## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information	)						
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017		and ending 1	2/31/2017			
A This ret	urn/report is for:	X a single-employer plan			n (not multiemployer) ployer information in a		-		
		a one-participant plan	a f	foreign plan					
<b>B</b> This retu	ırn/report is	the first return/report	eport						
_		an amended return/report	a s	hort plan year return	n/report (less than 12 m	nonths)			
C Check b	oox if filing under:	X Form 5558		tomatic extension		DFVC	program		
		special extension (enter descr	. ,						
Part II		ormation—enter all requested inf	formatio	on		141 -		T	
1a Name	•					1b Thr	•		
FOREST HIL	LS GASTROENTER	OLOGY PC PROFIT SHARING PL	_AN				n number IJ <b>▶</b>	002	
						ective date of			
						IO Enc		1/2007	
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		(the series and instance)	(!)	2b Em (EII		fication Number 708903	
-	LS GASTROENTER	ce, country, and ZIP or foreign post OLOGY PC	tai code	(if foreign, see instr	uctions)	2c Spo	onsor's telep 718-459	hone number 0-8460	
					2d Business code (see instructions)				
108-40 QUEENS BLVD. FOREST HILLS, NY 11375				621111					
TORLOTTIL	.20, 141 11373								
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			<b>3b</b> Adr	ninistrator's I	EIN	
						<b>3c</b> Adr	ninistrator's t	elephone number	
<b>A</b> 16.0	// EDI (1)					41. =0			
this pl	an, enter the plan spo	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	and the	plan number from th		4b EIN			
•		DLOGY AND GASTROENTEROLOG	GY ASS	SOCIATES PC		4d PN			
C Plan N	ame								
<b>5a</b> Total r	number of participants	s at the beginning of the plan year				. 5a		27	
<b>b</b> Total r	number of participants	s at the end of the plan year				. 5b		27	
		account balances as of the end of		, , ,		5c		23	
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	lan year	·		5d(1)		13	
d(2) Total number of active participants at the end of the plan year			5d(2)		13				
		o terminated employment during the				5e		0	
Caution: A	penalty for the late	or incomplete filing of this return	n/repor	t will be assessed	unless reasonable ca				
SB or Sche		other penalties set forth in the instruc- and signed by an enrolled actuary, a polete							
SIGN		d/valid electronic signature.		10/09/2018	AZEEM KHAN				
HERE	Signature of plan			Date	Enter name of individ	lual signing	g as plan adr	ninistrator	
SIGN	Filed with authorized	d/valid electronic signature.		10/09/2018	AZEEM KHAN				

Date

**HERE** 

Enter name of individual signing as employer or plan sponsor

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If you arswered two determines and nine on, the paint cannot cust of the paint as defined benefit pain, is a covered under the PBGC premium filing for this plan year.  [See instructions.]  Part III   Financial Information   Financial Information		under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No
If "Yee" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
Part III   Financial Information 7 Plan Assets and Liabilities   7a	С							· -	
7 Plan Assets and Liabilities		ir Yes is checked, enter the My PAA confirmation number from th	іе РВСС р	remium filing for this p	ian yea	r			. (See instructions.)
a Total plan assets	Pai	t III Financial Information							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	. 7a	64	44585				690349
8 income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 2(2) Participants. 8a(2) 0 3(3) Others (including rollovers). 8a(3) 0 b Other income (loss). 8b 77084  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 77084  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 77084  d Benefits paid (including dilect rollovers and insurance premiums to provide benefits). 8d 0 e Certain deemed and/or corrective distributions (see instructions). 8d 0 e Certain deemed and/or corrective distributions (see instructions). 8f 0 g Other expenses 8g 313320  f Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 31320  i Net income (loss) (subtract line 8h from line 8c). 8l 45764  j Transfers to (from) the plan (see instructions). 8g   0  Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2D 2E  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 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program).  D Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).  C Was the plan covered by a fidelity bond?.  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by Irad or dishonesty?  P Were any fees or commissions paid to any brokers, agents, or other persons by an insurance acteric, or other organization that provides some or all of the benefits under the plan's (See instructions).  10 During the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by Irad or dishonesty?  P Were any fees or commissions paid to any brokers, agents, or other persons by an insurance accurice, or other organization that provides some or all of the benefits under the	b	Total plan liabilities	. 7b		0				0
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Other income (lost). (6) Other income (lost). (7) Other income (lost). (8) Others (including rollovers). (8) Bb 77084  C Total income (lost). (8) Bb 77084  C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (8) C Evaluation direct rollovers and insurance premiums to provide benefits). (8) C Evaluation deemed and/or corrective distributions (see instructions). (8) B	С	Net plan assets (subtract line 7b from line 7a)	. 7c	64	44585				690349
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	<b>Total</b>
(3) Other s(including rollovers)	а		. 8a(1)		0				
b Other income (loss)		(2) Participants	. 8a(2)		0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	. 8a(3)		0				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	. 8b		77084				
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						77084
f Administrative service providers (salaries, fees, commissions)			. 8d		0				
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions) 8f			0				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g	(	31320				
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						31320
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: 2D 2E  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)	i								45764
Part IV	j	Transfers to (from) the plan (see instructions)	- 8i	0					
9a	Par	t IV Plan Characteristics	, ,						
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)	9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the inst	ructions:
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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:
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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the	Par	V Compliance Questions							
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)						Yes	No		Amount
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<del></del> a		ıtions withi	n the time period				<u> </u>	Amount
reported on line 10a.)		described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		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?  • 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.)  • Has the plan failed to provide any benefit when due under the plan?  • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X		
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		Χ		
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.)	d				10d		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under	10e		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h						Χ		
	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10i				

