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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information					
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/	2012	
A This ret	urn/report is for:	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is: the first return/report th	e final return/report				
	an amended return/report a s	short plan year return	n/report (less than 12 m	nonths))	
C Check	pox if filing under: X Form 5558 at	utomatic extension			DFVC progra	ım
	special extension (enter description)					
Part II	Basic Plan Information—enter all requested information	nn				
1a Name		711		1b	Three-digit	
	ABRIZIO, MD, PC PROFIT SHARING PLAN				plan number	
					(PN) •	001
				1c	Effective date of	•
22 Plan a	ponsor's name and address; include room or suite number (emp	lover if for a single	omployor plan)	26	01/01/	
	ABRIZIO, MD, PC	noyer, ir for a sirigle-	employer plan)	20	Employer Identification (EIN) 20-26	08535
				2c	Sponsor's telep	hone number
111 EAST 8	OTH STREET			-	212-517	
NEW YORK	, NY 10021			2d	Business code (see instructions)
					62111	.1
3a Plan a	dministrator's name and address 🗵 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's I	EIN
				30	Administrator's t	telephone number
					Administrator 3 i	elephone number
	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	
	, EIN, and the plan number from the last return/report.			40	DN	
	or's name number of participants at the beginning of the plan year			_	PN	6
	number of participants at the beginning of the plan year					
				5b		3
	er of participants with account balances as of the end of the planter this item)	• •	•	5c		3
6a Were	all of the plan's assets during the plan year invested in eligible a	assets? (See instruct	tions.)			X Yes No
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IC	PA)		
	29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No
	answered "No" to either line 6a or line 6b, the plan cannot					
	penalty for the late or incomplete filing of this return/repor					
	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a					
	true, correct, and complete.			τ, αα	10 11.0 2001 0. 11.19	ougo ana
CICN	Filed with authorized/valid electronic signature.	09/06/2013	LARRY DIFABRIZIO			
SIGN HERE				lual ai	aning oo plan adn	niniatratar
SIGN	Signature of plan administrator Filed with authorized/valid electronic signature.	Date 09/06/2013	Enter name of individ	iuai siç	gning as pian aun	imistrator
HERE				ادرا ما		
Preparer's	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include r	Date oom or suite number	Enter name of individe (optional)			number (optional)
LEE KAMIN	ETZKY, PH.D., E.A.		(-1,		•	(
	CTUARIES, LLC				201-530	1-0000
TEANECK,	ND AVENUE NJ 07666					
,						

