## 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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	-	
		dentification Information					
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010	
Α .	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
	This return/report is for:	first return/report	final retur	n/report			
_	This return report is for.	an amended return/report		n year return/report (less than 12 mor	nthe)		
_		□ · □			11113)	□ pc/0	
C	Check box if filing under:	↑ Form 5558		extension		DFVC program	
		special extension (enter description	on)				
Pa	rt II Basic Plan Infor	mation—enter all requested information	ation				
	Name of plan				1b	Three-digit	
PAP	A D S PIZZA, INC. PROFIT SH	ARING PLAN				plan number 001	
					4.	(PN) •	
					10	Effective date of plan 01/01/2003	
22	Dlan enoncor's name and add	ress (employer, if for single-employer	nlan)		2h	Employer Identification Number	
	A D S PIZZA, INC.	less (employer, il for single-employer	piai i)		20	(EIN) 61-1196451	
					2c	Plan sponsor's telephone number	
	NORTH BEND ROAD RON, KY 41048					859-384-4721	
I ILD	1011, 111 41040				2d	Business code (see instructions) 311900	
20	Dian administratoria nana and	I address (if asses as Diag assesses as		- "\	2 h	Administrator's EIN	
PAP	A D S PIZZA, INC.	I address (if same as Plan sponsor, et 2983 NORTH	HBEND R	OAD	SD	61-1196451	
		HEBRON, KY	Y 41048		3c	Administrator's telephone number	
						859-384-4721	
		an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		4c	BN	
52	Total number of participants of	t the beginning of the plan year				4	
					5a		
b		t the end of the plan year			5b	0	
С		vith account balances as of the end of		•	5c	0	
62	,	during the plan year invested in eligib				X Yes No	
	•	he annual examination and report of		,			
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditi	ions.)		X Yes No	
		ner 6a or 6b, the plan cannot use Fo					
Pa	rt III   Financial Inform	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а	Total plan assets		. 7a	209795	5	0	
b	Total plan liabilities		7b	C	)	0	
С	Net plan assets (subtract line	7b from line 7a)	7с	209795		0	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or rece			, ,		· · · · · · · · · · · · · · · · · · ·	
	(1) Employers		8a(1)	C	_		
	(2) Participants		8a(2)	C	_		
	(3) Others (including rollovers	8)	8a(3)	C			
b	Other income (loss)		8b	-1803	)3		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			-1803	
d	Benefits paid (including direct	rollovers and insurance premiums		207992			
			. 8d		_		
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	C	_		
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	C	_		
g	Other expenses		. 8g	C			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			207992	
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i			-209795	
	Transfers to (from) the plan (s	ee instructions)	8i	C			

Form 5500-SF 2010 Page <b>2-</b>
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Part IV	Plan	Charac	cteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art V	Compliance Questions						
D	uring the plan year:		Yes	No		Amoun	t
	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		X			
C V	Vas the plan covered by a fidelity bond?	10c		X			
	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X			
in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X			
fн	as the plan failed to provide any benefit when due under the plan?	10f		X			
<b>g</b> D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X			
	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
rt VI	Pension Funding Compliance						
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					. Ye	es X
ls ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Y6	es X
(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
gr	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru anting the waiver	th					
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			405			
	nter the minimum required contribution for this plan year			12b			
	nter the amount contributed by the employer to the plan for this plan year			12c			
ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)			12d	_		
e w	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/
rt VI	Plan Terminations and Transfers of Assets						
а н	as a resolution to terminate the plan been adopted during the plan year or any prior year?					× Ye	es
lf	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		the co	ntrol		× Ye	es 📗
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t hich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1			
13c	(1) Name of plan(s):		13	c(2) El	N(s)	13c	<b>(3)</b> PN(
ution	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					cable a S	chedule

SIGN	Filed with authorized/valid electronic signature.	08/10/2011	THOMAS A. DAUT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/10/2011	THOMAS A. DAUT
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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 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

