Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number JT & T CORP. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number JT & T AIR CONDITIONING CORP 11-2793053 (EIN) 2c Sponsor's telephone number 718-416-1660 64-54 MAURICE AVENUE MASPETH, NY 11378 2d Business code (see instructions) 238220 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 11-2793053 64-54 MAURICE AVENUE JT & T AIR CONDITIONING CORP. MASPETH, NY 11378 3c Administrator's telephone number 718-416-1660 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 786256 612309 Total plan assets..... 7a 0 7b Total plan liabilities..... 786256 612309 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -69127 **b** Other income (loss)..... 8b -69127 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 104820 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 104820 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -173947 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

0

Form	5500.	SF.	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 3D 3H
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions							
	During the plan year:		Yes	No		Am	ount	
а	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				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					19500
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	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						
irt	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•		Yes	∏ N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
ırt	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	es I	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol			Yes	X N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ie plai	n(s) to				•	_
1	3c(1) Name of plan(s):		13	c(2) EIN	l(s)		13c(3)	PN(s)

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/21/2012	JAMES MIKHAIL
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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Par								
For c	alendar plan year 2011 or fiscal plan year beginning	01/01/201	11	and ending		12/31/2011		
A T	is return/report is for: X a single-employer plan	a multiple-em	ployer plan	(not multiemployer)		a one-particip	ant plan	
B Th	is return/report is: the first return/report	the final retur	n/report					
	an amended return/report	a short plan y	ear return/re	port (less than 12 mo	nths)			
C C	neck box if filing under: X Form 5558	automatic ex	tension			DFVC progra	m	
NAT 1 10-00	special extension (enter description	n)						
Par		- 0.						
	lame of plan	ation			1b	Three-digit		
	& T Corp. Profit Sharing Plan					plan number	0.01	
						(PN)	001	
						Effective date of 01/01/1997	plan	
	lan sponsor's name and address; include room or suite number (e & T Air Conditioning Corp.	mployer, if for	a single-em	ployer plan)	2b	Employer Identif		nber
					2c	Sponsor's telep	hone numb	er
64-	54 Maurice Avenue					718-416-16	60	
	NW 11270				2d	Business code (see instruct	tions)
_	peth NY 11378				01	238220		
JT	Plan administrator's name and address (if same as plan sponsor, er & T Air Conditioning Corp.	nter "Same")				Administrator's I	3	
Mas	54 Maurice Avenue peth NY 11378					Administrator's t		umber
	f the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/rep	ort filed for t	nis plan, enter the	4b	EIN		
	Sponsor's name				4c	PN		
-	Total number of participants at the beginning of the plan year				5a	T		9
200	Total number of participants at the end of the plan year				5b			9
	Number of participants with account balances as of the end of the				30			
	complete this item)			Control of the state of the sta	5c			9
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (Se	ee instructio	ns.)			X Yes	No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use F							
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year	
а	Total plan assets	. 7a		78625	6	Samulation International Confession	(512309
b	Total plan liabilities	. 7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c		78625	6		(512309
8	Income, Expenses, and Transfers for this Plan Year		(6) Amount		(b) ⁻	Γotal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)			0			
	(2) Participants	. 8a(2)			0			
	(3) Others (including rollovers)	. 8a(3)			0			
b	Other income (loss)	. 8b		-6912	27			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							-69127
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10482	2.0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
·	Total expenses (add lines 8d, 8e, 8f, and 8g)							104820
i	Net income (loss) (subtract line 8h from line 8c)						-	173947
	Transfers to (from) the plan (see instructions)				0			

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Dart IV	Plan Characteristics	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions 2E 2G 2J 3D 3H