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a		7a					(5) =1.	<u>u 01 1</u>		9
	·									
	·		27474	10					67109)
	· · · · · · · · · · · · · · · · · · ·						(b)	Total		
	Contributions received or receivable from:		(a) runoant				(2)	Total		
	(1) Employers	8a(1)		0						
	Color John Assets and Liabilities									
	(3) Others (including rollovers)	abilities								
b	Other income (loss)	8b	2785	8						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29233	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23608	89						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	77	' 5						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	23686	4
	Net income (loss) (subtract line 8h from line 8c)	8i						-2	20763	1
	Transfers to (from) the plan (see instructions)	8i		0						
Pai	t IV Plan Characteristics		l							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	:	
b		eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:		
_	 									
Par						Ι	ı			
10					Yes	No		Amo	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
				10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	" 1	-		10d		X				
е										
	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	end.)	10a		Χ				
h	·	•		J		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							T	Vas	No.
11a									103	/\ 140
12					ction		ERISA?	П	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_	ne date o			ling
If										
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012	Page 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Larry Larry 1	primabriato, ND, PC or, street, and room or suite no. (If a P.O. box, see instructions) Start 80th Street town, state, and ZIP code Fork Plan name Plan name Plan name Plan name Extension of Time To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Plan name To file Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Plan name To file Form 5500 Series, and/or Form 8955 To file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file form 5. A signature IS NOT required if you are requesting an e	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Plar Plar Plar Plar Plar Plar Plar Plar	500 see insee.	Pi MM 12 pries return/r structions).		ng YYYY 2012
Laxry Partit I 1	Plan name Plan name Plan name Plan name Plan name Plan name Extension of Time To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Plan name To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Plan name To File Form 5500 Series, and/or Form 8955 To file Form at the signature IS NOT required if you are requesting an extension to file Form at the signature IS NOT required if you are requesting an extension to file Form application is automatically approved to the date shown on line 2 and/or normal due date of Form 5500 series, and/or Form 8955-SSA for which this or line 3 (above) is not later than the 15th day of the third month after the signature is not later than the 15th day of the third month after the signature.	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Plar plant of the	500 see instead	MM 12 Pries return/r structions).	an year endid DD 33.	ng YYYY 2012 Dian listed
Larry Partil E 1	Plan name Plan name Plan name Plan name Pirabrizio, MD, PC Profit Sharing Plan Extension of Time To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form application is automatically approved to the date shown on line 2 and/on normal due date of Form 5500 series, and/or Form 8955-SSA for which this or line 3 (above) is not later than the 15th day of the third month after the series of the seri	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Plar numb Form 5 Plar series (: 0 series 5-SSA	500 see inses.	12 pries return/r structions).	an year endid DD 33.	ng YYYY 2012 Dian listed
Partil E 1	Plan name Plan name Plan name Pirabrizio, MD, PC Profit Sharing Plan Extension of Time To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form application is automatically approved to the date shown on line 2 and/on normal due date of Form 5500 series, and/or Form 8955-SSA for which this por line 3 (above) is not later than the 15th day of the third month after the series of the	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Form 5 Pries (: 0 series 5-SSA	500 see instance instance.	MM 12 pries return/r structions).	33.	2012
Partill I 1	Plan name Plan name Plan name Extension of Time To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form 2. A signature is NOT required if you are requesting an extension to file Form 2. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Form 5 Pries (: 0 series 5-SSA	500 see instance instance.	MM 12 pries return/r structions).	33.	2012
1	Extension of Time To File Form 5500 Series, and/or Form 8955 Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS NOT required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file Form 5. A signature IS not required if you are requesting an extension to file form 5. A signature IS not required if you are requesting an extension to file form 5. A signature IS not required if you are requesting an extension to file form 5. A s	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Form 5 Pries (: 0 series 5-SSA	500 see instance instance.	MM 12 pries return/r structions).	33.	2012
1	Extension of Time To File Form 5500 Series, and/or Form 8955. Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form 2. A signature IS NOT required if you are requesting an extension to file Form 2. A signature IS NOT required if you are requesting an extension to file Form 2. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A signature IS NOT required if you are requesting an extension to file Form 3. A s	0 -SSA he first F 5500 se orm 550 8955-S5 orm 895	Form 5 eries (: 0 series SA (se	500 see insees.	aries return/restructions).	eport for the p	2012 · plan listed
1 I required Note 2 I required Note 3 I required Note The state of the note	Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form application is automatically approved to the date shown on line 2 and/on normal due date of Form 5500 series, and/or Form 8955-SSA for which this or line 3 (above) is not later than the 15th day of the third month after the	-SSA he first F 5500 se orm 550 8955-S5 orm 895	Form 5 eries (: 0 seri	500 see insees.	eries return/r structions). ructions).	eport for the p	plan listed
2 I required Note 3 I required Note The state of the note of the	Check this box if you are requesting an extension of time on line 2 to file to in Part 1, C above. Quest an extension of time until 10 / 15 / 2013 to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form a. A signature IS NOT required if you are requesting an extension to file Form application is automatically approved to the date shown on line 2 and/on normal due date of Form 5500 series, and/or Form 8955-SSA for which this or line 3 (above) is not later than the 15th day of the third month after the	5500 se 5500 se 550 se 550 se 8955-St 5 orm 8950	eries (: 0 seri SA (se 5-SSA above	see inses. e instruction	structions). ructions).		
Note 3 required the n and/court 4 required to	e. A signature is NOT required if you are requesting an extension to file Formulation and extension of time until/	8955-St orm 895:	0 seri SA (se 5-SSA above	e instr L	ructions).		
The a the n and/o	a. A signature IS NOT required if you are requesting an extension to file For application is automatically approved to the date shown on line 2 and/on normal due date of Form 5500 series, and/or Form 8955-SSA for which this or line 3 (above) is not later than the 15th day of the third month after the	orm 895	5-SSA above) if: (a)	tha Game E	SEO in filed ou	
and/c artill E 4 requ Your a Enter b Enter c For e) 5 State	or line 3 (above) is not later than the 15th day of the third month after the	e avianc	ion in	PARKIE	the Form 55	SEO in final ou	
4 I required to be Enter b Enter c For exp	Extension of Time To File Form 5330 (see instructions)			te.	seu, and (b)) the date on I	or before ine 2
Your a Enter b Enter c For ex 5 State							
b Enter c For ex 5 State	uest an extension of time until / / to file Form may be approved for up to a 6 month extension to file Form 5330, after the	5330. s normal	due d	late of	Form 5330.		
c Fore 5 State	r the Code section(s) imposing the tax	▶]	a				
5 State	the payment amount attached				. •	ь	
Clier	excise faxes under section 4980 or 4980F of the Code, enter the reversion, in detail why you need the extension:	amendn	nent d	ate .	. ▶	с	
	ot information is not yet complete.						
						 ,	
						· · · · · · · · · · · · · · · · · · ·	
							·····
						and that I am au	

