## 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

P	ension Be	nefit Guaranty Corporation	▶ Complete all entries in acc	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Pi	art I	Annual Report	Identification Information									
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012		and ending	12/31/2	2012				
		urn/report is for:	X a single-employer plan	H		an (not multiemployer)		a one-particip	oant plan			
В	This ret	urn/report is:	the first return/report	H	nal return/report							
			an amended return/report	a shor	t plan year return	report (less than 12 m	onths)					
С	Check b	oox if filing under:	X Form 5558	autom	natic extension			DFVC progra	ım			
			special extension (enter descri	ption)								
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation								
	Name						1b	Three-digit				
		T PHYSICAL THERAF	PY 401(K) PLAN					plan number				
								(PN) <b>▶</b>	002			
							1c	Effective date o	•			
								01/01	/2011			
		oonsor's name and add RT PHYSICAL THERAF	dress; include room or suite number PY, PC	r (employe	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 11-33	fication Number 19073			
							2c	Sponsor's telep	hone number			
		ALONGA ROAD						631-26	1-0444			
NOR	THPOR	RT, NY 11768					2d		see instructions)			
20	Diaman	das in interest and a second and	d address VC Dlan Crans	N	По Pl	Coorean Address	2h	62134				
Ja	Pian a	ummstrator's name an	d address XSame as Plan Sponso	or ivarrie	_Same as Plan	Sponsor Address	30	Administrator's	EIIN			
							3с	Administrator's	telephone number			
4			plan sponsor has changed since the	he last reti	urn/report filed for	r this plan, enter the	4b	EIN				
9		Eliv, and the plan hun or's name	nber from the last return/report.				4c	DNI				
			at the beginning of the plan year					FIN	6			
			0 0 1 7				5a					
b			at the end of the plan year				5b		11			
С		' '	account balances as of the end of th	. ,	`	•	5c		7			
6a			during the plan year invested in eli						X Yes No			
b		·	the annual examination and report	-	•	*						
			(See instructions on waiver eligibil						X Yes No			
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	annot use	Form 5500-SF a	and must instead use	Form	5500.				
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return	/report wi	ill be assessed u	ınless reasonable cau	use is	established.				
			ner penalties set forth in the instruct									
		edule MB completed an crue, correct, and comp	nd signed by an enrolled actuary, as	s well as th	ne electronic vers	ion of this return/report	t, and	to the best of my	knowledge and			
Deli	CI, IL IS I	ide, correct, and comp	nete.									
SIG		Filed with authorized/\	valid electronic signature.	09	9/26/2013	DIANE HEBERT						
HEI	RE	Signature of plan ac	dministrator	Da	ate	Enter name of individ	ual sig	ning as plan adn	ninistrator			
SIG	N											
HEI		Signature of employ	ver/plan sponsor	D:	ate	Enter name of individ	ual sic	ıning as emplove	r or plan sponsor			
Pre	parer's		ame, if applicable) and address; inc						number (optional)			
						•	·	999-999	, , , ,			
								333-335	, 0000			

