Foi	Form 5500-SF Short Form Annual Return/Report of Small					OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be fil	Benefit Plan	ad 4065 of the Employee	2	2	2012		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of		tions 6057(b) and 6058					
Pension Be	enefit Guaranty Corporation	Complete all entries in according	ordance with the instruc	tions to the Form 5500)-SF.	Ins	spection		
Part I	Annual Report Id ar plan year 2012 or fisca	entification Information al plan year beginning 01/01/20	10	and ending 1	2/21/2	0010			
		a single-employer plan	a multiple-employer pl		12/31/2012				
	turn/report is for:	the first return/report	the final return/report				Sant plan		
		an amended return/report		n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC progra	am		
• check		special extension (enter descript							
Part II	Basic Plan Inform	nation—enter all requested inforr							
1a Name LONG ISLAI	•	PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ▶	001		
					1c	Effective date o			
	ponsor's name and addre	ess; include room or suite number (Y	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-35	fication Number 58943		
516 OLD CO	16 OLD COUNTRY ROAD						hone number 3-6662		
	PLAINVIEW, NY 11803						(see instructions)		
	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address				3b	b Administrator's EIN 11-3558943			
LONG ISLAN	NG ISLAND PHYSICAL THERAPY 516 OLD COUNTRY ROAD PLAINVIEW, NY 11803				3c Administrator's telephone number 516-433-6662				
name		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	r this plan, enter the	4b 4c				
· _ ·		the beginning of the plan year			5a		15		
b Total	number of participants at	the end of the plan year			5b		15		
		count balances as of the end of the			5c		15		
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (uring the plan year invested in elig le annual examination and report o See instructions on waiver eligibility er line 6a or line 6b, the plan can	f an independent qualifie y and conditions.)	d public accountant (IQF	PA)		X Yes No		
		incomplete filing of this return/re							
SB or Sche		r penalties set forth in the instructic signed by an enrolled actuary, as v te.							
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2013	ROBERT LASSIG					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator		
SIGN HERE	HFRF								
Preparer's	Signature of employe name (including firm nan	r/plan sponsor ne, if applicable) and address; inclu	Date ude room or suite number	Enter name of individu			er or plan sponsor number (optional)		
		·, ·, · · · · · · · · · · · · · · · · ·			-1				
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the ir	nstructions for Form 5500-5	SF.			Form 5500-SF (2012) v. 120126		

Part III Financial Information						
Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	37732	9			398830
b Total plan liabilities	7b		0			
C Net plan assets (subtract line 7b from line 7a)	7c	37732	9			398830
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)		0			
(1) Employers			0 0			
(2) Participants			0	_		
(3) Others (including rollovers) b Other income (loss)		2736	-			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2730	9			07260
d Benefits paid (including direct rollovers and insurance premiums	00			_		27369
to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f	586	8			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5868
Net income (loss) (subtract line 8h from line 8c)	8i			_		21501
j Transfers to (from) the plan (see instructions)	8j					
 b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions 	reature codes	nom the List of Plan Charac	ciensu			
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	·	•	10b		X	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or al instructions.)	l of the benefits	under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the pl	an?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	.)	10q		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i			
Part VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						
1a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum fundin	g requirements	s of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes 🗙 N
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applicable	e.)				
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amortized	in this plan year, see instruc		and e	nter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Form	5500), and skip to line 13.			12b	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
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	Will t	ne 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?	X	Yes No)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

