## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

# **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

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan				
	This return/report is for:	final retur	n/report		_				
	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	extension	,	DFVC program					
	special extension (enter description								
D:	art II Basic Plan Information—enter all requested informa								
	Name of plan	alion		1h	Three-digit				
	ENAS HOME NOVELTIES, INC. 401(K) PROFIT SHARING PLAN				plan number 001				
					(PN) •				
				1c	Effective date of plan 01/01/2000				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
ATH	ENAS HOME NOVELTIES, INC.				(EIN) 05-0504696				
	WINTER STREET ONSOCKET, RI 02895			2c	Plan sponsor's telephone number 401-762-6110				
VVOC	5NOOCKE 1, NI 02093			2d	Business code (see instructions) 453990				
3a ATH	Plan administrator's name and address (if same as Plan sponsor, el ENAS HOME NOVELTIES, INC. 640 WINTER	nter "Same STREET	")	3b	Administrator's EIN 05-0504696				
	WOONSOCK	(ET, RI 02	895	3с	Administrator's telephone number				
1	If the name and/or EIN of the plan sponsor has changed since the las	et return/re	nort filed for this plan, enter the	4h	EIN				
	name, EIN, and the plan number from the last return/report. Sponso		port med for this plan, enter the	40	EIIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	23				
b	Total number of participants at the end of the plan year			5b	23				
С	Total number of participants with account balances as of the end of complete this item)		•	5c	19				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No				
b	- ,				 ⊠ vaa □ Na				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes No				
Pa	art III Financial Information	JIII 3300-	or and must mateau use rorm 53						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
a		. 7a	611519	)	733844				
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	611519	)	733844				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а			88792						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	45228	<u> </u>					
	(3) Others (including rollovers)	8a(3)	70000	_					
b	,	8b	72963		206983				
C		8c			200983				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	84258						
е	Certain deemed and/or corrective distributions (see instructions)	8e		4					
f	Administrative service providers (salaries, fees, commissions)	8f	400	4					
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			84658				
i	Net income (loss) (subtract line 8h from line 8c)	8i			122325				
	Transfers to (from) the plan (see instructions)	8j							

		Form 5500-SF 2010 Page <b>2-</b>						
Par	t IV	Plan Characteristics						
Эа		te plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2F 2G 2J 2K 3D	haracteri	stic Co	odes in	the instructio	ns:	
b		the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Co	des in 1	the instruction	ıs:	
art	: <b>V</b>	Compliance Questions						
0	Du	ring the plan year:		Yes	No	Ar	nount	
а		as there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X			
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	ed 10b		X			
С	W	as the plan covered by a fidelity bond?	10c	X				75000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	ıd <b>10d</b>		X			
е	ins	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				2705
f	На	s the plan failed to provide any benefit when due under the plan?	10f		X			
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X			
i	If 1	Oh 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					
art	VI	Pension Funding Compliance	•	•	•			
11	ls t 550	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (00))	complete	Sched	dule SE	3 (Form	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the C				l i	Yes	X No
	(If '	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insunting the waiver.		,				0
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	_		1		
b	Ent	ter the minimum required contribution for this plan year			12b			
		ter the amount contributed by the employer to the plan for this plan year		12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)			12d			
е	Wil	If the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>			Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Ha	s a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
		2.1, 1.7, 1.7, 1.7, 1.7, 1.7, 1.7, 1.7, 1		Ī	122			ш

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/31/2011	JENNIFER JOLICOEUR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

# Form 5500-\$F

Department of the Treasury Internal Revenue Scrvice

Department of Labor Employee Bondita Security Administration Partsion 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).