2010

This Form is Open to Public Inspection

Part						
or the	calendar plan year 2010 or fiscal plan year beginning	01/01/	2010	and ending	12/	31/2010
This	return/report is for: x single-employer plan return/report is for:	multiple-emp	oloyer plan (n	ot multiemployer)		one-participant plan
		inal return/r	eport			
		short plan ye	ear return/rep	ort (less than 12 mont	hs)	
• Cha		automatic ex	·		П	DFVC program
, Une	special extension (enter description)					
11 5 J. Com.						
<u>Part</u>	•	nation.			1h T	hree-digit
a N	ame of plan					lan number
P	APA D'S PIZZA, INC. PROFIT SHARING PLAN					PN) ▶ 001
					1	ffective date of plan 1/01/2003
1- 5	the deliberation of the single completes of					imployer Identification Number
	an sponsor's name and address (employer, if for single-employer pla APA D's PIZZA, INC.	aii)				EIN) 61-1196451
P	APA D S FIZZA, INC.					lan sponsor's telephone number
2	983 NORTH BEND ROAD					859) 384-4721
JS H	EBRON KY 41048					Jusiness code (see instructions)
	lan administrator's name and address (If same as plan employer, en	ter "Same")			_	dministrator's EIN
	AME	,				
					3c A	Administrator's telephone number
	•					•
			1 Cl - 1 C - 4-1-		4b E	TINI
<b>1</b> If	the name and/or EIN of the plan sponsor has changed since the las ame, EIN and the plan number from the last return/report. Sponsor's	t return/repo Name	ort tiled for this	s pian, enter the		
					4c F	PN .
5a ⊤	otal number of participants at the beginning of the plan year				5a	4
<b>b</b> T	otal number of participants at the end of the plan year				5b	0
C T	otal number of participants with account balances as of the end of the omplete this item)	e plan year	(defined bene	ent plans do not	5c	0
6a ∨	Vere all of the plan's assets during the plan year invested in eligible a	ssets? (See	e instructions.	)		XYes No
h A	re you claiming a waiver of the annual examination and report of an	independen	nt qualified pul	olic accountant (IQPA)	)	
1.1	inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	.)			X Yes No
	f you answered "No" to either 6a or 6b, the plan cannot use For	m 5500-5F	anu must ins	iteau use rorm 5500.	•	
Part			/ \ >			/b) End of Voca
	Plan Assets and Liabilities	Mark State of the	(a) B	eginning of Year		(b) End of Year
	otal plan assets	. 7a		209,795		0
b 1	Total plan liabilities	. 7b		0		0
C 1	Net plan assets (subtract line 7b from line 7a)	. 7c		209,795	_	0
<b>8</b> 1	ncome, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total
a (	Contributions received or receivable from:	0.44	,	0		
	1) Employers	. 8a(1)		. 0	$\dashv$	
	2) Participants	. 8a(2)		0		
	3) Others (including rollovers)	. 8a(3)		(1,803)	-	
	Other income (loss)	. 8b		(1,603)		/1 003\
C .	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				(1,803)
	to provide benefits)	. 8d		207,992		
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0		
	Administrative service providers (salaries, fees, commissions)	. 8f		. 0		
	Other expenses	. 8g		0		
•	·					207,992
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1			1944 1955	(209,795)
	Net income (loss) (subtract line 8h from line 8c)	. 8i	Para Caryon (Para Con)		and state	\
i	Transfers to (from) the plan (see instructions)	. 8j		0	- Partie	