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	rt III Einanaial Information									
_ <u>Pa</u>	rt III Financial Information		(a) De electron a (Man				(b) For d of	V		
<u>'</u>	Plan Assets and Liabilities  Type Laboratory	_	(a) Beginning of Yea				(b) End of		00	
_ <u>a</u>	Total plan assets	7a	588					163		
	Total plan liabilities	7b	500	0				400	0	
	Net plan assets (subtract line 7b from line 7a)	7c	588	30	-			163	09	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
а	Contributions received or receivable from:  (1) Employers	8a(1)	275	0						
	(2) Participants	8a(2)	645	51						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	122	28						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						104	29	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	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						104	29	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics	, ,,								
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
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 instruction	ıs:		
Dor	t V Compliance Overtions									
Par					V	NI-	l .			
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tiono within	the time period described in	Ι	Yes	No	А	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.			10a		X				0
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)			401						
				10b		X				0
	Was the plan covered by a fidelity bond?				X	X			20	
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10c	X	X			20	000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud		X				20	
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10c	X	X			20	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c	X	X			20	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c 10d	X	X			20	000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plantage of the plantage o	fidelity bonner persons of the bene	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d	X	X			20	0000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	fidelity border persons of the benefit person	s by an insurance carrier, ifits under the plan? (See	10d 10d 10e 10f	X	X X X			20	0 0 0
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity borner persons of the benefit he benefit he sof year efficiency of the soft he required the fidelity borner in the required the soft he required the soft he required the soft he required the soft he required the required the soft he required the soft h	s by an insurance carrier, ifits under the plan? (See	10d 10d 10e 10f 10g	X	X X X			20	0 0 0
f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity borner persons of the benefit he benefit he sof year efficiency of the soft he required the fidelity borner in the required the soft he required the soft he required the soft he required the soft he required the required the soft he required the soft h	s by an insurance carrier, ifits under the plan? (See	10c 10d 10e 10f 10g 10h	X	X X X X			20	0 0 0
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	fidelity border persons of the beneath of the benea	s by an insurance carrier, if its under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X Adule SE		∏ Ye		0 0 0
f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the beneating a series of year estimates (See instrument required 1-3	s by an insurance carrier, ifits under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X dule SE		Ye		0000
f 9 h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plat bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity border persons of the beneather perso	s by an insurance carrier, fits under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X A A A A A A A A A A A A A A A			s X	0000 0 0 0 0
f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	fidelity borner persons of the benefit for the	s by an insurance carrier, sifits under the plan? (See and.)	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X A A A A A A A A A A A A A A A		☐ Ye	s X	0 0 0 0
f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (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 being the standard for a prior year is year.	fidelity borner persons of the beneating in the beneating	and, that was caused by fraud s by an insurance carrier, effits under the plan? (See and.) and.) driving and 29 CFR d notice or one of the ents of section 412 of the Code able.) ed in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X Adule SE 11a 302 of	ERISA?	Ye	s X	0000 0 0 0 0
f g h i Par 11 11 11 11 11 11 11 11 11 11 11 11 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plant bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lot VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (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 beingranting the waiver.	fidelity borner persons of the beneating in the beneating	and, that was caused by fraud s by an insurance carrier, ifits under the plan? (See  and.) actions and 29 CFR d notice or one of the  arts of section 412 of the Code able.) ed in this plan year, see instru-	10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X A A A A A A A A A A A A A A A	ERISA?	Ye	s X	0000 0 0 0 0
f g h i Par 11 11a 11a 12	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)  Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (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 being the standard for a prior year is year.	fidelity borner persons of the beneather perso	and, that was caused by fraud s by an insurance carrier, effits under the plan? (See  and.)  and.)  arctions and 29 CFR  and notice or one of the  arctions and companies of section 412 of the Code able.)  and in this plan year, see instructions and companies of section 412 of the Code able.)  and in this plan year, see instructions and companies of section 412 of the Code able.)	10c 10d 10e 10f 10g 10h 10i e or se	Scheoction:	X X X X X Adule SE 11a 302 of	ERISA?	Ye	s X	0000 0 0 0 0

	Form 5500-SF 2012 Page <b>3</b> - 1							
			400					
<u> </u>	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	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	10		
	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 und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st'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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	Denient Guaranty Corporation	► Complete all entries in acco	ordance with the instr	uctions to the Form 550	00-SF.	l	
Part i		dentification Information					
For caler	ndar plan year 2012 or fis		/1/2012	and ending	12	2/31/2012	
A This	return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	ſ	a one-partici	pant plan
B This	return/report is:	the first return/report	the final return/repor	t	_	_	
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)		
C Chec	k box if filing under:	7 Form 5558	automatic extension		ĺ	DFVC progra	ım
	•	special extension (enter descrip	_		L		
Part II	Basic Plan Infor	mation—enter all requested infor					
1a Nam		Triacion enter all requested linon	HAUOH		1h	Three-digit	
	rthport Physical The	rony 404/k) Plan				plan number	002
NO	import Physical Thei	rapy 40 I(K) Plan			1	(PN) <b>•</b>	002
					1c	Effective date of	f plan
22 Dia-					<u> </u>		2011
	ort Physical Therapy	ress; include room or suite number (	employer, if for a single	e-employer plan)	1	Employer Identif	
North	on Physical Therapy	,			<del></del>		13319073
					20	Sponsor's telepi 631261	
389 Fo	rt Salonga Road				2d F	Business code (	see instructions)
	-						
Northp	ort	NY				621	340
11768							
2a Dian		и По в			<u> </u>		
Ja Plan	administrator's name and	address Same as Plan Sponsor	Name USame as Pla	n Sponsor Address	3D A	Administrator's E	in
					3c A	dministrator's to	elephone number
							310p.10110 1.0111001
4 12.11							
4 If the	name and/or EIN of the p	plan sponsor has changed since the per from the last return/report.	last return/report filed f	or this plan, enter the	4b E	IN	
	sor's name	ser nom the last return/report.			4c P	PN .	
		the beginning of the plan year			5a		6
		the end of the plan year					11
		count balances as of the end of the		1_	5b		1 1
comp	lete this item)	Count barances as of the end of the	pian year (defined bein	ant plans do not	5c		7
		luring the plan year invested in eligit			<u>-</u>		Yes No
<b>b</b> Are y	ou claiming a waiver of th	e annual examination and report of	an independent qualifie	ed public accountant (IQP	PA)		
undei	r 29 CFR 2520.104-46? (	See instructions on waiver eligibility	and conditions.)				Yes No
		er line 6a or line 6b, the plan cann					
		incomplete filing of this return/re					
Under pen SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as w	s, I declare that I have	examined this return/repo	ort, inclu	uding, if applicat	ole, a Schedule
belief, it is	true, correct, and comple	te	en as the electronic ver	stort of this returning port,	and to t	ine best of my k	nowledge and
1468			1				
SIGN	1			Grey tive	2_		
I ELLING.	Signature of plan adm	pistrator	Date 9 25 13	Enter name of individua	al signin	ng as plan admi	nistrator
SIGN				Grea Fin	125	•	
HERE	Signature of employer	r/glan sponsor	Date 9 25 13	Enter name of individua			or plan sponsor
Preparer's	name (including firm nam	e if applicable) and address; includ	e room or suite number	(optional)			umber (optional)
							,
				<b> </b>			

