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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ 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 04/30/2012 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 VILLAGE PHARMACY, INC. 401K PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 05/01/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number VILLAGE PHARMACY, INC. 99-0140050 (EIN) 2c Sponsor's telephone number 808-946-0355 C/O PO BOX 418 SEQUIM, WA 98382-0418 2d Business code (see instructions) 446110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 99-0140050 VILLAGE PHARMACY, INC. C/O PO BOX 418 SEQUIM, WA 98382-0418 3c Administrator's telephone number 808-946-0355 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..... 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 268813 139002 Total plan assets..... 7a 7b Total plan liabilities..... 268813 139002 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) -12345 **b** Other income (loss)..... 8b -12345 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 117466 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 117466 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -129811 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page 2 -	1
----------	---

		•	
Part IV	Plan	Charac	teristics

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

During the plan year:		Yes	No		Amo	ount	
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		7		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	X					50000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
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		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance		<u>'</u>					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					[Yes	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
(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 instrugranting the waiver							
			Day ₋				
		_					
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		[12b				
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Description Enter the minimum required contribution for this plan year		[
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Description: Enter the minimum required contribution for this plan year	of a	[12b				
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 result (enter a minus sign to the left negative amount)	of a		12b 12c 12d	Yes		No [N/A
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a		12b 12c 12d			No [
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a		12b 12c 12d			No [
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Description: Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Yes		No [
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a		12b 12c 12d [Yes	☐ I] N/A
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [X Y	Yes	☐ I] N/A
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [X Y	Yes	☐ I] N/A
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [X Y] Yes	No		N/A
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Description Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [] Yes	No	Yes	N/A
f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Description Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d [Yes	No	Yes	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/14/2013	BARBARA GANIR
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

	Annual Report Identification Information	05/01			
_	calendar plan year 2011 or fiscal plan year beginning	05/01/	· · · · · · · · · · · · · · · · · · ·		04/30/2012
Α	This return/report is for:	a multip	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final	return/report		
	an amended return/report	a short p	an year return/report (less than 12 mo	onths)
C	Check box if filing under: X Form 5558	automat	ic extension		☐ DFVC program
	special extension (enter description	on)			
P	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	Three-digit
V	LLAGE PHARMACY, INC. 401K PROFIT SHARING	B PLAN			plan number
					(PN) • 001
					Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (e	mployor	f for a single compleyor sleet		05/01/1991
VI	LLAGE PHARMACY, INC.	mpioyer,	i for a single-employer plan)	ZD	Employer Identification Number (EIN) 99-0140050
				20	Sponsor's telephone number
C/	O PO BOX 418			20	808-946-0355
				2d	Business code (see instructions)
	QUIM WA 98382-0418				446110
3 a ∀⊺	Plan administrator's name and address (if same as plan sponsor, e LLAGE PHARMACY, INC.	nter "Sam	e")	3b	Administrator's EIN
			-		99-0140050
	O PO BOX 418 QUIM WA 98382-0418			3C	Administrator's telephone number 808-946-0355
4	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.		,		
	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year		i	5a	2
	Total number of participants at the end of the plan year		L	5b	2
С	Number of participants with account balances as of the end of the complete this item)	olan year (defined benefit plans do not	5с	2
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IQP	ıΔı	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use Figure 1.104.104.)	and condi	ions.)		X Yes No
Pa	rt III Financial Information	01111 3300	SF and must instead use Form 550	U.	
7	Plan Assets and Liabilities	200 - 414 160 - 514	(a) Beginning of Year		/b) ==d of Vo
а	Total plan assets		26881	2	(b) End of Year 139002
b	Total plan liabilities		20001.	1	139002
С	Net plan assets (subtract line 7b from line 7a)	7c	26881	3	· · · · · · · · · · · · · · · · · · ·
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1-	139002
а	Contributions received or receivable from:	**************************************	(a) Amount	75/44	(b) Total
	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)	(g -	
b	Other income (loss)	8b	-1234!	5	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		7 77 17 1	-12345
d	Benefits paid (including direct rollovers and insurance premiums		11746		
Δ.	to provide benefits)	8d	117466	2	
f	Certain deemed and/or corrective distributions (see instructions)	8e		4	
1	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses (add lines 8d, 8e, 8f, and 8g)	8g		対線性	
	rular expenses rado lines 80, 86, 81, and 80)	8h	Karangan da masarat na nga karangan na karangan na mangan na n	3 1	117466
n i	·		neka, betarrak beranda kan di Maria Balanda Kanada di Kepatratan dan beranda beranda. Pertapak beranda di Balanda Pertapak beranda beranda beranda beranda beranda beranda beranda beranda beranda b	8	
i	Net income (loss) (subtract line 8h from line 8c)	8i 8i		e General	-129811

