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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	.,
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	urn/report is for: urn/report is:	X a single-employer plan the first return/report	a multiple-employer p	olan (not multiemployer)		a one-participant plan
D This ret	um/report is:	님			antha\	
		an amended return/report	H	rn/report (less than 12 mo	ontns)	
C Check b	box if filing under:	☐ Form 5558	automatic extension			DFVC program
	T	special extension (enter descri				
Part II		rmation—enter all requested info	ormation			
1a Name		/AOA/IC) DI ANI			1b	Three-digit plan number
LUNAIRE IN	C. PROFIT SHARING	/401(K) PLAN				(PN) ▶ 001
					1c	Effective date of plan
						01/01/2002
2a Plan sp LUNAIRE, IN		dress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identification Number (EIN) 13-3854298
20 WEST 36	STH STREET - 9TH FL				2c	Sponsor's telephone number 212-689-3388
	, NY 10018-9786	-			2d	Business code (see instructions) 424990
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					3с	Administrator's telephone number
A 10.05 - 1			har hard made made and Charle	Sanda Sanda a sanda a da a	41.	
		e plan sponsor has changed since t mber from the last return/report.	ne last return/report filed f	or this plan, enter the	40	EIN
a Sponso					4c	PN
5a Total r	number of participants	at the beginning of the plan year			5a	48
b Total r	number of participants	at the end of the plan year			5b	40
		account balances as of the end of the	. , ,	•		
	- '				5c	
_		s during the plan year invested in el f the annual examination and report				X Yes No
•	•	? (See instructions on waiver eligibi			,	X Yes No
		ither line 6a or line 6b, the plan ca				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is	established.
Under pena	alties of perjury and ot	her penalties set forth in the instruc	tions, I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rsion of this return/report	, and	to the best of my knowledge and
SIGN	Filed with authorized/	valid electronic signature.	03/02/2013	BENJAMIN CHAN		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual siç	gning as plan administrator
SIGN HERE	Filed with authorized	valid electronic signature.	03/02/2013	BENJAMIN CHAN		
	Signature of emplo		Date			gning as employer or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inc	clude room or suite numbe	er (optional)	Prep	parer's telephone number (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End c	f Ye	ar		
a	Total plan assets	7a	48072				(5) 2.10		19706	3	
	Total plan liabilities	7b	10012						10100		
	Net plan assets (subtract line 7b from line 7a)	7c	48072	25				41	19706	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		0100		
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4801	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	8010		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10902	!9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	09029	9	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-(61019	9	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, oj									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Dan	V Compliance Questions										
Par	•			1	V	l Na					
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono withi	a the time period described in		Yes	No	1	Amoı	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
b	on line 10a.)	,	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person of the bene	s by an insurance carrier, efits under the plan? (See	100		X					
	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
	has the plan falled to provide any benefit when due under the plan	n <i>?</i>		10f							
g		•	<u> </u>	10g		X					
h	2520.101-3.)	`		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	X	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. 51 50	2	JUL 01				ت	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		e lett Year		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Lay		. 541			
	Enter the minimum required contribution for this plan year	•				12b					
g	Enter the minimum required contribution for this plan year										

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	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	