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 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?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
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?		Ye	s X N	0			
	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 control 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						
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

	The state of the s	t identification information	1	Western Control							
For	calendar plan year 2017 or	fiscal plan year beginning		01/01/2017	and ending	1.	2/31/2017				
Α	This return/report is for:	x a single-employer plan a one-participant plan	☐ al	multiple-employer p list of participating e foreign plan	lan (not multiemployer) mployer information in a	(Filers accorda	checking this bo ance with the for	x must attach m instructions.)			
R	This return/report is:	the first return/report	=	e final return/report							
_	This return eport is.	an amended return/report	님	127	to from out floor them 10 m						
		L an amended return/report	Па	snort plan year retui	n/report (less than 12 m	ionins)					
С	Check box if filing under:	Form 5558 special extension (enter description)		tomatic extension			DFVC progra	am			
П	art II   Danie Dien Ind										
	art II Basic Plan Inf Name of plan	formation enter all requested	informa	ition		1h	Three-digit	I			
ıa	5 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - 2	roenterology PC Profit S	Sharin	g Plan			plan number (PN) ▶	002			
_			**************************************			1c	Effective date o 01/01/2007	f plan			
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P. nce, country, and ZIP or foreign posi	O. Box) tal code	(if foreign, see inst	ructions)	2b Employer Identification Number (EIN) 01–0708903					
	Forest Hills Gastroenterology PC					2c Sponsor's telephone number (718) 459-8460					
	108-40 Queens Blvd	1.				2d	Business code 621111	(see instructions)			
_	US Forest Hills NY 113	The state of the s			entre communications and an action of the			e a statuta de la companya de la co			
3a	3a Plan administrator's name and address X Same as Plan Sponsor					3b Administrator's EIN					
			2			3с	Administrator's	telephone number			
4		he plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b	EIN				
a	Sponsor's name Derma	tology and Gastroenterol	Logy A	ssociates PC		4d PN					
С	Plan Name										
_	M410-70-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					<u> </u>					
		ts at the beginning of the plan year				5a		27			
C		ts at the end of the plan year n account balances as of the end of						27			
	complete this item)					50		23			
-		articipants at the beginning of the pla		***********************	********************************	5d(		13			
a <sub>(</sub>		articipants at the end of the plan yea o terminated employment during the		ar with accrued ber	nefits that were	5d(		13			
<u>e</u>	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5		0				
		e or incomplete filing of this retur									
SE	nder penalties of perjury and B or Schedule MB completed lief, it is true, correct and co	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	as well	I declare that I have as the electronic ve	examined this return/re rsion of this return/repor	port, in t, and t	cluding, if applic to the best of my	able, a Schedule knowledge and			
S	IGN Z	1X		10/09/18	Azeem Khan						
Н	ERE Signature of plan ad	ministrator		Date	Enter name of individu	al signi	ng as plan admi	nistrator			
0	IGN A	N.		10/09/18	Azeem Khan						
HERE Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor							or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	•••••	•••••	•••••	••••••	•••••	XYes	No
b	Are you claiming a waiver of the annual examination and report of ar				,	,			₩ Vaa	Пис
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot							•••••	<b>X</b> Yes	∐No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins							∏No	☐ Not de	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the								See instru	
									`	
_ Pa	art III Financial Information		(a) Beginning of	Voc		Т		(b) End	of Voor	
<u>/</u>	Plan Assets and Liabilities Total plan assets	7a	1 1			+		(b) End		240
<u>a</u> b	Total plan assets  Total plan liabilities	7a 7b	644,585			+	690,349			
C	Net plan assets (subtract line 7b from line 7a)	76 7c	64	4,5					690,	349
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	1,5		1		(b) T		313
а	Contributions received or receivable from:		, ,		_			. ,		
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
<u>_</u>	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b 8c	/	7,0	84					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	80							77,	084
	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	3	1,3	20					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								320
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			45,	764
<u>_i</u> _	Transfers to (from) the plan (see instructions)	8j			0					
	art IV   Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructi	ons:	
	2D 2E									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (	Codes	in the	instructio	ns:	
	art V   Compliance Questions				.,					
10	During the plan year:	iono within	the time period		Yes	No	N/A		Amount	
•	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		•							
	Program)	-	· ·	10a		х				
k	Were there any nonexempt transactions with any party-in-interest?	(Do not i	nclude transactions							
	reported on line 10a.)			10b		Х				
	, , ,			10c		Х				
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons	s by an insurance							
	the plan? (See instructions.)			10e		х				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
	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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500 and line 11a below)			☐ Yes	x	No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 o	of	☐ Yes	x	No	
а	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 Month	Day	у	Year			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year.	12b					
С	Enter the amount contributed by the employer to the plan for the 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?	Ę	Yes	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 control of the PBGC?	•••••	Y	es 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					
13	<b>c(1)</b> Name of plan(s): 13c(2) El	N(s)		13c(3) F	PN(s)		