_	Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan				/ee	(	DMB 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 Employe					2012		
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R	74 (ERISA), and sec evenue Code (the C		8(a) of This Form is		s Open to Public pection		
	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500	)-SF.		poolion		
Part I	Annual Report Id	lentification Information al plan year beginning 01/01/2012		and anding 1	2/31/2	2012			
		· · · · ·			2/31/		ent alex		
	urn/report is for:			an (not multiemployer)		a one-particip	ant plan		
<b>B</b> This ret	urn/report is:		e final return/report	ware and the set to see 40 me		N N N N N N N N N N N N N N N N N N N			
•	2			urn/report (less than 12 months)					
C Check b	box if filing under:	╡ └┘	itomatic extension		DFVC program				
		special extension (enter description)							
Part II		nation—enter all requested information	on		16	Thursd slight			
1a Name	-	PROFIT SHARING PLAN AND TRUS	г		a	Three-digit plan number			
						(PN) ▶	002		
					1c	Effective date of			
		· · · · · · · · · · · · · · · · · · ·			01	01/01/			
	D Y. MEMON, M.D., P.A	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 59-222			
2400 HARB(	OR BLVD SUITE 10				2c		Sponsor's telephone number 941-625-0613		
PORT CHAP	RLOTTE, FL 33952				2d		Business code (see instructions) 621111		
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
		—		-	•	<b>C</b> Administrator's telephone number			
<ul> <li>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.</li> </ul>									
a Sponso						PN			
		the beginning of the plan year			5a		3		
<b>b</b> Total number of participants at the end of the plan year				5b		3			
		count balances as of the end of the plan			5c		3		
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       X       Yes       No									
		incomplete filing of this return/repor							
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/va	lid electronic signature.	04/28/2014	MUHAMMED Y. MEMON					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ninistrator				
SIGN									
HERE	Signature of employe	r/plan sponsor	lan sponsor Date Enter name of individu				ual signing as employer or plan sponsor		
Preparer's	name (including firm nar	ne, if applicable) and address; include r	oom or suite number	· (optional)	Prep	parer's telephone	number (optional)		

T       Plan Assets and Labilities       To       (a) Beginning of Year       (b) End of Year         a Total plan assets (subtract line 7b from line 7a).       7b       0       0         C Net plan assets (subtract line 7b from line 7a).       7c       288/131       351899         B Income, Expresse, and Traderis for this Plan Year       (a) Amount       (b) Total doi:       151899         B Controlutions received or receivable from:       8a(1)       60000       0       0         (b) Other income (toss)       8b       20030       0       0       0         (c) Didners (including rotificers)       8a(2)       0       0       0       0       0         (c) Didners (including rotificers and insurance premiums to provide benefits)       8d       10000       0	Part III Financial Information						
b       Total plan askets (subtract line 7b form line 7a)	7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
c       Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a					351969
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       90000       90000         (2) Participants.       8e(1)       90000         (3) Others (including relovers)       8e(3)       0         (a) Other (including relovers)       8e(3)       0         (b) Benefits paid (including relovers and insurance promiums       8d       19000         (c) Total income (add lines 6d, 5e, 8f, and 8g)       8e       28933         (c) Other expenses.       6g       0         (c) Other expenses (add lines 6d, 5e, 8f, and 8g)       8f       1000         (c) Other expenses (add lines 6d, 5e, 8f, and 8g)       8h       13100         (c) Other expenses (add lines 6d, 5e, 8f, and 8g)       8h       13100         (c) Transfers to (from) the plan (see instructions).       8g       0       1000         (c) Other expenses (add lines 8d, 7e, 8f, and 8g)       8i       65338       13100         (c) Transfers to (from) the plan (see instructions).       8g       0       0         (c) Transfers to (from) the plan (see instructions).       8g       0       0         (c) Transfers to flow the plan set instructions.       8g       0       0         (c) Compliance	<b>b</b> Total plan liabilities	7b		0			0
a       Contributions received or receivable from:       Set(1)       Set(2)       0         (2)       Participants.       Set(2)       0       0         (3)       Others (including rollowers).       Set(3)       0       0         (4)       Dother income (loss).       Set(3)       0       0         (5)       Others (including rollowers).       Set(3)       0       0         (6)       Others (including rollowers).       Set(3)       0       0         (7)       Including (including rollowers).       Set(3)       0       0         (7)       Endition demode (including rollowers).       Set(1)       769336       769336         (7)       Endition demode and/or corrective distributions (see instructions).       Set       0       0       1         (7)       Compliance solicities (set instructions).       Set       0       0       1       100         (1)       Nat income (loss) (subtract line 8h from line 8c).       St       St       0       10       10       10       10       10       100       10       100       100       100       100       100       100       100       100       100       100       100       100       100       10	C Net plan assets (subtract line 7b from line 7a)	7c	28613	31			351969
(1)       Employers       8a(2)       0         (2)       Participants       8a(2)       0         (3)       Other income (loss)       8a(3)       0         (3)       Derive income (loss)       8a(3)       0         (4)       Derive income (loss)       8a(3)       0         (5)       Other income (loss)       70939         (6)       Critan income (loss)       70939         (7)       Derive income (loss)       8d       13000         (8)       0       100       100         (9)       Other screenes       8g       0       100         (11)       Transfers to (loss) (subtract line 8h from line 8c)       8i       0       0         (27)       Far All provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       12E       30         (27)       Compliance Questions       100       X       2       100         (20)       Order screenes       100       X       100       100       100	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(2) Participants		. (1)	5000				
3) Other (non-et (cance) (add lines 3a(1), 8a(2), 8a(3), and 8b)		<u>``</u>					
b       Other income (loss)       Bb       28938         c       Total income (loss)       78939         c       Total income (loss)       78939         d       Benefits paid (incluing) direct collovers and insurance previous benefits)       8d       13000         g       Chert expenses       8g       0       0         g       Chert expenses       8g       0       100         g       Other expenses       8g       0       0         g       Total expenses       1100       0       0         g       Interacter inscions       8g       0       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2 and         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2 and         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       10       X       10         10       During the plan yoa:       Yes       No       Amount         20 CFR 250-310/2 (CB and Yes Plan Characteristic Codes in the				-			
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			2893	8	_		
to provide benefits)	-	8c					78938
e Certain deemed and/or corrective distributions (see instructions)		8d	1300	0			
g       Other expenses       Bit       13100         I       Net income (loss) (subtract line 8h from line 8c)	· · · · · ·			0			