10/15/13 01	1:44PM	LONG ISLAND		5164336665		02				
Form 5500	-SF	Short Form A			f Small Employ	/ee	1210-0089			
Copartment of the Treat Internal Revenue Sor		This form is socili		Benefit Plan	nd 4065 of the Employed	9	2012			
Department of Labo Employee Benefits Security Ac	or Iministration	Retirement Income Se	curity Act of the Internal	1974 (ERISA), and see Revenue Code (the C	otions 6057(b) and 6058 ode).	8(a) of This Form is Open to Public Inspection				
Pension Benefit Guaranty C				lance with the instruc	tions to the Form 5500)-SF.				
Part 1 Annual	Report Id	entification Inform	ation	/01/2012	and ending		12/31/2012			
For calendar plan year	5				an (not multiemployer)		a one-participant plan			
A This return/report is	·····		" <u>µ</u>	the final return/report	an (not mananpioyar)	1				
B This return/report is	; 1	the first return/report			h/report (less than 12 m	(setter				
	. 6] an amended return/re	post Li	automatic extension	areport (1966 citari 14 ini		DFVC program			
C Check box if filing u	nder: P	ant	U.			1				
		special extension (en								
	ian inform	nation-enter all requi	ested informa	augn		1b	Three-digit			
1a Name of plan LONG ISLAND Pl	HYICAL 3	CHERAPY PROFIT	SHARING	Plan			plan number (PN) > 001			
							Effective date of plan 01/01/2003			
2a Plan sponsor's nar LONG ISLAND PI	ne and addr HYSICAL	ess; include room or suit THERAPY	e number (e	mployer, if for a single	employer plan)	2b	Employer Identification Number (EIN) 11-3558943			
516 OLD COUNTI						2c	Sponsor's telephone number 516-433-6662			
- - - - - - - - - -						2d	Business code (see instructions)			
PLAINVIEW			.803			01	621340			
3a Plan administrator		address Same as Pla	in Sponsor N	lame USame as Plai	n Sponsor Address	3b	Administrator's EIN 11-3558943			
516 OLD COUNT PLAINVIEW		NY 1180.					516-433-6662			
name, EIN, and th	r EIN of the p se plan numi	blan sponsor has change ber from the last return/r	ed since the seport.	last return/report filed f	or this plan, enter the	4b 4c	EIN			
a Sponsor's name 5a Total number of p	articipants a	t the beginning of the pla	an vear			5a	1.5			
	,	t the end of the plan yea					1.5			
		count balances as of the				{				
complete this iten	n)					5c	15 X Yes No			
6a Were all of the pl	an's assets (during the plan year inve	sted in eligit	ble assets? (See instru-	otions.) ad public accountant (IC)				
under 29 CFR 25	20 104-46?	he annual examination a (See instructions on wal her line 6a or line 6b, th	ver eligibility	and conditions.)			x Yes No.			
Caution: A cenalty fo	r the late or	incomplete filing of th	is return/re	port will be assessed	uniess reasonable ca	use is	established.			
the star a second time of start	jury and othe ompleted and	ar penalties set forth in the signed by an enrolled a	a instruction	is 1 declare that I have	examined this return/re	port, ir	ncluding, if applicable, a Schedule to the best of my knowledge and			
sign /					ROBERT LASSIG	;				
	e ot plan ad	ministrator		Date /0/15/13	Enter name of individ	tual si	gning as plan administrator			
SIGN	7.2.7	L		1 1	Robert		5519			
HERE	of employ	er/plan sponsor		Date/2/15/1	2 Enter name of individ	dual si	gning as employer or plan sponsor			
Preparer's name (inclu	uding finn na	me, if applicable) and a	idress; inclu	de room or suite rumb	er (optional)	Prej	parer's telephone number (optional)			
For Paperwork Reduction	on Act Notice	and OMB Control Numbe	rs, see the in	structions for Form 5500)-SF.		Form 5500-SF (2012 v. 12012			

