For	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	This form is required to be filed u	065 of the Employee Re	etirement	2018	
	epartment of Labor enefits Security Administration	57(b) and 6058(a) of the .		This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	500-SF.	Public Inspection
Part I		dentification Information				
For calend	ar plan year 2018 or fisc				2/31/2018	
A This re	turn/report is for:		list of participating em			king this box must attach a vith the form instructions.)
D		a one-participant plan	a foreign plan			
B This ret	urn/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	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descript	 tion)		—	
Part II	Basic Plan Infor	mation—enter all requested infor	mation			
1a Name	of plan				1b Thre	
FAIRMOUN	T ANIMAL HOSPITAL F	PC 401(K) PROFIT SHARING PLAN	NAND TRUST		plan (PN)	number 001
					,	tive date of plan
						07/08/2002
		er, if for a single-employer plan)	Box)			oyer Identification Number
City or	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN) 2c Spor	nsor's telephone number
	AIRMOUNT ANIMAL HOSPITAL PC					315-468-3446
4101 WEST	GENESEE STREET				20 Busir	ness code (see instructions)
FAIRMOUN						541940
		_				
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Sponse	or.		3b Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
4 If the	name and/or FIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN	
this p	lan, enter the plan spon	sor's name, EIN, the plan name and				
•	or's name				4d PN	
C Plan N	Name					
5a Total	number of participants a	at the beginning of the plan year			5a	49
-		at the end of the plan year			5b	48
C Numb	per of participants with a	ccount balances as of the end of the	e plan year (only defined	contribution plans	5c	48
•	,	icipants at the beginning of the plan			5d(1)	44
		ticipants at the end of the plan year			5d(2)	48
e Numi	ber of participants who t	erminated employment during the p	lan year with accrued be	enefits that were less	5e	0
than Caution: 4	100% vested	r incomplete filing of this return/r	eport will be assessed	unless reasonable cau		olished.
Under pen	alties of perjury and oth	er penalties set forth in the instruction	ons, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as lete.	well as the electronic ver	sion of this return/report	t, and to the	e best of my knowledge and
SIGN	Filed with authorized/w	valid electronic signature.	10/15/2019	EILEEN FATCHERIC		
HERE	Signature of plan ad	Iministrator	Date	Enter name of individe	ual signing	as plan administrator
SIGN						
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor
			-			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligibl				X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				🗙 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use Fo	rm 5500-SF and must instead us	e Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 4021)?	Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this plan year		. (See instructions.)
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year

7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year
а	Total plan assets	7a	229	96044			2308703
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	229	96044			2308703
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	e	60133			
	(2) Participants	8a(2)		33528			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	-16	60984			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					32677
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		493			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	1	9525			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20018
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i					12659
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
b Par	2A 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions	eature coo	les from the List of Plar	n Chara	icterist	ic Coc	les in the instructions:
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	X		230870
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		X	
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	Х		11211
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			10i	x		

