Pa	art II	Compliance Questions					
4	Durin	g the plan year:		Yes	No		Amount
а	Was th	ere a failure to transmit to the plan any participant contributions within the time period bed in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ed. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		7.11.0
b	Were a	any loans by the plan or fixed income obligations due the plan in default as of the close of plan classified during the year as uncollectible? Disregard participant loans secured by the plant's account balance.	4b		X		
С		ny leases to which the plan was a party in default or classified during the year as ctible?	4c		X		
d		here any nonexempt transactions with any party-in-interest? (Do not include transactions d on line 4a.)	4d		X		
е	Was th	e plan covered by a fidelity bond?	4e		X		
f		plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by r dishonesty?	4f		X		
g		plan hold any assets whose current value was neither readily determinable on an established nor set by an independent third party appraiser?	4g		X		
h		plan receive any noncash contributions whose value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4h		X		
i		plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i		Х		
j		Ill the plan assets either distributed to participants or beneficiaries, transferred to another plan, ght under the control of the PBGC?	4j		Х		
k	accoun	u claiming a waiver of the annual examination and report of an independent qualified public tant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 ent. (See instructions on waiver eligibility and conditions.)	4k	X			
ı	Has the	e plan failed to provide any benefit when due under the plan?	41		X		
m	If this is	s an individual account plan, was there a blackout period? (See instructions and 29 CFR 01-3.)	4m		X		
n		ras answered "Yes," check the "Yes" box if you either provided the required notice or one of septions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a		esolution to terminate the plan been adopted during the plan year or any prior plan year? s," enter the amount of any plan assets that reverted to the employer this year	Ye	s XN	lo A	Amount:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide erred. (See instructions.)	entify t	he plan	ı(s) to w	hich assets	or liabilities were
	5b(1)	Name of plan(s)			5b(2)	EIN(s)	<b>5b(3)</b> PN(s)
Pa	rt III	Trust Information (optional)					
6a	Name of	f trust			<b>6b</b> Tru	ust's EIN	

# SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### **Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

	Pension Benefit Guaranty Corporation				mapection.	
For	calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and el	nding	12/31/2	012		
ΑN	lame of plan NICK & ASSOCIATES PC PROFIT SHARING PLAN	В	Three-digit plan number (PN)		001	
	Plan sponsor's name as shown on line 2a of Form 5500 NICK AND ASSOCIATES PC	D	Employer Id 13-42014		ation Number (Ell	N)
D-	wt I Dietwileutiene	ļ				
	references to distributions relate only to payments of benefits during the plan year.					
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions					0
2				41	tura antan FINIs	-£ 4b - 4
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri payors who paid the greatest dollar amounts of benefits):	ing the	e year (if mor	e tnan	two, enter EINS	of the two
	EIN(s):					
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		ļ	1		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.	•				
Pa	Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of sec	tion of 412 of	the Int	ernal Revenue C	ode or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No	N/A
	If the plan is a defined benefit plan, go to line 8.					
5	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 ruling letter granting the waiver.  Date: Mont If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rer			•		
6	<b>a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated fund deficiency not waived)	•	6a			
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year		6b			
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c			
	If you completed line 6c, skip lines 8 and 9.			•		
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes	No	□ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or o authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or administrator agree with the change?	plan		Yes	☐ No	□ N/A
Pa	art III Amendments					
9	If this is a defined benefit pension plan, were any amendments adopted during this plan					
	year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	ase	Decre	ease	Both	☐ No
Pa	<b>PROOFS</b> (see instructions). If this is not a plan described under Section 409(a) or 4975( skip this Part.	e)(7)	of the Interna	I Reve	nue Code,	
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	ay any	exempt loan	?	Yes	No
11	a Does the ESOP hold any preferred stock?				Yes	No
	<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "I (See instructions for definition of "back-to-back" loan.)				Yes	No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?				Yes	No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans								
13		Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.								
	а	Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Unit of production Other (specify):								
	а	Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								