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 section 6057(b) and 6058(g) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

1	Annual Report Identification Information	ordance with the in	structions to the Form 5	i500-SF.	Inspectic
Fo	r calendar plan year 2012 or fiscal plan year beginning	01/01/201	and ending		
Α	This return/report is for: x a single-employer plan		er plan (not multiemploye	12/31/201	
В	This return/report is: the first return/report	the final return/rep		i) a one-pa	articipant plan
	an amended return/report		eturn/report (less than 12		_
C	Check box if filing under: Form 5558	automatic extension	otumineport (less than 12		
	special extension (enter description)	on))(1	☐ DFV¢ pr	rogram
	artill Basic Plan Information - auto-all -		4	· · · · · · · · · · · · · · · · · · ·	
1a	Name of plan	unation			
	Larry DiFabrizio, MD, PC Profit Sharing Plan			1b Three-digit plan numbe	er
		1		(PN) ▶	001
20	Dia			1c Effective da	ite of plan
24	Plan sponsor's name and address; include room or suite number (Larry DiFabrizio, MD, PC	employer, if for a sin	gle-employer plan)	01/01/20 2h Employer te	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		(EIN) 20-	ientification Number
	519 en		• .		elephone number
	111 Bast 80th Street			(212) 51	7-8488
	New York NY 10021			2d Business co	de (see instructions)
3а	Plan administrator's name and address X Same as Plan Sponso	r Name Samo a	Plon Change 4 / /	621111	C.
		Carrie E	s riail aponsor Address	3b Administrato	r's EIN
	·			3C Administrato	r's telephone trumber
	•			1	. מוּ
4	15 Ab.				
+	If the name and/or EIN of the plan sponsor has changed since the lands, EIN, and the plan number from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN	
	Sponsor's name				
			······································	4c PN	
	Total number of participants at the beginning of the plan year			5a	6
C	Number of perticipants with account balances as of the end of the pl	lan var ídafinað ha		5b	3
				5c	3
				· · · · · · · · · · · · · · · · · · ·	X Yes □ No
., ι	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-467 (See instructions on united and in the second	n independent qualifi	ed public accountant (IQ)	PA)	550 100 TT140
	The state of the s	id condilione i			X Yes No
Caul	f you answered "No" to either line 6a or line 6b, the plan cannol				
Unde	tion: A penalty for the late or incomplete filing of this return/reper penalties of periury and other penalties set forth in the least wife.	oft will be assesse	d unless reasonable car	use is established.	
SBo	or penalties of perjury and other penalties set forth in the instructions or Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete;	i, I declare that I hav	e examined this return/re	port, including, if apr	olicable, a Schedule
Andrew Control	726	The trie disconding to	Second of this remitteboli	t, and to the best of I	my knowledge and
Sic		V 9/6/13	LARRY DI FABRIZI	C. M.D.	
	Signature of plan administrator	Date	Enter name of individual		
SIG	Leny Di Falingia mis	1 9/0/11	LARRY DI FABRIZI	Signing as plan adn	ninistrator
HEF	Signature of employer/plan sponsor	Data	E .		——— <u> </u>
,tebs	arer's name (including firm name, if applicable) and address; include	room or suite numb	Enter name of individual er (optional)	Prenarer's talant	r or plan sponsor
	LEE KAMINETZKY, PH.D., E.A.		1=E =+1100A	Preparer's telephone	
	PENSION ACTUARIES, LLC		.]	(201) 530-0	566
	584 RUTLAND AVENUE				
	US TEANECK NJ 07666		Ĭ.		
	apprwork Reduction Act Notice and OMP Control No.				
-4 4	NEVITOR (STUDIES)) ACT NOTICE BNG [1870 Paginal Managers				