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Form 5500-5F	Fairmount f	Animal Hosp Fax: 48723 I Keturn/Keport Benefit Plan	of Small Employ	5 2019 1 yee	1:57am P003/005 1210-001 10 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 and 4	065 of the Employee Reti	rement	2018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).			ternal	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.	
For calendar plan year 2018 or fi	Identification Information	1 (01 (0010			
To: calendar plan year 2018 of h			and ending		1/2018
A This return/report is for:	X a single-employer plan		in (not multiemployer) (Fill ployer information in acco		ing this box must attach a ith the form instructions.)
B This return/report is					1 () () () () () () () () () (
		the final return/report			S.
	an amended return/report	a short plan year return	/report (less than 12 mon	ths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC pr	ogram .
	special extension (enter descrip	tion)	()		
Part II Basic Plan Info	prmation—enter all requested infor	mation			- ·.
1a Name of plan				b Three	e-digit
Fairmount Animal	Hospital PC 401(k) Pro	ofit Sharing Pl	an and Trust		number
					tive date of plan 08/2002
Mailing address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. I	Box)		2b Emplo	over Identification Number 01-0.719198
City or town, state or provinc Fairmount Animal	e, country, and ZIP or foreign postal Hospital PC	code (if foreign, see instru	uctions)	2c Spon	sor's telephone number
					-468-3446 ess code (see instructions)
4101 West Genesee	Street				ess code (see instructions)
Fairmount	NY 13219)			
3a Plan administrator's name at	nd address X Same as Plan Sponso			5419	940 histrator's EIN
	id address A came as Flan opons	or.		D Admir	nistrator s Ein
			3	3c Admir	nistrator's telephone number
4 If the name and/or EIN of the	e plan sponsor or the plan name has	changed since the last re	turn/report filed for	b EIN	······
this plan, enter the plan spo	nsor's name, EIN, the plan name and	the plan number from th	e last return/report.		1. S. J.
a Sponsor's name c Plan Name				ld PN	
					ε. <u>Γ. Δ</u> .
	at the beginning of the plan year			5a	49
	at the end of the plan year			5b	48
C Number of participants with complete this item)	account balances as of the end of the	e plan year (only defined e	contribution plans	5c	48
d(1) Total number of active pa	rticipants at the beginning of the plan	year		5d(1)	44
d(2) Total number of active pa	rticipants at the end of the plan year.			5d(2)	48
e Number of participants who than 100% vorted	terminated employment during the p	lan year with accrued ber	nefits that were less	5e	0
Caution: A penalty for the late	or incomplete filing of this return/r	eport will be assessed t	Inless reasonable cause	e is estab	lisheda
 Under penalties of perjury and ot 	her penalties set forth in the instruction nd signed by an enrolled actuary, as	ons, I declare that I have e	examined this return/repo	rt. includin	o, if applicable, a Schedule
SIGN FL SET	This sign HE	RE 10-15-19	Eileen Fatcheri	С	
HERE Signature of plan a		Date	Enter name of individua	<u> </u>	s plan administrator
SIGN					
HERE Signature of emplo		Date	Enter name of individua	l signing a	s employer or plan sponsor
For Paperwork Reduction Act Notic	e, see the Instructions for Form 5500-S	iF.			Form 5500-SF (2018)

500-51	(2018)	
v.1	71027	

Fairmount Animal Hosp Fax:4872357

Oct 15 2019 11:58am

P004/005

Form !			• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·		
b Are you cla under 29 C f you ansv	the plan's assets during the plan year invested in iming a waiver of the annual examination and rep FR 2520.104-46? (See instructions on waiver elig wered "No" to either line 6a or line 6b, the plan	ort of an indepe bility and cond cannot use F	endent qualified public litions.) orm 5500-SF and mus	accouni st inste	ant (IC	QPA) • Form	• 5500.	X Ye	
	s a defined benefit plan, is it covered under the PB hecked, enter the My PAA confirmation number fr						ا راسه راس	!	etermined
	nancial Information						··		
·····	and Liabilities						· · · · ·		
			(a) Beginning	of Year 296,			(b) End of		200 70
	abilities		<i>L</i> ,	230,	044			۷,	308,70
	sets (subtract line 7b from line 7a)		2	296,	044			2	308,70
_	penses, and Transfers for this Plan Year	S. Marine -	(a) Amou		•••		(b) Te		500,10
	ns received or receivable from:	<u>, 19. a - y 19.9995 (380</u>			·	an a	(b) Tot		
	/ers	8a(1)		. 60,	133	s, ngé Si si si			
er	pants			133,	528	·	al good the second		
	(including rollovers)				0				
	ne (loss)			-160,		t de la com Altres de la			an a
	e (add lines 8a(1), 8a(2), 8a(3), and 8b)								32,67
C Benefits pai to provide b	d (including direct rollovers and insurance premius enefits)	ms 8d			493				
	med and/or corrective distributions (see instruction				0	1497 by 1943			
	ve service providers (salaries, fees, commissions)			19,	525		<u>na ang kang kang kang kang kang kang kan</u>	<u>al an an a</u>	na an taon Taona an taon
					0				
	1Ses	8a	1						
	ses (add lines 8d, 8e, 8f, and 8g)			enden. Literatura					20 01
h Total expen	ses (add lines 8d, 8e, 8f, and 8g)	8h							
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p	ses (add lines 8d, 8e, 8f, and 8g) (loss) (subtract line 8h from line 8c) (from) the plan (see instructions) n Characteristics provides pension benefits, enter the applicable per	8h 8i 8j	odes from the List of P	an Cha	0 0	stic Co	<u></u>	ctions:	
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E	ses (add lines 8d, 8e, 8f, and 8g) (loss) (subtract line 8h from line 8c) (from) the plan (see instructions) n Characteristics	8h 8i 8j 1sion feature compared to the second				stic Co	des in the instru		
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p	ses (add lines 8d, 8e, 8f, and 8g) (loss) (subtract line 8h from line 8c) (from) the plan (see instructions) n Characteristics provides pension benefits, enter the applicable per 2J 2K 2F 2G 3D	8h 8i 8j 1sion feature compared to the second				stic Co	des in the instru		
hTotal expendenceiNet incomejTransfers toPart IVPlan9aIf the plan p2A2EbIf the plan p2A2EbIf the plan pPart VConPart VCon0During the	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j 1sion feature contract feature c	des from the List of Pla			stic Co	des in the instruct		
h Total expen i Net income j Transfers to Part IV Plan a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p Part V Con 0 During the a Was there described	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j 1sion feature contract of feature co	des from the List of Pla in the time period Fiduciary Correction		octeris	stic Co ic Cod	des in the instruct	tions:	
h Total expen i Net income j Transfers to Part IV Plan 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b Ouring the a Was there described Program) b Were there	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j Ision feature contract of feature co	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	octeris	ic Cod	des in the instruct	tions:	
h Total expen i Net income j Transfers to Part IV Plan a If the plan p 2A 2E b If the plan p Part V Cou 0 During the a Was there described Program) b Were there reported out	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j 1sion feature contributions with the second se	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara 10a 10b	octeris	stic Co ic Cod No X	ides in the instruct	tions: nount	12,65
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p Part V Con Part V Con 10 During the a Was there described Program) b Were there reported on C Was the plan	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j Ision feature contract of the second se	des from the List of Pla in the time period Fiduciary Correction include transactions	n Chara	Yes	stic Co ic Cod No X	des in the instruct	tions: nount	12,65
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b Uf the plan p 2A 2E b Uf the plan p 2A 2E b Were plan p Could Part V Could Part V Could Part V Could Could Could the plan program) b Were there reported out C Was the plan b Were any the carrier, ins	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j Ision feature contributions with the second se	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused hs by an insurance i the benefits under	n Chara 10a 10b 10c 10d	Yes	ic Cod No X X	ides in the instruct	tions: nount	12,65
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b Uf the plan p 2A 2E b Was there described Program) b Were there reported out C Was the plan d Did the plan by fraud or e Were any frain the plan? (ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the state of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused as by an insurance i the benefits under	n Chara 10a 10b 10c 10d	Yes	stic Cod ic Cod No X X X X	ides in the instruct	tions: nount	12,65
 h Total expen i Net income j Transfers to Part IV Plan Part IV Plan Part V Plan Part V Con D If the plan p 2A 2E b If the plan p 2A 2E c Ouring the a Was there described Program) b Were there reported on c Was the plan d Did the plan g Were any ficarrier, ins the plan? (f Has the plan? 	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8j sion feature contributions with the state of	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused hs by an insurance i the benefits under	n Chara 10a 10b 10c 10d 10e 10f	Yes	stic Co ic Cod No X X X	ides in the instruct	tions: nount	12,65
 h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b Uring the plan p Part V Could During the plan p Part V Could During the plan p Was there described Program) b Were there reported on c Was the plan d Did the plan p e Were any transfer on part (f Has the plan? (f Has the plan g Did the plan 	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the status of the personant of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused the benefits under end.)	n Chara 10a 10b 10c 10d	Yes	stic Cod ic Cod No X X X X	ides in the instruct	tions: nount	12,65
 h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E c Ouring the a Was there described Program) b Were there reported on c Was the plan c Was the plan c Was the plan d Did the plan g Did the plan? (f Has the plan 2520.101-3 i If 10h was 	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the state of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under end.) uctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f 10g 10h	Yes	stic Cod ic Cod No X X X X	des in the instruct	tions:	12,65
 h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E c Ouring the a Was there described Program) b Were there reported on c Was the plan c Was the plan d Did the plan p g Did the plan? (f Has the plan? (i If 10h was 	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the state of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under end.) uctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f 10g	Yes X X X X X	stic Cod ic Cod No X X X X	des in the instruct	tions:	12,65
 h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E c Ouring the a Was there described Program) b Were there reported on c Was the plan c Was the plan c Was the plan d Did the plan g Did the plan? (f Has the plan 2520.101-3 i If 10h was 	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the state of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under end.) uctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f 10g 10h	Yes X X X X X	stic Cod ic Cod No X X X X	des in the instruct	tions:	12,65
 h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E c Ouring the a Was there described Program) b Were there reported on c Was the plan c Was the plan d Did the plan p g Did the plan? (f Has the plan? (i If 10h was 	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the state of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under end.) uctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f 10g 10h	Yes X X X X X	stic Cod ic Cod No X X X X	des in the instruct	tions:	20,01 12,65
h Total expen i Net income j Transfers to Part IV Plan 9a If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E b If the plan p 2A 2E con Part V Con 10 During the a Was there described Program) b Were there reported or C Was the plan G Did the plan G Did the plan G Did the plan C Ware any fr carrier, ins the plan? (f Has the plan 2520.101-3 i If 10h was	ses (add lines 8d, 8e, 8f, and 8g)	8h 8i 8i 8j 1sion feature contributions with the state of t	des from the List of Pla in the time period Fiduciary Correction include transactions ond, that was caused is by an insurance the benefits under end.) uctions and 29 CFR	n Chara 10a 10b 10c 10d 10e 10f 10g 10h	Yes X X X X X	stic Cod ic Cod No X X X X	des in the instruct	tions:	12,65

Fairmount Animal Hosp Fax:4872357

Oct 15 2019 11:59am

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No 14 1 P005/005

	Form 5500-SF (2018)	Page 3-					
Part	VIII Ponsion Funding Compliance		·····				
11	Is this a defined benefit plan subject to minimum funding re	equirements? (If "Yes," see instructions and	complete Sch	edule Si	B ,	Yes	No
112	(Form 5500) and line 11a below)					L	<u> </u>
12	Is this a defined contribution plan subject to the minimum f ERISA?	funding requirements of section 412 of the	Code or sectio	n 302 of		Yes	X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e If a waiver of the minimum funding standard for a prior year	e below, as applicable.) r is being amortized in this plan vear, see ir	structions, and		be date o	f the letter r	Ilina
	granting the waiver.		Month	Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of So			12b			
	Enter the minimum required contribution for this plan year				;;,	•	
d d	Enter the amount contributed by the employer to the plan for Subtract the amount in line 12c from the amount in line 12b negative amount)	. Enter the result (enter a minus sign to the	e left of a	12c 12d		<u></u>	
<u>.</u> е	negative amount) Will the minimum funding amount reported on line 12d be n				Yes	No	N/A
Part	~X.333						
13a	Has a resolution to terminate the plan been adopted in any plan				Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted t			13a	· ·		· · · · ·
b	Were all the plan assets distributed to participants or benef control of the PBGC?	iciaries, transferred to another plan, or brou	ught under the			Yes X N	
С	If, during this plan year, any assets or liabilities were transfi which assets or liabilities were transferred.	erred from this plan to another plan(s), iden	itify the plan(s)	to			•
•	13c(1) Name of plan(s):		13c(2)	ËIN(s)	· · · ·	13c(3) P	N(s)
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