Form	EEOO	CE	204	4
Form	SOUL	-5-	201	7

Page	2 -		
------	-----	--	--

	t IV Plan Characteristics						
Эa	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chi $2E$ $2H$ $2J$ $2K$ $3D$	aracteri	stic Co	des in	the inst	tructior	ıs:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acterist	ic Cod	les in t	the instr	uctions	:
Part	V Compliance Questions						
10	During the plan year:		Yes	No		An	nount
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		Х			
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c	х				500
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		ATL	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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			20.73		
	VI Pension Funding Compliance				•	····	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))	nplete	Sched	ule SB	(Form		
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instru	e or se	ction 3	02 of I	ERISA?	[Yes N Yes X N
12 a If y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.	e or se uctions, nth	and e	02 of longer the Day 12b	ERISA?	[Yes X N
12 a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	and e	02 of I nter th Day	ERISA?	[Yes X N
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 result (enter a minus sign to the lef negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se uctions, nth .	and e	02 of Inter th Day 12b 12c	ERISA?	of the le	Yes X N
a If y b c d e Part \	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Moor our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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?	e or se	and e	02 of Inter th Day 12b 12c	ERISA?	of the le	Yes X Netter ruling
a If y b c d e 2art \	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Moou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 result (enter a minus sign to the lef negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se	and e	02 of I	ERISA?	of the le	Yes X Netter ruling
a If y b c d e e Part \	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? VIII 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.	e or se	and e	02 of I	ERISA?	of the le	Yes X Netter ruling
a If y b c d e Part 1	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? WIII 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?	e or se	and e	02 of I	ERISA?	of the le	Yes X Netter ruling
a If y b c d e art 1	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Moor our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? WILL 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? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	e or se	and e	02 of I	ERISA?	of the le	Yes X Netter ruling ar
a If y b c d e art \ 13a b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? WIII 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?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a second content of the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a second content of the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a second content of the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a second content of the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a second content of the plan year.	e or se	and e	02 of I	ERISA? e date c	of the le Yes	Yes X Netter ruling
a If y b c d e art 1	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Moor our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? WILL 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? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	e or se	and e	nter th Day 12b 12c 12d [ERISA? e date c	of the le Yes	Yes X N
a Ify b c d e Part \ 13a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Mo cou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? WIII 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	e or se uctions, nth t of a 13 under t	and e	12b 12c 12d [X Y	ERISA? e date c Yes vs.	of the le Yes	Yes X N
a If y b c d e Part \ 13a b Cautic	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructions in the waiver. Mo ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 result (enter a minus sign to the lef negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII 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? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Sc(1) Name of plan(s): Don: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonate penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returnly as well as the electronic version of this return.	t of a	and e	nter the Day 12b 12c 12d [X Y htrol (2) Ell	ERISA? e date c Yes V(s)	of the leter Year	Yes X Netter ruling No N/A Yes X N 13c(3) PN(s)
a If y b c d e Part \ 13a b Cautic	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Mo ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Enter 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? WILL 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? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Bon: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonal penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	t of a the plan he plan le causurn/report,	and e	nter the Day 12b 12c 12d [X Y htrol (2) Ell	ERISA? e date c Yes V(s)	of the leter Year	Yes X Netter ruling No N/A Yes X N 13c(3) PN(s)
a If y b c d e e e e e e e e e e e e e e e e e e	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructions in the waiver. Mo ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 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? WILL 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? Iff during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Bon: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonate penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return it is true, correct, and complete.	e or se uctions, nth of a under the plan ble caus urn/rep //report,	and e	nter the Day 12b 12c 12d [X Y ntrol (2) Ell' stablic luding of the b	ERISA? e date of the date of	of the legal Year	Yes X N etter ruling No N/A Yes X N 13c(3) PN(s) a Schedule
a If y b c d e e e e e e e e f f f f f f f f f f f	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Mo rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 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 result (enter a minus sign to the lef negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will 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? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) Con: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonal penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return it is true, corree, and complete. Date Enter name of it is true, corree, and complete. Multure of plan administrator. Date Enter name of it is the name of it is true.	e or se uctions, nth of a under the plan ble caus urn/report, NIR ndividus	and e	nter the Day 12b 12c 12d [X Y ntrol (2) Ell' stablic luding of the b	ERISA? e date of the date of	of the legal Year	Yes X N etter ruling No N/A Yes X N 13c(3) PN(s) a Schedule