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

ςP.	Annual Report Identification Information	na /an /2	nod codiff		7.2/31/2010						
For	Control of the Contro	01/01/2									
A	This return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan							
В	Ulis iémuniaboli is ioir	final return	•								
	an amended return/report	short plал	year return/report (less than 12 mon	ths)							
_	Check box if filling under. 🔲 Form 5558	automatic	extension		DFVC program						
•	special extension (enter description	n)									
5 - 1 <b>364</b> -2	A La Company C										
70	Art II Basic Plan Information—enter all requested Information	HIQII	T	1b	Three-digit						
7 a	Name of plan ATHEMAS HOME NOVELTIES, INC. 401(K) PROF	IT SHA	RING PLAN		plan number						
	ATHEMAS HOME MOVEDITES, 11.01 112 (11)		,	1.1000	(PN) ▶ 001						
				1¢	C Effective date of plan						
	A DEPOSITOR		The same of	74	01/01/2000						
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b Employer Identification Number (EIN) 05-0504696							
	ATHENAS HOME NOVELTIES, INC.			2c	Plan aponsor's telephone number						
	640 WINTER STREET		ŧ.		401-762-6110						
				2d	Business code (see instructions)						
	WOONSOCKET RT 02895	agamata			453990						
Зa	Plan administrator's name and address (if same as Plan sponsor, et ATHENAS HOME NOVELTIES, INC.	nier "Same	")	30	Administrator's EIN 05-0504696						
				36	Administrator's talephone number						
	640 WINTER STREET WOONSOCKET RI 02895			-	401-762-6110						
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN						
-T 1	name, EIN, and the plan number from the last return/report. Sponsor	r's name	, .	4							
	A THE PROPERTY OF THE PROPERTY				PN						
	Total number of participants at the beginning of the plan year			5a	23						
	Total number of participants at the end of the plan year,				b 23						
Þ				5b	4.5						
b c	Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not								
C	Total number of participants with account balances as of the end of complete this item)	the plan y	ear (defined benefit plans do not	5¢	3,9						
c 6a	Total number of participants with account balances as of the end of complete this item)	the plan y le assets?	ear (defined benefit plans do not (See instructions.)	5с	3,9						
c 6a	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen	ear (defined benefit plans do not  (See instructions.)	<b>5c</b> •A)	7,9 X Yes No						
c 6a	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)	<b>5c</b> •A)	7,9 X Yes No						
c 6a b	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)	<b>5c</b> •A)	7,9 X Yes No						
6a b	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on walver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Formation.	the plan y le assets? en indepen and conditi orm 5500-	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQF ons.) 3F and must instead use Form 550	<b>5c</b> •A)	7,9 X Yes No						
6a b Pa	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on walver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For t	the plan y le assets? an indepen and conditi orm 5600-	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)	5c	I,9  X Yes No						
6a b Pa 7	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-48? (See instructions on walver eligibility as if you answered "No" to either 6a or 6b, the plan cannot use For the plan assets and Liabilities.	the plan y le assets? an indepen and conditi orm 5500-	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQF ons.) 3F and must instead use Form 55(	5c	J,9  X Yes No  X Yes No						
6a b 7 a	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen and conditi orm 5500-1 7a 7b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQF ons.) 3F and must instead use Form 55(	5c	J,9  X Yes No  X Yes No						
6a b 7 a b	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen and conditi orm 5500-	ear (defined benefit plans do not (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  611.51	5c	7.9 X Yes No X Yes No X Yes No 733844						
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on walver eligibility a lif you answered "No" to either 5a or 6b, the plan cannot use For the plan Assets and Liabilities  Total plan assets  Total plan assets  Net plan assets (subtract line 7b from line 7a)	the plan y le assets? an indepen and conditi orm 5500-1 7a 7b	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Seginning of Year  61151  (a) Amount	5c	3,9   X Yes   No   X Yes   No   X Yes   No   No   X Yes   No   No   No   No   No   No   No   N						
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen and conditi orm 5500-1 7a 7b	ear (defined benefit plans do not (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Beginning of Year  611.51	5c	733844 (b) Total						
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? en indepen end condition orm 5500-1 7a 7b 7c	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  SF and must instead use Form 550  (a) Seginning of Year  61151  (a) Amount	5c	733844 (b) Total						
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-48? (See instructions on walver eligibility as if you answered "No" to either 6a or 6b, the plan cannot use For the plan cannot use For the plan assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from tine 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers.	the plan y le assets? en indepen end conditi orm 5500-  7a 7b 7c  Ba(1)	ear (defined benefit plans do not (See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (BF and must instead use Form 550  (a) Beginning of Year 611.51  (a) Amount	5c	733844 (b) Total						
6a b 7 a b c	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on walver eligibility as if you answered "No" to either 6a or 6b, the plan cannot use Foundation.  Plan Assets and Liabilities.  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year.  Contributions received or receivable from:  (1) Employers.  (2) Participants.	the plan y e assets? en indepen end condition orm 5500-  7a 7b 7c  8a(1)	ear (defined benefit plans do not (See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (BF and must instead use Form 550  (a) Beginning of Year 611.51  (a) Amount	5c	733844 (b) Total						
6a b 7 a b c 8 a b	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen and condition 5500-  7a 7b 7c  8a(1) 8a(2)	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year 61151  (a) Amount  8879 4522	5c	733844 (b) Total						
6a b 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See Instructions on walver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For this in Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan assets  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).  Other income (loss).  Total income (add lines 6a(1), 6a(2), 8a(3), and 8b)	the plan y le assets? en indepen end condition 7a 7b 7c 8a(1) 8a(2) 8b	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  61151  (a) Amount  8879  4522	5c (SA)	I,9						
6a b 7 a b c 8 a b c	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See Instructions on walver eligibility a life you answered "No" to either 6a or 6b, the plan cannot use Foundary III. Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan assets  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (Including rollovers).  Other income (loss).  Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).	the plan y le assets? en indepen end condition 7a 7b 7c 8a(1) 8a(2) 8b	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  (a) Beginning of Year  (a) Amount  8879  4522	5c (SA)	I,9						
6a b 7 a b c 8 a b c	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen and condition 5500-  7a 7b 7c  8a(1) 8a(2) 8b 8c	car (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  (a) Beginning of Year  (a) Amount  8879  4522	5c	I,9						
6a b 7 a b c d	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See Instructions on walver eligibility a life you answered "No" to either 6a or 6b, the plan cannot use Foundary III. Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan assets  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (Including rollovers).  Other income (loss).  Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).	the plan y le assets? en indepen end condition 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	ear (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  61151  (a) Amount  8879  4522	5c	I,9						
6a b 7 a b c 8 a b c d e e	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? en indepen end condition 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d Be	car (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  (a) Beginning of Year  (a) Amount  8879  4522	5c	7.9 No    X   Yes   No   X   Yes   No   X   Yes   No   Total   No   Total   No   206983						
6a b 7 a b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? en indepen end condition 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	ear (defined benefit plans do not  (See instructions.)  (See instructions.)  (dent qualified public accountant (IQF ons.)  (a) Beginning of Year  (a) Beginning of Year  (a) Amount  8879  4522  7296	5c 3A)	7.9 No    X   Yes   No    206983						
6a b 7 a b c c d e f g	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepen and conditions 5500-  7a 7b 7c  Ba(1) 8a(2) 8a(3) 8h 8c 8d Be 8f Bg	car (defined benefit plans do not  (See instructions.)  dent qualified public accountant (IQF ons.)  (a) Beginning of Year  (a) Beginning of Year  (a) Amount  8879  4522	5c 3A)	7.9 No    X   Yes   No   X   Yes   No   X   Yes   No   Total   No   Total   No   206983						