	Plan Assets and Liabilities		(a) Reginging of Vo	ar			(h) End	d of Year
а	Total plan assets	7a	(a) Beginning of Ye	588	30		(D) E110	1630
	Total plan liabilities				0			1000
	Net plan assets (subtract line 7b from line 7a)			588	30			1630
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) "	Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)	(7, -1.1	275	50		\~/~	
	(2) Participants			645				
	(3) Others (including rollovers)	1		0-10	0			
b	Other income (loss)			122				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				~			10429
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0			10120
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, fees, commissions)	<del></del>			0			
	Other expenses				0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)				<del>-</del>	-		(
	Net income (loss) (subtract line 8h from line 8c)							10429
	Transfers to (from) the plan (see instructions)					·····		10428
	t IV Plan Characteristics	8j						
	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes f	rom the List of Plan Chara	cteris	ic Cod	des in t	he instructi	ions:
0	During the plan year:				Yes	No		
a					165			
	The second secon	itions within the	s time period described in			140		Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Correcti	on Program)	10a		√ V		Amount
b		uciary Correcti	on Program)	10a				Amount
	Were there any nonexempt transactions with any party-in-interest	uciary Correcti t? (Do not inclu	on Program)	10b	<b>✓</b>	<b>√</b>		
С	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	uciary Correcti	on Program)  ide transactions reported  hat was caused by fraud	10b 10c	<b>✓</b>	<b>✓</b>		Amount 20
c d	Were there any nonexempt transactions with any party-in-interest on fine 10a.)	uciary Correctite (Po not inclusion) (Inclusion) (Incl	on Program)  ide transactions reported  that was caused by fraud	10b	<b>✓</b>	<b>√</b>		
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correction (Do not included) fidelity bond, the persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d	<b>✓</b>	<b>✓</b>		
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.)	diary Correction (Do not include)  fidelity bond, to the persons by of the benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c	<b>✓</b>	√ √ √ √ √ √ √ √ √ √ √		
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, the persons by fithe benefits	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	<b>✓</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
c d e	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, the persons by of the benefits of year end.)  (See instruction	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	<b>✓</b>	4 4 4 4 4 4		
c d e f g	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, the persons by of the benefits.  s of year end.) (See instruction are required not	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	✓	4 4		
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, the persons by of the benefits.  s of year end.) (See instruction are required not	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g	✓	4 4		
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, to the persons by of the benefits of year end.)  (See instruction one required not 1-3	hat was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Sched	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	(Form	20
c d e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, to the persons by of the benefits of year end.) (See instruction one required not 1-3	on Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	(Form	
c d e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, to the persons by of the benefits of year end.)  (See instruction one required not 1-3	on Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓		20
c d e f g h i I 1 1 1 1 1 a 2	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, to the persons by of the benefits of year end.) (See instruction one required not 1-3	on Program)	10b 10c 10d 10e 10f 10g 10h 10i	Sched	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓		20
c d e f g h i la	Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bond, to the persons by of the benefits of year end.) (See instruction one required not 1-3	an insurance carrier, under the plan? (See or one of the isee instructions and come of section 412 of the Code )	10b 10c 10d 10e 10f 10g 10h 10i or sec	Sched	√	ERISA?	Yes M

	F	Form 5500-SF 2012	Page <b>3</b> -						
	Ente	r the amount contributed by the employer to the plan for this plan ye	Par .	Т	120	: T	······································		
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the re	esult (enter a minus sign to the left of a	T	120	i			
е		the minimum funding amount reported on line 12d be met by the fun				巾	Yes	No	□ N/A
Part	VII	Plan Terminations and Transfers of Assets					L		
13a	Has	a resolution to terminate the plan been adopted in any plan year?			T	Ye	s X N	0	
		es," enter the amount of any plan assets that reverted to the employ			13a				
b	Were of th	all the plan assets distributed to participants or beneficiaries, transe PBGC?	ferred to another plan, or brought under th	e c	ontro	ol l		☐ Ye	s 🗷 No
С	If du whic	ring this plan year, any assets or liabilities were transferred from this hassets or liabilities were transferred. (See instructions.)	s plan to another plan(s), identify the plan(	s) to	)				
1	3c(1)	Name of plan(s):		13	c(2)	EIN(	s)	13c(	3) PN(s)
Part	VIII	Trust Information (optional)			***************************************				
					4b	Trus	t's EIN		