Fo	Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				9	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).					58(a) of This Form is Open to P			
Pension B	Pension Benefit Guaranty Corporation Inspection								
Part I		entification Information			0/04/0	2010			
_	ar plan year 2012 or fisca				2/31/2				
	turn/report is for:			an (not multiemployer)		a one-particip	oant plan		
B This re	turn/report is:		he final return/report						
-		╡		n/report (less than 12 mo	onths)	—			
C Check	box if filing under:		utomatic extension			DFVC progra	m		
		special extension (enter description							
Part II		nation—enter all requested informat	ion		16	The second structure			
1a Name WAVE 401(•				D	Three-digit plan number			
1010						(PN) ▶	001		
					1c	Effective date of	•		
		· · · · · · · · · · · · · · · · · · ·			01	01/01/			
	sponsor's name and addre GNOSTICS, PLLC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 13-39			
235 COROI	NA AVENUE	235 CORONA	AVENUE		2c	Sponsor's telep 914-738			
PELHAM, N		PELHAM, NY			2d	Business code (54194	,		
3a Plan a	administrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
					20	A ducini stusto d'a d	elephone number		
	 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. 								
		the beginning of the plan year			4c 5a		4		
_		the end of the plan year			5a 5b				
		count balances as of the end of the pla			30		3		
					5c		3		
6a Were	e all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	tions.)			🗙 Yes 🗌 No		
		e annual examination and report of ar					X Yes 🗌 No		
		See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno							
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/valid electronic signature. 09/04/2013 BRIDGET LOWE									
HERE	Signature of plan adn	Signature of plan administrator Date Enter name of individual signing as plan administrator							
HERE	Cignotium of omploye						* =* =!== ======		
Preparer's	Signature of employe name (including firm name	r/pian sponsor ne, if applicable) and address; include	Date room or suite number				ing as employer or plan sponsor rer's telephone number (optional)		
		, , , ,					,		

l

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
a Total plan assets	. 7a	765061			967578		
b Total plan liabilities	. 7b	0					
C Net plan assets (subtract line 7b from line 7a)	. 7c	765061			967578		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from:		54550					
(1) Employers	8a(1)	51552					
(2) Participants	8a(2)	47700					
(3) Others (including rollovers)	8a(3)	(
b Other income (loss)	8b	103265					
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				202517		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0					
e Certain deemed and/or corrective distributions (see instructions)	8e	0					
f Administrative service providers (salaries, fees, commissions)	8f	0					
g Other expenses	8g	0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
i Net income (loss) (subtract line 8h from line 8c)	8i				202517		
j Transfers to (from) the plan (see instructions)	8j	C					
Part IV Plan Characteristics							
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits. 							
			Ve	No			
10 During the plan year:	itions within th	a time period described in	Yes	s No	Amount		
			Yes 10a	s No X	Amount		
During the plan year:a Was there a failure to transmit to the plan any participant contribution	uciary Correct t? (Do not incl	tion Program) lude transactions reported			Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest 	uciary Correct t? (Do not incl	tion Program)	10a	х	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not incl	tion Program) lude transactions reported that was caused by fraud	10a 10b	x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	iciary Correct (? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c	X X X	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan the plan that provides some or all of the plan the pla	iciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	x x x x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	x x x x x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d	x x x x x x x x x x x x	Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	x x x x x x x x x x x x x x x	Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a	x x x x x x x x x x x x x x x x x x	Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	in construction (See instruction (See instruction (See instruction) (See instruction	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10c 10d 10c 10d 10f 10g 10h 10i	X Edule SB (I	Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10i	X Edule SB (I	Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10i	X 11a	Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? so of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10i	X 11a	Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct (Do not incl fidelity bond, her persons b of the benefits n? is of year end (See instruction he required not 1-3 hents? (If "Yes requirements , as applicable ng amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10d 10f 10g 10h 10i	X X <td< td=""><td>Form</td></td<>	Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	in?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10d 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X I I anter the	Form		
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. 	iciary Correct (Do not incl fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3 hents? (If "Yes requirements , as applicable ng amortized e MB (Form s	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10d 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X I I anter the	Form		

С	Enter the amount contributed by the employer to the plan for this plan year					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII	Plan Terminations and Transfers of Assets				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С	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

Form 5500-SF	Short Form Annual							
Department of the Treasury	Short Form Annual	/ee	OMB Nos 1210-0110 1210-0089					
Department of Labor	Benefit Plan This form is required to be filed under sections 104 and 4085 of the Employ Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 805				2012			
Employee Bandits Security Administration	the Internal Revenue Code (the Code).				This Form is Open to Public Inspection			
Pension Bonefit Guaranty Corporation)-SF.	mspection						
Part I Annual Report In For calendar plan year 2012 or fisc	dentification Information	012	and ending	2/31/201	2			
	a single-employer plan	<u> </u>		_	a one-participant plan			
B This return/report is:	the first return/report							
	an amended return/report	a short plan year return/	report (less than 12 mc	inths)				
C Check box if filing under:	Form 5558 Automatic extension DFVC program							
	special extension (enter descri							
Part II Basic Plan Infor	mation—enter all requested info	mation	<u> </u>					
1a Name of plan					nree-digit			
WAVE 401 K ITRUST				•	an number N) ▶ UST			
					fective date of plan			
					01 /01.2008			
2a Plan sponsor's name and add	ress; include room or suite numbe	r (employer, if for a single-e	mployer plan)		nployer Identification Number			
					IN) Northeraber ponsor's telephone number			
235 CORCLA AVENCE	20 4 5 4 - 34	Charles to the		20 0	914 733 V X2			
PELHAM NY 10803		° ∿≻ 1966a (2d Business code (see instructions)				
					54194.)			
3a Plan administrator's name and	d address Same as Plan Spons	or Name Same as Plan	Sponsor Address	3D AC	Iministrator's EIN			
4 If the name and/or EIN of the	plan sponsor has changed since t	the last return/report filed for	This plan, enter the	4b E				
name, EIN, and the plan nun	nber from the last return/report.	•	•	4c P	N			
a Sponsor's name	at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5a	······································			
	at the end of the plan year			5b				
• •	account balances as of the end of t				·····			
				5c	<u>_</u>			
	during the plan year invested in e				X Yes No			
b Are you claiming a waiver of under 29 CER 2520 104-467	the annual examination and report (See instructions on waiver eligibition)	t of an independent qualified ility and conditions.)	d public accountant (IQ	PA)	Yes No			
If you answered "No" to of	ther line 6a or line 6b, the plan c	annot use Form 5500-SF a	and must instead use	Form 55	500.			
Caution: A penalty for the late of	or incomplete filing of this return	n/report will be assessed u	inless reasonable cau	ise is es	tablished.			
Under penalties of perjury and oth SB or Schedule MB completed ar belief, it is true, correct, and comp	her penalties set forth in the instructed actuary, a blete.	tions, I declare that I have e is well as the electronic vers	examined this return/report sion of this return/report	port, inclu t, and to f	uding, if applicable, a Schedule the best of my knowledge and			
SIGN X.Y	510	06-23-13						
urne	dental destable	Date	Enter name of individ	ual sioni	nn as nian administrator			
				ng ao pian aonanananan				
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or pl								
Preparer's name (including firm n	ame, if applicable) and address; in				er's telephone number (optional)			
For Paperwork Roduction Act Notic	o and OMB Control Numbers, see the	e instructions for Form \$500-1	SF.	1	Form 5500-SF (2012)			

Form 5500-SF 2012

Point 5500-5F 2012 Page 2							
Part III Financial Information							
7 Plan Assets and Liabilities				T			
a Total plan assets	7a	(a) Boginning of Year		+	(b) En	d of Year	
b Total plan liabilities	76	766061 				<u>99757n</u>	
C Net plan assets (subtract line 7b from line 7a)	7c		705051			<u>را</u>	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			96767-		
a Contributions received or receivable from:					(0)	Total	
(1) Employers	<u>8a(1)</u>	6155	<u>.</u>				
(2) Participants	8a(2)	4770	G				
(3) Others (including rollovers)	8a(3)					<u> </u>	
b Other income (loss)	8b	10326	:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c			_		202517	
to provide benefits)	8d		3				
e Certain deemed and/or corrective distributions (see instructions)	80			1			
f Administrative service providers (salaries, fees, commissions)	8f	·····	5			· · · · · · · · · · · · · · · · · · ·	
g Other expenses	8g						
h Total expenses (add lines 8d. 8e, 8f, and 8g)	8h					Ū.	
i Net income (loss) (subtract line 8h from line 8c)	81	·····			-	202517	
j Transfers to (from) the plan (see instructions)	8]		e.				
Part IV Plan Characteristics	••						
9a If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Code	in the instr	uctions:	
2E 2F 2-5 23 28 2* 30							
b If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	deristi	c Codes	in the instru	ctions:	
Part V Compliance Questions							
10 During the plan year:			T	Yes N		Amount	
U During the plan year: Yos No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contributions within the time period described in Image: Control of the plan and participant contro							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						
b Were there any nonexempt transactions with any party-in-interest				,			
on line 10a.)			105	<u> </u>	-		
C Was the plan covered by a fidelity bond?			10c		·		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	>			
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 bene	etits under the plan? (See	100)			
f Has the plan failed to provide any benefit when due under the pla			10f	,			
g Did the plan have any participant loans? (If "Yes," enter amount a							
b) the plan late any participant constraints (in res, enter another and the plan late any participant constraints) (in res, enter another and the another and the plan late any participant constraints) (in res, enter another and the another and the another and the plan late any participant constraints) (in res, enter another and the another another and the another and the another and the another and the another anoth			10g		<u> </u>		
2520.101-3.)			10h)			
If 10h was answered "Yes," check the box if you either provided the	he required	I notice or one of the					
exceptions to providing the notice applied under 29 CFR 2520.101-3							
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)							
11a Enter the amount from Schedule SB line 39							
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 🗵 No	
(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							
If you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b Enter the minimum required contribution for this plan year		b Enter the minimum required contribution for this plan year					

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C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	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)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	\Box	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		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	No No
c	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					
		3c(2)	EIN(s	5)		13c(3) PN(s)
Par	VIII Trust Information (optional)						

(Fall viii must mormation (optional)							
14a Name of trust	14b Trust's EIN						