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Н	age	
•	~5~	-

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the	
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	<b>b</b> The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year.		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, cf supplemental information to be included as an attachment.		
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pens	ion Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	struction	ns regarding supplemental
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)  a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:  b Provide the average duration of the combined investment-grade and high-yield debt:		
	Effective duration   Macaulay duration   Modified duration   Other (specify):		

## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210 - 0110 1210 - 0089

2012

Employee Benefits Socurity Administration	<b>&gt;</b> 0	Complete all entries in the instructions to		rith		This Form	n is Open to	
Pension Benefit Guaranty Corporation						Public	nspection	
	rt identification info					- 1222		
For calendar plan year 2012			2012 an	d ending		1/2012		
A This return/report is for:	a multiemployer pla  X a single employer p		E	a multiple-e a DFE (spec		-		
B This return/report is:  C If the plan is a collectively-b.	the first return/repo	/report;	E	-	•		than 12 months).	
D Check box if filing under:	Form 5558; special extension (e	enter description)		automatic e			DFVC program;	
Part II Basic Plan Ir	formation · enter all re	equested information		···			<del></del>	
1a Name of plan KLEINICK & ASSOC	LIATES PC PROF	FIT SHARING	PLAN		Three-digit plan numb	per (PN)	001	
				10		date of plan / 2002		
2a Plan sponsor's name and add	ess, include room or suite or	umber (employer, if for a	single-employer pl	an) 2b	Employer 13-42	Identification 01402	Number (EIN)	
KLBINICK AND ASS	OCIATES PC	,			Sponsor's telephone number 2 – 533 – 9200			
C/O BT & CO LLP,	1 DENIN DI. S	ደጥ <u>ም</u> 533				code (see inst	ructions)	
C/O DI & CO DDI,		312 334			<del></del>			
NEW YORK 233 BROADWAY	NY 1	10119						
NEW YORK Caution: A penalty for the late		10279	ha segaetad un	lass ressand	de couse i	e establishe		
Under penalties of perjury and other penal as the electronic version of this return/repo	ties set forth in the instructions, I d	lociare that I have examined the	his return/report, includ				<b>/</b>	
SIGN X / JAA		07/31/2013	KETTU KI	FINICE				
Signature of plan adm	inistrator	Date	Enter name of i	ndividual signi	ng as pian	administrator		
SIGN	>							
HERE Signature of employer	/plan sponsor	Date	Enter name of i	ndividual signi	ng as emp	loyer or plan s	ponsor	
SIGN HERE								
Signature of DFE		Date	Enter name of i		ng as DFE		<u>.</u>	
Preparer's name (including firm	ı name, if applicable) and	address; include room	n or suite number	r. (optional)	Preparer (optional	's telephone r )	umber	
MARC NIEDERHOFF BUCHBINDER TUNI ONE PENN PLAZA					212	-6 <b>95-</b> 50	003	
NEW YORK	NY 10	0119-0219						
For Paperwork Reduction Act	Notice and OMB Contro	ol Numbers, see the i	nstructions for F	Form 5500.	<u> </u>		orm 5500 (2012) . 120126	

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  a Active participants  b Retired or separated participants receiving benefits  c Other ratired or separated participants entitled to future benefits  d Subtotal. Add lines 6a, 6b, and 6c  6d  0	Form 5500 (2012)			Page 2			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  8 Sponsor's name  5 Total number of participants at the beginning of the plan year  6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  a Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  a Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).  B Retired or separated participants receiving benefits.  6 Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.  6 Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.  6 Deceased participants whise account balances as of the end of the plan year (only defined contribution plans complete this fern).  6 Total. Add lines 6d and 6e.  9 Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  6 Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  6 Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  7 Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  8 Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  9 Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  9 Deceased participants with account balances as of the end of the plan year (only defined contribution plans complete this fern).  10 Deceased participants with account balances aso of the end of the plan year (only defined contribution plans th	3a	Plan administrator's name and address 🛭 Same as Plan Sponsor Name 🗓 Sar	me as Plan Sponsor Address	3b Administrator's EIN			
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