· · · · · · · · · · · · · · · · · · ·	Form 5500-SF 2010	Page <b>2-</b>				
Part l	V Plan Characteristics					
a If	the plan provides pension benefits, enter the applicable pension feature co	des from the List of Plan Charac	cteristic (	Codes in t	ne instructio	ns:
<b>b</b> . If	2A 2E 2J the plan provides welfare benefits, enter the applicable welfare feature cod	es from the List of Plan Charact	eristic C	odes in the	e instruction	s:
Part	V Compliance Questions			,		
_	During the plan year:			Yes No		Amount
а	Was there a failure to transmit to the plan any participant contribution within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cor	n the time period described in rection Program)	. 10a	х		
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)	t include transactions reported	. 10b	x		
	Was the plan covered by a fidelity bond?		10c	х		
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bordishonesty?	ond, that was caused by fraud	. 10d	x		***************************************
е	Were any fees or commissions paid to any brokers, agents, or other person	as by an insurance carrier,				
	insurance services or other organization that provides some or all of the beinstructions.)	eneme under the high. (Occ	. 10e	Х		
f	Has the plan failed to provide any benefit when due under the plan? . $\ \ .$		· 10f	х		· · · · · · · · · · · · · · · · · · ·
g	Did the plan have any participant loans? (If "Yes," enter amount as of year		· 10g	х	. 25.5 (48.01 (40.00))	Lay digitalisting will always a common constitution of the constitution of the constitution of the constitution
	If this is an individual account plan, was there a blackout period? (See inst 2520.101-3.)		. 10h	x		
i	If 10h was answered "Yes," check the box if you either provided the requirexceptions to providing the notice applied under 29 CFR 2520.101-3.	ed notice or one of the	. 10i			
Part	VI Pension Funding Compliance					
1	Is this a defined benefit plan subject to minimum funding requirements? (If	"Yes," see instructions and con	nplete So	chedule SI	3 (Form	
	5500))		<u> </u>		<u></u>	. Yes
	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	nents of section 412 of the Code	or secti	on 302 of	ERISA? .	. Yes
а	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver	nents of section 412 of the Code	or secti	on 302 of	ERISA? .	. Yes
а	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort	nents of section 412 of the Code sized in this plan year, see instru	or secti	on 302 of	ERISA? .	. Yes x
a If y	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	nents of section 412 of the Code ized in this plan year, see instructions of the code ized in this plan year, see instructions of the code ized in this plan year, see instructions of the code ized in the code ized in the code ized ized ized ized ized ized ized iz	or secti	on 302 of	ERISA?	. Yes x
a If y b	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the results.	nents of section 412 of the Code ized in this plan year, see instru	or secti	on 302 of and enter t	ERISA?	e letter ruling Year
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver	nents of section 412 of the Code ized in this plan year, see instru	or secti	on 302 of and enter t	ERISA? .	. Yes x
a If y b c d e	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)  Will the minimum funding amount reported on line 12d be met by the funding Italian I	nents of section 412 of the Code ized in this plan year, see instru orm 5500), and skip to line 13.  r ult (enter a minus sign to the left	ctions, a	on 302 of and enter t	ERISA? ne date of thay	Yes Yes No No
a If y b c d e	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the result amount)  Will the minimum funding amount reported on line 12d be met by the funding the plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year of the subject of the plan year of the subject of the plan year of the plan terminate the plan been adopted during the plan year of the subject of the plan year of the plan terminate the plan been adopted during the plan year of the plan terminate the plan been adopted during the plan year of the plan terminate the plan been adopted during the plan year of the plan terminate the plan been adopted during the plan year of the plan terminate the plan been adopted during the plan year of the plan terminate the plan been adopted during the plan terminate the plan termi	nents of section 412 of the Code fized in this plan year, see instructions of the code fized in this plan year, see instructions of the code form 5500), and skip to line 13.  It is a minus sign to the left of the code of t	ctions, a	on 302 of and enter t	ERISA?	Yes Yes No No
a If y b c d e e Part	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver	nents of section 412 of the Code ized in this plan year, see instru form 5500), and skip to line 13.	or secti	120 120 120	ERISA?	Yes Yes No No
a If y b c d e Part 13a	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver	nents of section 412 of the Code ized in this plan year, see instru form 5500), and skip to line 13.	or sections, a lonth	on 302 of and enter t	ERISA?	Yes Yes No No
a Ify b c d e Part 13a b	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the result in the minimum funding amount reported on line 12d be met by the funding vill Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year of the PBGC?  Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?  If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	nents of section 412 of the Code fized in this plan year, see instru- form 5500), and skip to line 13.  It is a minus sign to the left fing deadline?  For any prior year?  For this year  For another plan, or brought final plan to another plan(s), identify the	or sections, alonth of a under the plan(	on 302 of and enter t	ERISA?	Yes Yes Expensed to the letter ruling Year
a  If y b c d ee Part 13a b	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the result in the minimum funding amount reported on line 12d be met by the funding vill Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year of the PBGC?  Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?  If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	nents of section 412 of the Code ized in this plan year, see instru form 5500), and skip to line 13.  It is a sign to the left of the left	or sections, a lonth of a under the plan(	on 302 of and enter t	ERISA?	No XYes X
a If y b c d e Part 13a b	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the result in the minimum funding amount reported on line 12d be met by the funding vill Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year of the PBGC?  Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?  If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	nents of section 412 of the Code ized in this plan year, see instru form 5500), and skip to line 13.  It is a sign to the left in this year or any prior year? It is year  Perred to another plan, or brought plan to another plan(s), identify the control of the code in the	or sections, a lonth of a under the plan(	on 302 of and enter t	ERISA?	No XYes X
a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the rest negative amount)  Will the minimum funding amount reported on line 12d be met by the funding the plan year of the PBGC?  If "Yes," enter the amount of any plan assets that reverted to the employed Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?  If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)  3c(1) Name of plan(s):	nents of section 412 of the Code fized in this plan year, see instru- form 5500), and skip to line 13.  It is a minus sign to the left fing deadline?  For any prior year?  In this year  For any prior year?  For a	or sections, alonth of a under the plan(	120 120 120 120 120 120 130 130 130 130 130 130 130 130 130 13	ERISA? ne date of thay	No XYes X
a If y b c d e Part 13a b c C Cauti Undee SB or	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver	nents of section 412 of the Code ized in this plan year, see instru- form 5500), and skip to line 13.  It (enter a minus sign to the left ing deadline?  or any prior year?  or this year  erred to another plan, or brought plan to another plan(s), identify the CHNEIDER & BROWN CO. 4520 Cooper Road - Suite Cincinnati, Ohio 45242 Phone: (513) 984-6105 be assessed unless reasonab are that I have examined this retu	or sections, alonth of a under the plan(	on 302 of and enter to 120 120 120 120 120 130 130 130 130 130 130 130 130 130 13	ERISA? .  The date of the lay	No N
a  If y b c d e Part 13a b C Cauti Undee SB or belief	Is this a defined contribution plan subject to the minimum funding requirem (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amort granting the waiver  ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan yea Subtract the amount in line 12c from the amount in line 12b. Enter the result amount in line 12c from the amount in line 12b be met by the funding the minimum funding amount reported on line 12d be met by the funding "Yes," enter the amount of any plan assets that reverted to the employe Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?  If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  Society of the late or incomplete filling of this return/report will repenalties of perjury and other penalties set forth in the instructions, I declar Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	nents of section 412 of the Code fized in this plan year, see instru- form 5500), and skip to line 13.  It is considered the section of the left of th	or sections, a lonth of a	on 302 of and enter to 120 120 120 120 120 130 130 130 130 130 130 130 130 130 13	ERISA? .  The date of the lay	No N
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