g       Other expenses       8g       0       13100         I       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       13100         I       Net income (loss) (subtract line 8h from line 8c)       8i       65838         J       Tonsfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         3G       If the plan provides prension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E         Part V       Compliance Questions       100       X       Amount         30       Usa there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2S CR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X       10c         c       Was the plan covered by a fidelity bond?       10c       X       10c       X       10c         c       Was the plan nove allos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or showed any benefits when due under the plan?       10d       X       10d       X       10c       X			10	0			
h       Total expenses (add lines 8d, 8e, 8f, and 8g)			-	0			
i       Net income (loss) (subtract line 8h from line 8c)	-						13100
j       Transfers to (from) the plan (see instructions)       gj       0         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:         2 E       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       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2501.3.102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.)       10b       ×       10c       ×							
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:         2£       30         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:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X       10c       <	-			0			
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         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:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.)       Yes       No       Amount         c       Was the plan powered by a fidelity bond?       10c       X       10c       X       10c         c       Was the plan new a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X		oj		0			
10       During the plan year:       Yes       No       Amount         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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10c       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X       10c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X       10c	2E       3D         b       If the plan provides welfare benefits, enter the applicable welfare fer						
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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X       10c       X       10c         c       Was the plan covered by a fidelity bond?       10c       X       10c       X       10c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X       10c         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 instructions.)       10d       X       9         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       10g       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3).       10g       X       10g       X       10g       X       10g       X       10g       X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?       10d       X       10d       X         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 instructions.)       10d       X       10d       X         f       Has 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       X         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.       10h       X       10d       X         1       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       <					Yes	No	Amount
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х	
Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan borocopy is name, border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan border and plan is border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan border and plan is border and plan is border and plan is fidelity bond, that was caused by fraud or dishonesty?       Index to plan border and plan is border and plan and	<b>b</b> Were there any nonexempt transactions with any party-in-interest	? (Do not inc	lude transactions reported	10b		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?       10d       X         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 instructions.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       X         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       X         ext       It 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         11       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes x         if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       It 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.	<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		100000
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 instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: the plan have plan have any participant bear plan bendift plan bear plan bendif		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				Х	100000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	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				×	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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.       10h       X         Part VI       Pension Funding Compliance       10i       Image: Complete ine 11a below)       Image: Complete ine 11a below)         11a       Enter the amount from Schedule SB line 39.       Image: Complete ine 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Image: Complete ine 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.       Month       Day         Year       If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: Complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f Has the plan failed to provide any benefit when due under the plan? 10f					Х	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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       X         Part VI       Pension Funding Compliance       10i       Yes         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         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       I       I         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.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       A       A	<b>g</b> Did the plan have any participant loans? (If "Yes." enter amount as					Х	
<ul> <li>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</li></ul>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					x	
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)	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the						
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)	Part VI Pension Funding Compliance						
11a       Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form
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         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       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 "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						202 of I	FRISA?
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		requirements	s of section 412 of the Code	e or se	cuon .	502 UI I	
	12 Is this a defined contribution plan subject to the minimum funding			e or se	CUON	502 01	
b Enter the minimum required contribution for this plan year	<ul> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	as applicabl	e.) in this plan year, see instruc	ctions,		enter th	e date of the letter ruling
	<ul> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>If a waiver of the minimum funding standard for a prior year is bein granting the waiver.</li> </ul>	as applicabl	e.) in this plan year, see instruc Mon	ctions,		enter th	e date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	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			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				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) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN