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

2013

This Form is Open to Public Inspection

David I							
Part I	Annual Report	Identification Information					
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01	1/2013	and ending	12/31/2	2013	
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)	
C Check	k box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter desc	cription)			_	
Part II	Basic Plan Info	rmation—enter all requested in	Iformation				
1a Name		,			1b	Three-digit	
	•	MEDICAL SPA, LLC 401(K) PROF	FIT SHARING PLAN			plan number	
					4.	(PN) •	001
					1C	Effective date of	
		dress; include room or suite numb	per (employer, if for a single-	employer plan)	2b	Employer Identif	
HELENDA	LE DERMATOLOGY &	MEDICAL SPA LLC				(EIN) 42-16	
500 LIEL E	NDALE DD CTE 400				2c	Sponsor's telep	
	NDALE RD. STE 100 FER, NY 14609				2d	Business code (
						62111	
3a Plan	administrator's name ar	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
4 16.0					4.		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b	EIN	
	nsor's name	niber from the last return/report.			4c	PN	
		at the beginning of the plan year.			5a		20
b Tota	I number of participants	at the end of the plan year			5b		18
	· ·	account balances as of the end of	the plan year (defined bene	fit plans do not			
					50		10
		s during the plan year invested in a			5c		18 ▼ Yes □ No
6a Wer	re all of the plan's assets	s during the plan year invested in e	eligible assets? (See instruc	tions.)			X Yes No
6a Wer	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46?	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib	eligible assets? (See instructor of an independent qualified bility and conditions.)	tions.)d public accountant (IC	QPA)		
6a Wer	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46?	s during the plan year invested in ϵ f the annual examination and repo	eligible assets? (See instructor of an independent qualified bility and conditions.)	tions.)d public accountant (IC	QPA)		X Yes No
6a Wer b Are under	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to ei	s during the plan year invested in e f the annual examination and repo ? (See instructions on waiver eligib	eligible assets? (See instructor of an independent qualifie bility and conditions.)cannot use Form 5500-SF	tions.)d public accountant (IC	PA) Form	5500.	X Yes No
b Are y under If yo	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? bu answered "No" to either plan is a defined benef	s during the plan year invested in 6 the annual examination and repo? (See instructions on waiver eligibither line 6a or line 6b, the plan 6 the plan, is it covered under the PBC	eligible assets? (See instruction of an independent qualifies bility and conditions.)cannot use Form 5500-SF	tions.)d public accountant (IC and must instead use ERISA section 4021)?	PA) Form	5500. Yes No	X Yes No X Yes No
6a Wer b Are y unde If yo c If the	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-467 ou answered "No" to eie plan is a defined benef	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligibither line 6a or line 6b, the planding plan, is it covered under the PBC or incomplete filing of this returns	eligible assets? (See instruction of an independent qualifier bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	PA) Form	5500. Yes No established.	Yes No Yes No Not determined
b Are under If you c If the Caution:	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eie plan is a defined benef A penalty for the late on the late of perjury and other.	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible ither line 6a or line 6b, the plan countries it plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, and	eligible assets? (See instruction of an independent qualifier bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	PPA) Form use is	yes No established.	Yes No Yes No Not determined Able, a Schedule
b Are under If you c If the Caution: Under pe SB or Schelief, it is	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eit e plan is a defined benef A penalty for the late of nalties of perjury and othedule MB completed are true, correct, and comp	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible ither line 6a or line 6b, the plan countries it plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, and	eligible assets? (See instruction of an independent qualifier bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	PPA) Form wse is port, ir t, and	Yes No established. ncluding, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule
b Are under If you c If the Caution:	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-467 ou answered "No" to eit e plan is a defined benef A penalty for the late on alties of perjury and othedule MB completed are true, correct, and comp	s during the plan year invested in each of the annual examination and repoor (See instructions on waiver eligible ither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instrument signed by an enrolled actuary, a colete.	eligible assets? (See instructor of an independent qualifier bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/resion of this return/report	PPA) Form use is port, ir t, and	yes No established. ncluding, if applicate the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and
b Are under If you c If the Caution: Under pe SB or Schelief, it is	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eit e plan is a defined benef A penalty for the late of nalties of perjury and othedule MB completed are true, correct, and comp	s during the plan year invested in each of the annual examination and repoor (See instructions on waiver eligible ither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instrument signed by an enrolled actuary, a colete.	eligible assets? (See instruction of an independent qualifier bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/resion of this return/report	PPA) Form use is port, ir t, and	yes No established. ncluding, if applicate the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and
6a Wer b Are unde If yo c If the Caution: Under pe SB or Sch belief, it is	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? Ou answered "No" to eit e plan is a defined benef A penalty for the late on alties of perjury and othedule MB completed are true, correct, and comp	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan in th	eligible assets? (See instructor of an independent qualifier bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/resion of this return/repoil ELIZABETH A. ARTHENTER ENTER NAME of individual control of the cont	PPA) Form use is port, ir t, and UR, M	established. ncluding, if applicate the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and
6a Wer b Are under If you c If the Caution: Under pe SB or Sch belief, it is SIGN HERE	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eie plan is a defined benef A penalty for the late on nalties of perjury and othedule MB completed are true, correct, and completed with authorized/ Signature of plan a	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible (See instructions on waiver eligible) (See instructions on waiver eligible) (See instructions of the plan of th	eligible assets? (See instructor of an independent qualifier bility and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/repoi ELIZABETH A. ARTH Enter name of individ	PPA) Promuse is port, irt, and dual signal	established. cluding, if applicate the best of my l.D. gning as plan adm	X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
6a Wer b Are under If you c If the Caution: Under pe SB or Sch belief, it is SIGN HERE	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eie plan is a defined benef A penalty for the late on nalties of perjury and othedule MB completed are true, correct, and completed with authorized/ Signature of plan a	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan in th	eligible assets? (See instructor of an independent qualifier bility and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/repoi ELIZABETH A. ARTH Enter name of individ	PPA) Promuse is port, irt, and dual signal	established. cluding, if applicate the best of my l.D. gning as plan adm	X Yes No X Yes No Not determined able, a Schedule knowledge and
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6a Wer b Are under If you c If the Caution: Under pe SB or Sch belief, it is SIGN HERE	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eie plan is a defined benef A penalty for the late on nalties of perjury and othedule MB completed are true, correct, and completed with authorized/ Signature of plan a	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible (See instructions on waiver eligible) (See instructions on waiver eligible) (See instructions of the plan of th	eligible assets? (See instructor of an independent qualifier bility and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/repoi ELIZABETH A. ARTH Enter name of individ	PPA) Promuse is port, irt, and dual signal	established. cluding, if applicate the best of my l.D. gning as plan adm	X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
6a Wer b Are under If you c If the Caution: Under pe SB or Sch belief, it is SIGN HERE	re all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? ou answered "No" to eie plan is a defined benef A penalty for the late on nalties of perjury and othedule MB completed are true, correct, and completed with authorized/ Signature of plan a	s during the plan year invested in each the annual examination and repoor (See instructions on waiver eligible (See instructions on waiver eligible) (See instructions on waiver eligible) (See instructions of the plan of th	eligible assets? (See instructor of an independent qualifier bility and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/repoi ELIZABETH A. ARTH Enter name of individ	PPA) Promuse is port, irt, and dual signal	established. cluding, if applicate the best of my l.D. gning as plan adm	X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear	
a	Total plan assets	7a	121900				(10) = 110		58558	6
	Total plan liabilities	7b		0					- 1	0
	Net plan assets (subtract line 7b from line 7a)	7c	121900	7				15	585580	6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from:		(4) / 1110 4111				(4) 1			
	(1) Employers	8a(1)	11894	5						
	(2) Participants	8a(2)	7038	4						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	21706	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	106391	1
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2157	4						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1823	8						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3981	2
i	Net income (loss) (subtract line 8h from line 8c)	8i						;	36657	9
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:	
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 instructi	ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in		. 55			AIII	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		Х				
~	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c		X				
d				10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service, or other organization that provides some or all	•	•			X				
	instructions.)			10e						
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 as	s of year e	end.)	10g	X					365
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	× No
44-	5500) and line 11a below)							LL	res	^ INC
	Enter the unpaid minimum required contribution for current year fr					11a		T -	1	□
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			a dete C	ha!	44.5 ::	.li:
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of t	he le Yea		iiing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401	Ī			
b	Enter the minimum required contribution for this plan year				[12b	Ī			

Page	3 -	1
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С	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		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No
С	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):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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).

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	➤ Complete all entries in accord	dance with the instruc	tions to the Form 550	0-SF.		•
Part I		dentification Information			0/2:	0040	
For calenda	r plan year 2013 or fis	cal plan year beginning 01/01/201			2/31/		
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan
B This retu	ırn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 m	onths))	
C Check b	ox if filing under:	☐ Form 5558	automatic extension			☐ DFVC progra	am
	y	special extension (enter description	on)				
Part II	Basic Plan Infor	rmation—enter all requested inform					
1a Name o		THE CHE OF CHEST OF THE CHEST	4.01		1b	Three-digit	
	•	MEDICAL SPA, LLC 401(K) PROFIT :	SHARING PLAN			plan number	001
		, , ,				(PN) >	<u> </u>
					10	Effective date of 01/01/2	•
2a Plan sp	onsor's name and add	dress; include room or suite number (e MEDICAL SPA LLC	employer, if for a single-	employer plan)	2b	Employer Ident	
HELENDALE	E DERMATOLOGY & I	MEDICAL SPAILLC				(EIN) 42-162	·····
					2c	Sponsor's telep	
500 HELEND	DALE RD. STE 100				24	(585) 26	
ROCHESTE	R. NY 14609				Zu	62111	(see instructions) 1
		nd address Same as Plan Sponsor I	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
					30	Administrators	telepriorie number
4 If the n	name and/or EIN of the	e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
name, a Sponso		mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		20
		at the end of the plan year			5b		18
		account balances as of the end of the					
comple	ete this item)				5c		18
		s during the plan year invested in eligil					X Yes No
		f the annual examination and report of					X Yes No
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can					
C If the p	lan is a defined benef	it plan, is it covered under the PBGC i	insurance program (see	ERISA section 4021)?		Yes No	Not determined
		or incomplete filing of this return/re her penalijes set forth in the instruction					rable a Schedule
SB or Sche	edule MB completed a	nd signed by an enrolled actuary, as w	vell as the electronic ver	sion of this return/repor	t, and	to the best of m	y knowledge and
belief, it is t	rue, correct, and com	plete.					
SIGN	v (V)	L	18/28/14	Elizabeth A. Arthur, M	1.D.		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	tual si	oning as plan ad	Iministrator
olon.	orginature or plair a	ummatuoi		Latter Flattie of Harris	audi oi	g,g as p.a	
SIGN HERE			D-1-	F-4	J 1 !		
	Signature of emplo	pyer/plan sponsor name, if applicable) and address; inclu	Date	Enter name of individer (optional)			er or plan sponsor e number (optional)
Fichaleis	name (modumy mm i	iame, ii applicabie, and address, inclu		· (opnorion)	' '	parer o releption	c
					ļ		

Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End	of Yea	ar	
	Total plan assets	7a	121900		\top	**********	\-/, =		5586	
	Total plan liabilities	7b		0	†				0	
***************************************	Net plan assets (subtract line 7b from line 7a)	7c	121900	7	15855			5586		
-	Income, Expenses, and Transfers for this Plan Year	1	(a) Amount		(b) Total			otal		
	Contributions received or receivable from:		(4) / 111/04110				\			
	(1) Employers	8a(1)	11894	5						
	(2) Participants	8a(2)	7038	4						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	. 8b	21706	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		888				40	6391	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	21574	4						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f	1823	8						
g	Other expenses	. 8g		- 10 ° CON 1 COO						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						3	9812	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i				dared Auditor		36	6579	5, 1 1 10,00 00 00 00 00 00 00 00 00 00 00 00 00
j	Transfers to (from) the plan (see instructions)	· 8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T 3B 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruct	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Plan Chara	cteristic	Cod	es in tl	ne instruction	ons:		
Part	V Compliance Questions									
10	During the plan year:			T	Yes	No		Amo	unt	
а		utions withi	n the time period described in rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bo	nd, that was caused by fraud			Х				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	l of the ber	nefits under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla		· · · · · · · · · · · · · · · · · · ·	10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a			-	х					2055
g h				10g		Х				3655
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided to			10h		^				
.	exceptions to providing the notice applied under 29 CFR 2520.10	01-3		10i						
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer	ments? (If '	Yes," see instructions and com	nplete \$	Sched	lule SE	3 (Form	П		п.,
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year to					11a		Ш	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	П	Yes	X No
				. UI 36	SHOTT	ال عندر	LINIOMI	Ш	100	M 140
a	(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 be granting the waiver.	ing amortiz	zed in this plan year, see instru		and e	enter th	ne date of t	he let Year		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedu					Jay		ı cal		
	Enter the minimum required contribution for this plan year				T	12b				

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Form 5500-SF 2013

С	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		
е	Will the 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 resolution to terminate the plan been adopted in any plan year?		Yes χ No	
······································	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
,		3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's EIN	