Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

				uctions to the Form 550			
Part I		Identification Informatio		and an Pari	40/04/	0040	
For calenda	ar plan year 2012 or fis		01/2012		12/31/2		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter de	escription)				
Part II	Basic Plan Info	rmation—enter all requested	information				
1a Name		•			1b	Three-digit	
FLH MEDICA	AL PC 401K PLAN					plan number	004
					4-	(PN) •	001
					10	Effective date o	•
2a Plan sr	nonsor's name and ad	dress; include room or suite nur	mher (employer if for a single	e-employer plan)	2h	Employer Identi	
FLH MEDIC		arcoo, morace room or saite nar	moor (employer, ir for a singr	o ciriployer plani	25		65332
					2c	Sponsor's telep	hone number
196 NORTH	ST					315-23	
GENEVA, N	Y 14456				2d	Business code ((see instructions)
						62111	
		nd address Same as Plan Spo	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN '65332
LH MEDICAL	_ PC		RTH ST 'A, NY 14456		30		telephone number
		OLINEV	A, NT 14450		30	315-230	
		e plan sponsor has changed sin		for this plan, enter the	4b	EIN	
name,	EIN, and the plan nur	e plan sponsor has changed sine mber from the last return/report.		for this plan, enter the			
name, a Sponso	EIN, and the plan nur or's name	mber from the last return/report.	•	·	4c	EIN PN	400
name, a Sponso 5a Total r	EIN, and the plan nur or's name number of participants	mber from the last return/report.	ar		4c 5a		106
name, a Sponso 5a Total r b Total r	EIN, and the plan nur or's name number of participants number of participants	at the end of the plan year	ar		4c 5a		106 172
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan nur or's name number of participants number of participants er of participants with	mber from the last return/report.	of the plan year (defined bei	nefit plans do not	4c 5a		
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end	of the plan year (defined be	nefit plans do not	4c 5a 5b 5c	PN	172 72
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined be	nefit plans do not	4c 5a 5b 5c	PN	172 72
name, a Sponso 5a Total r b Total r c Numbo comple 6a Were b Are younder	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beams)n eligible assets? (See instruport of an independent quality gibility and conditions.)	nefit plans do not uctions.)	4c 5a 5b 5c CPA)	PN	172 72
name, a Sponso 5a Total r b Total r c Numbo comple 6a Were b Are younder	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end solutions account balances are invested if the annual examination and rej	of the plan year (defined beams)n eligible assets? (See instruport of an independent quality gibility and conditions.)	nefit plans do not uctions.)	4c 5a 5b 5c CPA)	PN	172 72 X Yes No
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are younder If you Caution: A	EIN, and the plan nur or's name number of participants aumber of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ben n eligible assets? (See instru port of an independent qualif gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed	nefit plans do not uctions.) iried public accountant (IC F and must instead used	4c 5a 5b 5c 5c PA)	PN 1 5500. established.	72 X Yes No X Yes No
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you Caution: A	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined being assets? (See instructions)	nefit plans do not uctions.) ified public accountant (IC F and must instead used unless reasonable called examined this return/re	4c 5a 5b 5c ScPA)	PN a 5500. established. ncluding, if applic	72 X Yes No X Yes No
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you Caution: A Under penass or Schee	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined being assets? (See instructions)	nefit plans do not uctions.) ified public accountant (IC F and must instead used unless reasonable called examined this return/re	4c 5a 5b 5c ScPA)	PN a 5500. established. ncluding, if applic	72 X Yes No X Yes No
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.)	nefit plans do not uctions.)	4c 5a 5b 5c PPA) Per Formuse is export, irrt, and	PN a 5500. established. ncluding, if applic	72 X Yes No X Yes No
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined being assets? (See instructions)	mefit plans do not actions.) F and must instead used unless reasonable care examined this return/repoint of this return of	4c 5a 5b 5c SPA) Se Formuse is eport, irrt, and	PN 5500. established. ncluding, if applic to the best of my	72 X Yes No X Yes No Sable, a Schedule whowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end account balances as of the end is during the plan year invested if the annual examination and regrece (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filling of this return the penalties set forth in the instructions on waiver eligither line 6a or line 6b, the plan or incomplete filling of this return the penalties set forth in the instruction of the plan or incomplete set forth in the instruction of the plan year.	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.)	nefit plans do not uctions.)	4c 5a 5b 5c SPA) Se Formuse is eport, irrt, and	PN 5500. established. ncluding, if applic to the best of my	72 X Yes No X Yes No Sable, a Schedule whowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end account balances as of the end is during the plan year invested if the annual examination and regrece (See instructions on waiver eligither line 6a or line 6b, the plan or incomplete filling of this return the penalties set forth in the instructions on waiver eligither line 6a or line 6b, the plan or incomplete filling of this return the penalties set forth in the instruction of the plan or incomplete set forth in the instruction of the plan year.	of the plan year (defined between eligible assets? (See instruport of an independent qualit gibility and conditions.)	mefit plans do not actions.) F and must instead used unless reasonable care examined this return/repoint of this return of	4c 5a 5b 5c SPA) Se Formuse is eport, irrt, and	PN 5500. established. ncluding, if applic to the best of my	72 X Yes No X Yes No Sable, a Schedule whowledge and
name, a Sponsor b Total r c Number complete 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed tructions, I declare that I have y, as well as the electronic veri	mefit plans do not cuctions.) F and must instead used unless reasonable care examined this return/report MARY JO HARTMAN Enter name of individent	4c 5a 5b 5c SPA) Formuse is eport, irrt, and	pN 5500. established. ncluding, if applic to the best of my	72 X Yes No X Yes No xable, a Schedule v knowledge and
name, a Sponsor b Total r c Number complete 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end so during the plan year invested if the annual examination and reperce (See instructions on waiver eligible line 6a or line 6b, the plan or incomplete filing of this retained signed by an enrolled actuary polete. In a valid electronic signature.	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed tructions, I declare that I have y, as well as the electronic veri	mefit plans do not cuctions.) F and must instead used unless reasonable care examined this return/report MARY JO HARTMAN Enter name of individent	4c 5a 5b 5c SPA) Se Form use is sport, irrt, and dual signal sign	PN 5500. established. ncluding, if applic to the best of my gning as plan adr	72 X Yes No X Yes No x Yes No cable, a Schedule or knowledge and
name, a Sponsor b Total r c Number complete 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed tructions, I declare that I have y, as well as the electronic veri	mefit plans do not cuctions.) F and must instead used unless reasonable care examined this return/report MARY JO HARTMAN Enter name of individent	4c 5a 5b 5c SPA) Se Form use is sport, irrt, and dual signal sign	PN 5500. established. ncluding, if applic to the best of my gning as plan adr	72 X Yes No X Yes No xable, a Schedule or knowledge and
name, a Sponsor b Total r c Number complete 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed tructions, I declare that I have y, as well as the electronic veri	mefit plans do not cuctions.) F and must instead used unless reasonable care examined this return/report MARY JO HARTMAN Enter name of individent	4c 5a 5b 5c SPA) Se Form use is sport, irrt, and dual signal sign	PN 5500. established. ncluding, if applic to the best of my gning as plan adr	72 X Yes No X Yes No xable, a Schedule or knowledge and
name, a Sponsor b Total r c Number complete 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed tructions, I declare that I have y, as well as the electronic veri	mefit plans do not cuctions.) F and must instead used unless reasonable care examined this return/report MARY JO HARTMAN Enter name of individent	4c 5a 5b 5c SPA) Se Form use is sport, irrt, and dual signal sign	PN 5500. established. ncluding, if applic to the best of my gning as plan adr	72 X Yes No X Yes No xable, a Schedule or knowledge and
name, a Sponsor b Total r c Number complete 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined beautiful port of an independent qualiful gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed tructions, I declare that I have y, as well as the electronic veri	mefit plans do not cuctions.) F and must instead used unless reasonable care examined this return/report MARY JO HARTMAN Enter name of individent	4c 5a 5b 5c SPA) Se Form use is sport, irrt, and dual signal sign	PN 5500. established. ncluding, if applic to the best of my gning as plan adr	72 X Yes No X Yes No x Yes No able, a Schedule or knowledge and ministrator