	Form 6500-SF 2010	)69	e 2-	- Manager	_						
**************************************	The state of the s	1.112	108.	A Thomas on the ball			(2000)				
9a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 3D	e codes from the L	ist of Plan Cherec	teris:	ilc Coo	tes in t	he instruction	5;			
b	2E 2F 2G 2G 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature	codes from the L	st of Plan Charact	terist	ic Cod	es in th	ie iristruction	5:	Savosavra		
Part	Compliance Questions			Ţ	¥	No	, , , , , , , , , , , , , , , , , , ,	nount			
10	A - A - A - A - A - A - A - A - A - A -				Yes		<i>J</i> 411	IOUIII			
a	Was there a fallure to transmit to the plan any participant contributions to one page 2510 3-1022 (See instructions and DOL's Voluntary Fiduciary	##HERRIGHT 1-9		10a_		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	Wor incinde frames		10b		X	uma Umaa	71	5000		
c	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 fidelit	y bond, that was c	aused by fraud	10d	-1	х	М				
ė	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				x				2705		
	instructions.)	***************************************		10 <del>0</del>		x		<b>-</b>	I.ILI		
f	Has the plan failed to provide any benefit when due under the plan?			101	1						
q	Did the plan have any participant loans? (if "Yes," enter amount as of y	ear end.)		10g		Х	-,,,,		<del>- v .</del>		
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29	CFR	10h		X					
j	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	sulred notice or on	e of the	10i							
Păr	Tries Compliance			1 Exercise T							
11	Is this a defined benefit plan subject to minimum funding requirements?	************************	Transfer of the second		- LANSON			Yes			
12	is this a defined contribution plan subject to the minimum funding requ	irements of section	1 412 of the Code	or se	ection	302 of	ERISA?	Yes	X] No		
		1						lotter aulid	10		
	If a waiver of the minimum funding standard for a prior year is being an	orlized in this plar		th	, ano (	enter ti Day		ear			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	I akib to use 19.		Г	12b	1	-11-4			
ľ	Enter the minimum required contribution for this plan year		1-141111177		····	12c					
¢	Enter the amount contributed by the employer to the plan for this plan to	rocult (ontat a min	es sion to the left of	of a	""	450.4	, <u>seemy</u>				
	Subtract the amount in line 12c from the amount in line 12b. Enter the inegative amount)		***************************************		[	12d	Yes T	No 🗍	N/A		
<u> </u>	Will the minimum funding amount reported on line 12d be met by the fu	inding deadline						-A-1011001100 , 1000			
Par	Will Plan Terminations and Transfers of Assets	ALIenovie			a in its			Yes	X No		
13a	Has a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	r?	*******		495		1	<u>A</u>		
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			-EXIST		
b	Were all the plan assets distributed to participants or beneficiaries, transfithe PBGC?		********************************		,,			Yes	X No		
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	hanz, manny n	13c(2) EIN(s) 13c(3) PN(					DNI/a)			
	13c(1) Name of plan(s):		to the same of the	136(2) E114(3) 136(3) 1				1 11(2)			
							13/77				
	Man Man										
	ition: A penalty for the late or incomplete filing of this return/report	will he accessed	inless reasonab	le ca	use is	estat	lished.				
Und SB	der penaltics of perjury and other penalties set forth in the instructions, I do or Schedule MB completed and signed by an enrolled actuary, as well as	actors that I have	evamined this reti	11667/66	anort. 1	maludir	ia. II apolicec	ile, a Sche nowledge a	dule and		
DĠII	ief, it is true, correct, and complete.					JOLICOBUR					
	The state of the s	8 · 24 · 11	Enter name of in		14.000		is plan admir	istrator			
.HE	RE Signature of plan administrator	Date	Lines name of h				_ p Maris III	111 0000	•		
SI M#		Date	Enter name of it	ndivi	dua <u>l s</u> i	gning a	as employer o	r plan spc	льог		
	RE   Signature of employer/plan sponsor	v y 1	10-10-10-10-10-10-10-10-10-10-10-10-10-1								