p.03

Form 5500-SF 2012

Page 2

7 Pan Assets and Labelies (b) Beginning of Year (b) End of Year (b) End of Year 8 Total plan assets 7a 377.329 398.830 0 Total plan assets 7a 377.329 398.830 0 Income, Expression, and Traderies for this Pan, Veer 7a 377.329 398.830 0 Income, Expression, and Italifers for this Pan, Veer 10 (a) Amount (b) Total 0 Contributions meclevic or receivable form. 5a(1) 0 (a) Amount (b) Total 0 Total plan dates 5a(2) 0 (a) Amount (b) Total (c) Total 0 Total plan dates 5a(1) 0 (c) Total plan dates (c) Total (c) Total plan dates	Pa	t III Financial Information				1					
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C Not jular assets (subtract line 7b from line 7a) 7c 37 73 29 39 88 30 8 Income, Expenses, and Transfers for the Pan Year (a) Amount (b) Total C (a) Amount (b) Total (c) Total C (a) Amount (b) Total (c) Total (c) Participants Se(2) (c) (c) (c) (c) Other increas (side lines 3d(1), 8d(2), 8d(3), and 8b) 6c (c) (c) (c) (c) Total income (side lines 3d(1), 8d(2), 8d(3), and 8b) 6c (c) (c) (c) (c) Total income (side lines 3d(1), 8d(2), 8d(3), and 8b) 6c (c) (c) (c) (c) Total income (side lines 3d(1), 8d(2), 8d(3), and 8b) 6c (c) (c) (c) (c) Total income (side lines 3d(1), 8d(2), 8d(3), and 8b) 8d (c) (c) (c) (c) Administ A	a	Total plan assets	<u>7a</u>	37	732	9				37	0020
One by an easest (subtract line 7 from line 7/a) 7/2 0 0 B income, Expense, and Transfers for the Plan Year (a) Amount (b) Total B income, Expense, and Transfers for the Plan Year (a) Amount (b) Total B Certifications received or merevable from: 6a(1) 0 (c) Amount (b) Total (c) Deres (including rollovers) 6a(3) 0 (c) Amount (c) Amount (c) Amount (c) Amount (c) Deres (including rollovers) 6a(3) 0 (c) Amount (c) Amount </td <td>b</td> <td>Totai plan liabilities</td> <td>76</td> <td></td> <td></td> <td>01</td> <td></td> <td></td> <td></td> <td></td> <td>0000</td>	b	Totai plan liabilities	76			01					0000
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a Contributions received or releviable from: an(1) 0 (3) Pertripantis. 6e(3) 0 (3) Pertripantis. 6e(3) 0 (3) Others (including relovers). 6e(3) 0 (3) Denses (including relovers). 6e(3) 0 (3) Denses (including relovers). 6e(3) 0 (4) Dense facility (including direct relovers and insurance promitums 6e 273659 (4) Annihitative service providems (states, fees. contrinsions) 6e 0 (5) Centar deemed and/or corrective distributions (seaterles, fees. contrinsions) 8f 58668 (7) Compliance (seaterles, fees. contrinsions) 8f 21501 (7) Transfers to (from) the data (sei instructions) 8j 21501 (7) Transfers to (from) the plan (sei instructions) 8j 21501 (7) Transfers to (from) the plan (sei instructions) 8j 11 (8) 11 21501 21501 (7) Transfers to (from) the plan (sei instructions) 8j 12 (7) The plan provides genetics 6e(1) 21501 (7) Compliance Questions 10 10 10 (7) Mark (sei an overed) vs fiden my pa	8	income, Expenses, and Transfers for this Plan Year		(a) Amount		_		<u>(b) To</u>	otal		
(3) Others (including rolevers) 84(3) 0 (3) Others (note (loss)) 85 27359 (4) Total income (loss) 86 27359 (5) Other income (loss) 86 27359 (5) Other income (loss) 86 27359 (5) Other signification (loss) 86 0 (5) Other signification (loss) 86 0 (7) Other signification (loss) 89 0 (7) Other signification (loss) 81 21501 (7) Transfers (loss) 81 21501 (2) Alter signification (loss) 81 21501		Contributions received or receivable from:	8a(1)			0					
(3) Others (notuding rollowers) Ba(3) 0 (3) Others (notuding rollowers) 80 27369 (4) Example of a control (dath in S 3(1), Sa(2), Sa(3), and 8b) 8c 27369 (5) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8c 0 (5) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8c 0 (6) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8c 0 (7) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8c 0 (5) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8d 0 (7) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8d 0 (7) Others (and lines Sa(1), Sa(2), Sa(3), and 8b) 8d 0 (7) Others (and lines Sa(1), Sa(2), Sa(3), Sa		(2) Participants	8a(2)			၀					
b Other income (det) 80 27369 c Total income (det) (including direct colovers and insurance premium) 6d 0 0 Bernefits paid (including direct colovers and insurance premium) 6d 0 0 0 C Order expenses 6d 0 0 0 0 G Chart expenses 6d 0		(3) Others (including rollovers)	8a(3)			0				<u></u>	
C Total income (add times dar(), Ba(2),	ь		85	2	736	9			NS COM	990908	8 (N 10 02
d Bendfis paid (including direct rolever and insurance premiume by provide headfis). 6d 0 e Certain deemed and/or corrective distributions (see instructions). 6d 0 g Other sepanses 0 56.68 g Other sepanses 0 56.68 1 Notal copeness (add lines 8d, 6e, 8l, and 8g) 8d 0 1 Transfers to (from) the Bin (see instructions). 8d 0 Part IV Plan Characteristics 8d 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 23 3D 9a If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 27 25 3D V Compliance Questions 10a X 10 During the plan year: 10a X 2 2 a was there a any nonexempt transactions with any party-in-interest? (Do not include transactions reported on of the plan aver a lock in yourkes, agents, or other persons by an insurance correct, market any connexempt transactions with any party-in-interest? (Do not include transactions reported on of the plan have a loss, whether or not mathumed by the plan feelity bond? 10b X 2 2 Was there any none	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	7369
Definition deemed and/or corrective distributions (see instructions)	-					0					
f Administrative service providers (salaries, fees, commissions) 8f 5868 g Other expenses 8g 0 h Total expenses 8g 0 Not income (loss) (aubtract line 8h, fer, intil 80) 8h 21501 Part IV Plan Characteristics 8i 21501 Ø If the plan provides passion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2k ZA ZE 3D If the plan provides passion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: ZA ZE 3D If the plan provides passion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V/ Compliance Questions 10a X 10 During the plan year: Yes No Amount 20 CFR 25103-1027 (See instructions and DOL's Voluntary Friduciary Correction Program). 10a X			1			<u>n 1999</u>					
Amministrative served provides (sames, resp. commander) and and <td>e</td> <td></td> <td></td> <td></td> <td>606</td> <td>0</td> <td><u>er de la co</u> Sel de la com</td> <td></td> <td>ando zente: USA kente</td> <td></td> <td>2/2/19/10</td>	e				606	0	<u>er de la co</u> Sel de la com		ando zente: USA kente		2/2/19/10