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) En	4 of 7	'oor		
		7-	(a) Beginning of Yea		-			1			
_ <u>a</u>	Total plan liabilities	7a 7b	103100	13	-				67763		
	Total plan liabilities	76 7c	103100	12				4	07700	4	
	,	70		13	-		(1.)		67763	<u> </u>	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(a)	Tota			
u	(1) Employers	8a(1)	6391	2							
	(2) Participants	8a(2)	29671	15							
	(3) Others (including rollovers)	8a(3)	21373	35							
b	Other income (loss)	8b	19185	56							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							766218	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	9842	26							
е	Certain deemed and/or corrective distributions (see instructions)	8e	2116	64							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11959	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							64662	8	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2A 2G	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:		
Par	t V Compliance Questions										
10					Yes	No					
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions within	n the time period described in		162	NO		АП	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					250	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				200	1000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of					V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem	,					•		Yes		No
11:											
12	Is this a defined contribution plan subject to the minimum funding					11a 302 of	FRISA?	ŢΓ	Yes	X	No
12	· · · · · ·	•		. UI SE	ouOII .	JUZ UI	LIXIOA?	·· L	.03	^	. 10
a	(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.	ng amortiz	ed in this plan year, see instru		and e	enter the Day	ne date o	f the le		ling	
———	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		<u>. 18</u>	иI		
	Enter the minimum required contribution for this plan year	•				12b					
	= and minimum required contribution for tills plant year										

