# 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.

0040

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010
Α	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
		short plar	year return/report (less than 12 mo	onths)	
C	Check box if filing under:	automatic	extension	,	DFVC program
•	special extension (enter description		o externolori		
D	<u></u>	,			
	Name of plan	ation		1h	Three-digit
	GAS & ELECTRIC, INC. 401(K) PLAN			10	nlan number
0.0.	5/10 d 2220 / 110, 1110. 101(tt) / 211t				(PN) ▶ 001
				1c	Effective date of plan
					01/01/2009
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number 58-2502341
0.5.	GAS & ELECTRIC, INC.			20	(EIN) 58-2502341 Plan sponsor's telephone number
	NW 165TH STREET, PH5			20	305-947-7880
N. M	IAMI BEACH, FL 33169			2d	Business code (see instructions)
					561420
3a	Plan administrator's name and address (if same as Plan sponsor, er GAS & ELECTRIC, INC. 290 NW 165T	nter "Same H STREE	e") FT. PH5	3b	Administrator's EIN 58-2502341
0.0.	N. MIAMI BEA			30	Administrator's telephone number
					305-947-7880
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI
52	Total number of participants at the haginning of the plan year			<u> </u>	68 68
	Total number of participants at the beginning of the plan year				
b	Total number of participants at the end of the plan year			5b	89
С	Total number of participants with account balances as of the end of complete this item)		•	5c	89
62	Were all of the plan's assets during the plan year invested in eligible				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				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
	rt III Financial Information		T		
7	Plan Assets and Liabilities		(a) Beginning of Year	0	(b) End of Year
a	Total plan assets	7a	27463		751908
b	Total plan liabilities	7b	07400	0	1791
С	Net plan assets (subtract line 7b from line 7a)	7c	27463	2	750117
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:  (1) Employers	8a(1)	16505	8	
	(2) Participants	8a(2)	27206	5	
	(3) Others (including rollovers)	8a(3)	1946	9	
h	Other income (loss)	8b	7431		
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				530908
c d	Benefits paid (including direct rollovers and insurance premiums	8c			300000
u	to provide benefits)	8d	5116	9	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f	425	4	
g	Other expenses	8g		0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			55423
i	Net income (loss) (subtract line 8h from line 8c)	8i			475485
i	Transfers to (from) the plan (see instructions)	Ωi		0	

	Foi	rm 5500-SF 2010 Page <b>2-</b>								
Par	t IV	Plan Characteristics								
Эа		lan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch. $E=2G=2J=3D$	aracteri	stic Co	des in	the instr	uction	s:		
b		lan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	stic Cod	des in	the instru	ections	s:		
art	. V C	Compliance Questions								
0	During	g the plan year:		Yes	No		Am	nount		
а		here a failure to transmit to the plan any participant contributions within the time period described i FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n <b>10a</b>		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported at 10a.)	10b		X					
С	Was t	the plan covered by a fidelity bond?	10c		X					
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc	10d		X					
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ince service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e	X					100	353
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X					
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI P	Pension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co				,	[	Yes	X	No
2	Is this	a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?	. [	Yes	s X	No
	,	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ng the waiver							-	
lf :	-	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,					
b	Enter t	the minimum required contribution for this plan year			12b					
С	Enter t	the amount contributed by the employer to the plan for this plan year		L	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ve amount)			12d					
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N	I/A
art	VII	Plan Terminations and Transfers of Assets								
							F	7	Y	

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... 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.	10/14/2011	CAMERON KELLY
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-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