	Pantilla Financial Information			~~~			,
7	Plan Assets and Liabilities	·				·	
a			(a) Beginning of Y	ear			(b) End of Year
b	Total plan liabilities	7a	274	740			67,109
C	Net plan assets (subtract line 7b from line 7a)			Ò			07,109
8	mcome, Expenses, and Transfers for this Dian Voca-	7c	274,	740			67,109
a	Contributions received or receivable from:		(a) Amount	1			(b) Total
	(1) Employers	Ba(1)		0			
	(2) Participants	8a(2)	1.	375			
b	(3) Others (including rollovers)	8a(3)		0			
C	The Manual (1000) the state of	d8	27,				
ď	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c					^^
	TO PLOTING DESIGNATION OF THE PROPERTY OF THE	8d	22.5				29,233
e	Certain deemed and/or corrective distributions (see instructions)	89	236,	~			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0 775	- 1		
9	Unor expenses	8g		0			
n	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
+	reconne (loss) (subtract line 8h from line 8c)	81				·	236,864
No.	(ransiers to (from) the plan (see instructions)	8]		0	28 19042		(207,631)
	型型 Plan Characteristics		······································				
Эа	If the plan provides pension benefits, enter the applicable pension fea 28 23 3D	ture code:	s from the List of Plan Chara	cteris	tic Cod	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature	ire codés i	from the List of Plan Charact	eristic	Code	s in th	ne instructions:
	Compliance Questions						
10	During the plan year:						, -
а	Was there a failure to transmit to the plan and the			····	Yes	No	Amount
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with pass.	ns within t rv Correcti	he time period described in				
Q ———	on line 10a.)	Do not inc	lude transactions reported	10a		X	
C	and by a riderity boridy			10b	ļ	X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond	that was caused by fraud	10¢	Х		50,000
_				10a		x	,
G	Were any fees or commissions paid to any brokers, agents, or other p	ersons by	an insurance carrier,				
	insurance service or other organization that provides some or all of the instructions.)	re benefits	under the plan? (See			Ì	•
f	Has the plan falled to provide any benefit when due under the plan?	************	***************************************	10e		X	
g	Did the plan have any participant logger (15 pt		*	10f		X	
h	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	10g		x	
	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	instructio	ons and 29 CFR				
ŧ				10h	-	X	
響		*******	******************************	10i			
11	Pension Funding Compliance					43	
· ·	Is this a defined benefit plan subject to minimum funding requirements 5500) and fine 11a below) Enter the amount from Schedule SR tine 30	37 (If "Yes	" see instructions and comp	lete S	chedu	le SB	(Form
1a	Enter the amount from Schedule SB line 39	***************	} - - - - - - - - - - - - - - - - - -	****		********	Yes X No
2	is this a defined contribution plan subject to the minimum funding requ	drama mis		******	1	<u>1a </u>	1
	(** 100) Complete line 128 of lines 126, 126, 126, and 100 haloss						
**	is a waiver of the minimin funding etandard for a male			ons. a	nd en	er the	date of the letter sulfur
lf yo	granting the waiver	************	mannament Mont	1		Day	Year
b	Enter the minimum required contribution for the minimum required contr	(Form 55	00), and skip to line 13.	······································			
	Enter the minimum required contribution for this plan year	*45-5-100-0-1909-	***********************		12	ъ	, , , , , , , , , , , , , , , , , , ,

	Form 5500-SF 2012	age 3-				
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	. bishquapatist bis bis kasada kata pasa e e bisa e e e e e e e e e e e e e e e e e e e	12c			
d 		inus sign to the left of a	12d		······································	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline	***************************************		Yes	No	□ N/A
Рап	Plan Terminations and Transfers of Assets		——————————————————————————————————————			
13a	Has a resolution to terminate the plan been adopted in any plan year?	mayaassa eesa paasaa eesa eesa eesa a saa a gaasa gaa bay	X Ye	s 🔲	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 of the PBGC?	er plan, or brought under the o	ontrol	• • • • • • • • • • • • • • • • • • • •	□ Yes	X No
C		er plan(s), identify the plan(s) t)	· · · · · · · · · · · · · · · · · · ·	100	- VV
1	13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
			······································	· · · · · · · · · · · · · · · · · · ·		"
····					-	
Part	Trust Information (optional)					
14a i	Name of trust		14b Tr	usi's FIN		•
			, .,		•	
	•					

:

... 10

...