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes X 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		Yes X 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		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ections to the Form 550	0-SF.				
	Identification Information							
For calendar plan year 2012 or fis	ical plan year beginning 0	01/01/2012	and ending	12	2/31/2012			
A This return/report is for:	X a single-employer plan	렄 ' ' '	plan (not multiemployer)		a one-participant plan			
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check box if filing under:		DFVC program						
	special extension (enter descript	ion)						
Part II Basic Plan Info	rmation—enter all requested inforr	nation		r-				
1a Name of plan					ree-digit			
FLH MEDICAL PC 401K	PLAN	•			an number			
					fective date of plan			
					/01/2005			
	dress; include room or suite number (employer, if for a single	-employer plan)	2b En	nployer Identification Number			
FLH MEDICAL PC				·	IN) 26-3765332			
196 North St					oonsor's telephone number			
196 NOICH SC					L5-230-5644			
GENEVA	NY 14456				siness code (see instructions)			
	d address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address		Iministrator's EIN			
FLH MEDICAL PC		U	•		5-3765332			
					Iministrator's telephone number			
.196 North St				31	5-230-5644			
GENEVA	NY 14456							
	plan sponsor has changed since the nber from the last return/report.	last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name	iber from the last return/report.			4c PN	١			
	at the beginning of the plan year			5a	106			
b Total number of participants	at the end of the plan year		,	5b	172			
c Number of participants with a	account balances as of the end of the	plan year (defined ben	efit plans do not	5c	72			
	during the plan year invested in eligi				X Yes No			
b Are you claiming a waiver of	the annual examination and report of	f an independent qualifi	ed public accountant (IQI	PA)				
	(See instructions on waiver eligibility							
	ther line 6a or line 6b, the plan can							
	or incomplete filing of this return/re							
SB or Schedule MB completed an	ner penalties set forth in the instruction and signed by an enrolled actuary, as w							
belief, it is true, correct, and comp	lete.							
sign Wend	y Dust		Wendy Disbrow					
HERE Signature of plan ac	inistrator	Date	Enter name of individu	ual signin	g as plan administrator			
SIGN								
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signin	g as employer or plan sponsor			
	ame, if applicable) and address; inclu	ide room or suite numbe	er (optional)	Prepare	r's telephone number (optional)			
			9 3.00 may 2.					

Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ır			
a	Total plan assets	7a		3100)3				16	77631		
b		7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	10	3100	3				16	77631		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal				
а	Contributions received or receivable from: (1) Employers	8a(1)		6391	_2							
· ——	(2) Participants	8a(2)	2	9671	.5	THE CONTRACTOR AND THE PROPERTY OF THE PROPERT						
	(3) Others (including rollovers)	8a(3)	2	1373	35	5						
b	Other income (loss)	8b		9185	1999	識器						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							76	56218		
d	Benefits paid (including direct rollovers and insurance premiums				54.11b							
	to provide benefits)	8d	<u> </u>	9842	109994				Kalan Bara	AVE 24 I Salva sel		
	Certain deemed and/or corrective distributions (see instructions)	8e		2116	94		energeneers			145 A 264 North Act		
f	Administrative service providers (salaries, fees, commissions)	8f			1 Ba 1	i fall lie.			in St.	364374 xar.484		
<u>g</u>	Other expenses	8g	THE BUT WAS ALMOST AND STREET THE STREET WAS A STREET OF STREET	iraria.	2555.5	11110						
<u>. h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								L9590		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				akten terba	monte company and a control of	nielinain, s		16628		
j	Transfers to (from) the plan (see instructions)	8j			47% · 图	ili lin	racinari Pakapa	Willey)				
Pa	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2A 2G	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:				
i Landakari												
Par	tV Compliance Questions											
10	During the plan year:				Yes	No		Amou	nt			
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Corr	ection Program)	10a		Х						
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Х		·				
C	Was the plan covered by a fidelity bond?			10c	X				25	50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х	:					
е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,									
	insurance service or other organization that provides some or all cinstructions.)	of the bene	fits 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 as	s of year e	nd.)	10g		Х						
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i		-						
Pari	VI Pension Funding Compliance						British Balakar kita	6 6 6 6 6 6 6 6 7 C	ry are early	400 p. 0 0 0 0 0 0 0		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes [No		
11a	Enter the amount from Schedule SB line 39					11a						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						L					
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of t	he lette Year	er rulir	ng		
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	MB (For	m 5500), and skip to line 13.				, 					
b	Enter the minimum required contribution for this plan year			•••••		12b	<u> </u>					

1										
3		Form 5500-SF 2012 Page 3 -								
	С	Enter the amount contributed by the employer to the plan for this plan year		12	С					
	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)		120	1					
	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Y	es	No		N/A
	Part	Plan Terminations and Transfers of Assets								
_	13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	es [X N	0		
•		If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	1					
	b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?	he c	contr	ol			_ Y	'es [X 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) t	0						
	1	3c(1) Name of plan(s):	13	3c(2)	EIN	√(s)		130	c(3) F	PN(s)
		·								
		- Address - Addr						 		
-								 		
į,										
	Part	VIII Trust Information (optional)								
14a Name of trust					Tru	ıst's l	EIN			