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

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	V Compliance Questions							
2 SCFR 2510.3-1027 (See instructions and DOL's violuntary Flatidary Correction Program) 100		During the plan year.		Yes	No		Amo	unt	
on line 10a.]	a		10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees a commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions i 10	b	The first of the second se	10b		Х				
er dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) But the site has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 2g CFR 2520.101-3.) If 10m was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 20 CFR 2520.101-3. If 10m was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 20 CFR 2520.101-3. If we was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 20 CFR 2520.101-3. If we was a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500). Pression Funding Compliance If we was a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes (If "Yes," complete 12a or 12b. 12c. 12d, and 12e below, as applicable.) If we was a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes and a flav aware of the manimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter or granting the waiver. Month Day Teach of the minimum funding standard for a prior year is being amortized in this plan year. If you completed line 12a, complete lines 3., and 10 of Schedule MB (Form 5500), and skip to fine 13. Define the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of a 12d subject the a	С	Was the plan covered by a fidelity bond?	10c	Х				195	00
e Witer any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions i) 106	d		10d		Х		mand on a name access.		
g Did the plan have any participant loans? (If "Yes." enter amount as of year end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carner, insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		Х				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 191-3). If 10 in was answered "Yes," check the box if you either provided the required notice or one of the exceptions to previding the notice applied under 29 CFR 2520, 101-3. If 10 in was answered "Yes," check the box if you either provided the required notice or one of the exceptions to previding the notice applied under 29 CFR 2520, 101-3. If I is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Yes, "Complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) at If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter run granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. b. Enter the minimum required contribution for this plan year. C. Enter the amount contributed by the emoloyer to the plan for this plan year. C. Enter the amount contributed by the emoloyer to the plan for this plan year. C. Enter the amount contributed by the emoloyer to the plan for this plan year. C. Enter the amount contributed by the emoloyer to the plan for this plan year. C. Enter the amount of mine 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). C. Enter the amount on the left of a negative amount). C. Enter the amount of any plan assets that reverted to the employer this year. If Yes No If Yes, "enter the amount of any plan assets that reverted to the employer this year. If Yes are reconstructed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?. C. If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC?. C. If during this plan year, any assets or liabilit	f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
h If the is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 1 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. 1 if 1 is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and complete Schedule SB (Form 5500). 1 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b. 12c, 12d, and 12e below, as applicable.) 2 is this adefined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b. 12c, 12d, and 12e below, as applicable.) 3 if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter run granting the waiver. 4 if you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 5 be Enter the minimum required contribution for this plan year. 5 ce Enter the amount contributed by the employer to the plan for this plan year. 6 ce Enter the amount contributed by the employer to the plan for this plan year. 7 ce Will the minimum funding amount reported on line 12b tener the result (enter a minus sign to the left of a negative amount). 8 e Will the minimum funding amount reported on line 12b tener the result (enter a minus sign to the left of a negative amount). 9 e Will the minimum funding amount reported on line 12b tener the result (enter a minus sign to the left of a negative amount). 10 e Will the minimum funding amount reported on line 12b tener the result (enter a minus sign to the left of a negative amount). 10 e Will the minimum funding amount reported on line 12b tener the result (enter a minus sign to the left of a negative amount). 11 e the minimum fun	g	Did the plan have any participant loans? (If "Yes." enter amount as of year end.)	10a		У.				
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. It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). I sthis a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b. 12c, 12d, and 12e below, as applicable.) If you complete 12a or 12b. 12c, 12d, and 12e below, as applicable.) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. I are the minimum required contribution for this plan year 12b. C Enter the minimum required contribution for this plan year 12c G Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? 12a 12d	h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			×				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete 12a or 12b. 12c. 12d, and 12e below, as applicable.) If you complete 12a or 12b. 12c. 12d, and 12e below, as applicable.) If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. If you completed line 12a, complete line 12b, lene the remount of onthis plan 12b, lene 13. If you complete line 12a, complete line 12b, lene the remount of line 12b, lene 12b, lene 12b, lene 13. If you complete line 12a, complete line 12b, lene 12b, lene 14b,	i	if 10h was answered "Yes," check the box if you either provided the required notice or one of the						************	
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	ar	VI Pension Funding Compliance							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	1					(Form	П	Yes [N
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rungranting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13. b Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. 12b C Enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline?. 12d 12d 12d 12d 12d 12d 12d 12	2					ERISA?	. 0	Yes X	N
Enter the minimum required contribution for this plan year		If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nlh						
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline?			*	1000		errorrane verser			-
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	b	Enter the minimum required contribution for this plan year			-				-
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year If "Yes," enter the amount of any plan assets that reverted to the employer this year Of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? 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(2) EIN(s) 13c(3) Caution: A penalty for the late or incomplete filling 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 Sc 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 belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					12b				-
Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	C	Enter the amount contributed by the employer to the plan for this plan year	 t of a		12b 12c				-
If "Yes," enter the amount of any plan assets that reverted to the employer this year	d	Enter the amount contributed by the employer to the plan for this plan year	of a		12b 12c 12d				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? C 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(2) EIN(s) 13c(3) 13c(1) Name of plan(s). Caution: A penalty for the late or incomplete filling 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 Sc Sor 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 belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	d e	Enter the amount contributed by the employer to the plan for this plan year	of a		12b 12c 12d				
of the PBGC?	d e	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 result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	tofa		12b 12c 12d	Yes			
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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 Sci 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 belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	e erar	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 result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan 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 of the PBGC?	t of a	13a	12b 12c 12d 	Yes	No No		N/F
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