A Total expenses (add lines Bd, Be, Bl, and Bg) Bh 5868 N total none (loss) (subtract line Bh from line Bc) Bl 21501 J Transfers to (from) the plan (see instructions) B 21501 Part IV Plan Characteristics B 21501 9a If the plan provides penuion benefits, enter the applicable veilare feature codes from the List of Plan Characteristic Codes in the instructions: 2.2 2.8 9a If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the Instructions: Part V Comptiance Questions 9a If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the Instructions: Part V Comptiance Questions 9a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X Amount 9a Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in 10b X Amount 9a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in 10b X Amount 9a Were any fees or conmissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some	f	Administrative service providers (salaries, fees, commissions)			280						<u>anaanna</u> Baacaan
n Not income (cos) (subtract line B from line Bc) Bit 21501 1 Transfers to (from) the plan (see instructions) Bit 21501 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 9a If the plan provides pension benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 9a If the plan provides pension benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 9a If the plan provides pension Yes No 9a Was there a failure to transmit to the plan any participant contributions within the time period described in 2e CFR 2510.31027 (See instructions and DOL's Voluntary Fidulary Correction Program) 10a X 0 Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on nile 10a) 10b X c Was the plan covered by a lidelity bond? 10c X 10d X c Ware any fees or commissions paid to any mokers, egents, or other persons by an insurance car	<u> </u>	Other expenses					((((),())))		<u>aayaana</u>	0.0100007	EOEO
Not income (loss) (subtract line of inform time dc) 0 I Transfers to (from) the line (see instructions) gi Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2b 17 the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there as failure to transmit to the plan any participant contributions within the time period described in 23 CFR 2510-3102? (See instructions with any party-in-interest? (Do not include transactions reported on line 10e.) b Weet the plan year: a Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10e.) c Was the plan tower a los, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X d Dot the plan have a cos, whether or ganization that provides sorre or all of the benefits under the plan' (See instructions) 10g X f Has the plan failed to provide any benefit when due under the plan? 10d X 10d X d Did the plan have any participant toans?	h		1								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D b If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to be plan any participant contributions within the time period described in 12.2 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u>i</u>		81					shirin da waxaa da		a. 1999-1999	1001 5000 8008
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 9a If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: Pairt V Compliance Questions 10 During the plan year: a Yes No 29 CFR 2510.3-1027 (See instructions and DQL's Voluntary Fluciary Correction Program) 10a X 29 CFR 2510.3-1027 (See instructions and DQL's Voluntary Fluciary Correction Program) 10b X c Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10c X c Was the plan overed by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 10d X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end) 10g X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end) 10g X 10d 10d X	j	Transfers to (from) the plan (see instructions)	<u> </u>				XXXXXXXX X	00000000		12/2020	<u> (1995)</u>
2A 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Ide X b Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). Ide X c Was the plan overed by a fidelity bond? Ide X Ide X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Ide X Ided X c Was the plan failed to provide any benefit when due under the plan? Ided X Ided X g Did the plan have any participant loans? (if Yes," enter amount as of year end). Idig X Ided X g Did the plan have any participant loans? (if Yes," enter amount as of year end). Idig X Ided X Ided X Ided X Ided X <t< td=""><td>Pa</td><td>rt IV Plan Characteristics</td><td></td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Pa	rt IV Plan Characteristics			,						
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e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 10e X f Has the plan failed to provide any benefit when due under the plan? 10t X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	ond, that was caused by fraud	10d		x				<u></u>
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i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 10i 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) Yes 11a Enter the amount from Schedule SB line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) In this plan year, see instructions, and enter the date of the letter ruling Day Year a If a walver 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 Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 42b		I if this is an individual account plan, was there a blackout period?	Y (See instr	uctions and 29 CFR			x				
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		f you completed line 12a, complete lines 3, 9, and 10 of Schedu	ule MB (Fo	orm 5500), and skip to line 13.	•			.			
		b Enter the minimum required contribution for this plan year					12b	L			

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c	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			F		1
Ø	Will the minimum funding amount reported on line 12d be met by the funding deadline?	l		Yes		<u>vo</u>	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to ferminate 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			4		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro			[Yes	X 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					
	I3c(1) Name of plan(s):	3c(2)	EIN(s	•)	-+-	13c(3)	PN(s)
Par	VIII Trust Information (optional)	www.com					
A.1.1	Name of trust	14b	Trust	's EIN	ł		

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