	art I Annual Report Identification Information				
_Fo		01/01/2	2010 and ending		12/31/2010
A	This return/report is for: X single-employer plan	] multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:   first return/report	final retu	rn/report		Macand
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)	
C	Check box if filing under: X Form 5558	automati	c extension		DFVC program
	special extension (enter description	on)			<b>u</b> . •
P	art II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
	U.S. Gas & Electric, Inc. 401(k) Plan				plan number
					(PN) 001
				10	Effective date of plan 01/01/2009
2a	Plan sponsor's name and address (employer, if for single-employer U.S. Gas & Electric, Inc.	plan)		2b	Employer Identification Number (EIN) 58-2502341
				2c	Plan sponsor's telephone number
	290 NW 165th Street, PH5			24	(305) 947-7880
	N. Miami Beach		FL 33169	_Zu	Business code (see instructions) 561420
3а	Plan administrator's name and address (if same as Plan sponsor, e same $$	nter "Sam		3b	Administrator's EIN
				3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report. Sponso	r's name	, , , , , ,		
50	Total number of participants of the beginning of the plan year			<del> </del>	PN
	Total number of participants at the beginning of the plan year      Total number of participants at the end of the plan year			5a	68
				5b	89
C	Total number of participants with account halances as of the and of	ftha plan .	oor (defined benefit plans de est		
	Total number of participants with account balances as of the end of complete this item)		***************************************	5c	89
6a	complete this item)	le assets?	(See instructions.)		
6a	Complete this item)	le assets?	(See instructions.)	PAI	X Yes No
6a b	Complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Formula in the plan's assets during the plan year invested in eligible and plan in the plan cannot use Formula in the plan's assets during the plan year invested in eligible are plan year.	le assets? an indepe and condit	(See instructions.)	PA)	X Yes No
6a b	Complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility).	le assets? an indepe and condit	(See instructions.)	PA)	X Yes No
6a b Pa	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	ele assets? an indepe and condit orm 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55	PA)	X Yes No X Yes No (b) End of Year
6a b	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets	ele assets? an indepe and condit orm 5500-	(See instructions.)	PA)	X Yes   No   X Yes   No   No   No   No   No   No   No   No
6a b Pa 7 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets.  Total plan liabilities	ele assets? an indepe and condit orm 5500- 7a 7b	(See instructions.)	PA) 00. 2	(b) End of Year  751, 908 1,791
6a b Pa 7 a b	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	ele assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.)	PA) 00. 2	(b) End of Year  751, 908 1,791 . 750,117
6a b 7 a b c	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  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	ele assets? an indepe and condit orm 5500- 7a 7b	(See instructions.)	PA) 00. 2	(b) End of Year  751, 908 1,791
6a b Pa 7 a b	Complete this item)	ele assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.)	PA) 00. 2 0	(b) End of Year  751, 908 1,791 . 750,117
6a b 7 a b c	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  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:	ele assets? an indepe and condit orm 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55  (a) Beginning of Year  274,63  (a) Amount	PA) 00. 2 0 2 8	(b) End of Year  751, 908 1,791 . 750,117
6a b 7 a b c	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Frint III Financial Information  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	ole assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274,63  (a) Amount  165,05	PA) 30. 2 0 2 5	(b) End of Year  751, 908 1,791 . 750,117
6a b 7 a b c	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fort III. Financial Information  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	ele assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 55  (a) Beginning of Year 274, 63  (a) Amount  165, 05	PA) 00. 2 0 2 9	(b) End of Year  751, 908 1,791 . 750,117
Pa b c 8 a b c	Complete this item)	ele assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274,63  (a) Amount  165,05  272,06	PA) 00. 2 0 2 9	(b) End of Year  751, 908 1,791 . 750,117
6a b 7 a b c 8 a	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan liabilities  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  (3) Others (including rollovers)  Other income (loss)	le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274,63  (a) Amount  165,05  272,06	(PA) (00. 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  751, 908 1, 791 750, 117 (b) Total
Pa b c 8 a b c	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  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  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	le assets? an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274, 63  274, 63  (a) Amount  165, 05  272, 06  19, 46  74, 31	(PA) (00. 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  751, 908 1, 791 750, 117 (b) Total
Pa Pa 7 a b c 8 a	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Foot III Financial Information  Plan Assets and Liabilities  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	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c  8d	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274, 63  274, 63  (a) Amount  165, 05  272, 06  19, 46  74, 31	(PA) (00. 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  751, 908 1, 791 750, 117 (b) Total
Pa Pa 7 a b c 8 a	Complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  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  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274,63  274,63  (a) Amount  165,05  272,06  19,46  74,31	(PA) (00. 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  751, 908 1, 791 750, 117 (b) Total
Pa 7 a b c 8 a b c d e f	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  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  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	ele assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274,63  274,63  (a) Amount  165,05  272,06  19,46  74,31	(PA) (00. 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  751, 908 1, 791 750, 117 (b) Total
Pa 7 a b c 8 a b c d e f g	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  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  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  274,63  274,63  (a) Amount  165,05  272,06  19,46  74,31	(PA) (00. 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  (b) End of Year  751, 908  1, 791  750, 117  (b) Total

Form	5500	-SF	2014	ግ

Plan Characteristics

Part IV

Page	2	ĺ	- 1

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acteris	tic Co	des in	the instruc	tions:		
Par	t V Compliance Questions			***************************************	·	VOWER THE TAXABLE PROPERTY.	······································	
10	During the plan year:		Yes	No	1	Amoun		-
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)	10a		X		711170411		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
c		10c		Х				******
d		10d		Х				*******
e		10e	х				10,3	5.
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 end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
7000	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						÷
Part	VI. Pension Funding Compliance							
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SE	(Form	Пу	es X N	in
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					_		
	(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 amortized in this plan year, see Instructional the waiver	ctions.	and e	nter th	e date of	he letter	rulina	•
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<b></b>					
b	Enter the minimum required contribution for this plan year.			12b		~~~~~~~	his	_
ď	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Lovern		Yes	No	∏ N/A	 \
Part					····	<del>}</del>	<u> </u>	
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				· · · · · · · · · · · · · · · · · · ·	Υe	s X N	o
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		Ye	s 🛭 N	0
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	ı(s) to					
1	3c(1) Name of plan(s):		13c		c(2) EIN(s)		13c(3) PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is e	stabl	sbed.			
Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.  Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.  It is true, correct, and complete.	ırn/ren	ort in	chidina	ı if annlic	able, a So knowled	chedule ge and	
SIG	Mark A 10 X						·· ·	_
HER	David Wein	berg						
::::::::::::::::::::::::::::::::::::::	David Wells			ing as	plan adm	inistrator		
SIGN	Signature of plan administrator  Date / // // Enter name of in	dividu	al sigr	ing as	plan adm	inistrator		
SIGN HERI	Signature of plan administrator  Date //// Enter name of in	idividu oerg	al sigr					