Form 5500-SF

Department of the Treasury Internal Revenue Service

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in acc	ordance with the instru	ctions to the Form 5500	0-SF	Inspection
P	art I Annual Report Identification Information			011	
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12	/31/2012
Α	This return/report is for:	a multiple-employer p	olan (not multiemployer)		a one-participant plan
В	This return/report is:	the final return/report			
	an amended return/report	H	rn/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatic extension	opon (loco than 12 m	Г Г	DFVC program
	special extension (enter descrip			L] Br vo program
-	art II Basic Plan Information enter all requested in Name of plan	nformation		1h 7	Thurs a district
Ia	Name of plan				Three-digit Dlan number
	LUNAIRE INC. PROFIT SHARING/401(k) PLAN				PN) ▶ 001
				1	Effective date of plan
2a	Plan sponsor's name and address; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b E	Employer Identification Number
	LUNAIRE, INC.			(EIN) 13-3854298
				2c s	Sponsor's telephone number
	20 WEST 36TH STREET - 9TH FL.				(212) 689-3388
					Business code (see instructions)
$\frac{US}{3a}$	NEW YORK NY 10018-9786 Plan administrator's name and address X Same as Plan Spoi	naar Namaa 🖂 Camaa aa	Dian Casasa Addas		
Ja	Plan administrator's name and address [X] Same as Plan Spor	nsor Name Same as	Plan Sponsor Address	30 /	Administrator's EIN
			· ·	3c /	Administrator's telephone number
			**		
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	he last return/report filed	for this plan, enter the	4b E	EIN
а	Sponsor's name			4c F	PN
-	Total number of participants at the beginning of the plan year		×	5a	48
b	Total number of participants at the end of the plan year			5b	40
C	Number of participants with account balances as of the end of the				
	complete this item)			5c	10
6a	Were all of the plan's assets during the plan year invested in elig			•••••	X Yes No
b			ed public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibili			•••••	X Yes No
_	If you answered "No" to either line 6a or line 6b, the plan ca		The state of the s		
-	aution: A penalty for the late or incomplete filing of this return				
SI	nder penalties of perjury and other penalties set forth in the instruc B or Schedule MB completed and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, in	cluding, if applicable, a Schedule
	elief, it is true, correct, and complete.	o well do the electronic v	croion of this returninepor	t, and t	o the best of my knowledge and
Ç	SIGN Super-	12/2/2013	BENJAMIN CHAN		
	HERE Signature of plan administrator	Date	Enter name of individua	al signin	g as plan administrator
		12/2/2013	BENJAMIN CHAN		g de plan dammetator
	HERE Signature of employer/plan sponsor	Date		l oignin	g as employer or plan sponsor
	reparer's name (including firm name, if applicable) and address; in	TANKS COLUMN			rer's telephone number (optional)
'	and (morating min harrie, it applicable) and address, in	Siago room of built fluilli	or (optional)	i ispai	c. c telephone number (optional)
			Ī		
			2		

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Form	5500-SF	2012

Page 2

Pai	t III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Year		1		(b) End o	f Year
	Total plan assets	7a	480,72		+		(,	419,706
-	Total plan liabilities	7b	100/12		1		The second second second	113,700
	Net plan assets (subtract line 7b from line 7a)	7c	480,72	25				419,706
_	ncome, Expenses, and Transfers for this Plan Year	, 0	(a) Amount				(b) To	
a	Contributions received or receivable from:							
-	1) Employers	8a(1)		0				
	2) Participants	8a(2)						
-	3) Others (including rollovers)	8a(3)	40.00					
	Other income (loss)	8b	48,0	10				
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48,010
	o provide benefits)	8d	109,0	29				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f /	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						109,029
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i						(61,019)
<u>j</u> .	ransfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	f the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	teristi	c Code	es in t	he instructi	ons:
	2E 2J							
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Codes	s in the	e instruction	ns:
Pai	t V Compliance Questions	-					ü.	
10	Duving the plan was a							
	During the plan year:				Yes	No	A	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a	Yes	No x	,	Amount
	Was there a failure to transmit to the plan any participant contribu	ciary Corre ? (Do not i	ction Program)nclude transactions reported	10a	Yes		,	Amount
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not i	nclude transactions reported		Yes	х	,	Amount
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i	nclude transactions reported and, that was caused by fraud	10b	Yes	x	,	Amount
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ciary Corre ? (Do not i	nclude transactions reported and, that was caused by fraud by an insurance carrier,	10b 10c	Yes	x x		Amount
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corre ? (Do not i	nclude transactions reported and, that was caused by fraud by an insurance carrier, whits under the plan? (See	10b 10c	Yes	x x		Amount
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the plan have a loss.	ciary Corre ? (Do not i	nclude transactions reported and, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c 10d	Yes	x x x		Amount
b c d	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduction Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.)	ciary Corre (Do not i	nclude transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	Yes	x x x		Amount
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plantage of the plantage	fidelity borner persons of the benear of year e	by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f	Yes	x x x x		Amount
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	fidelity borner persons of the benear sof year e (See instru	by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	Yes	x x x x		Amount
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	fidelity borner persons of the benear sof year e (See instru	by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g	Yes	x x x x		Amount
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	fidelity borner persons of the benefits of year education (See instrument).	by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x x x x under Signature Si	B (Form	Amount Yes X No
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity borer persons of the benear (See instruction).	by an insurance carrier, whits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x x x x x x under Signature Si	B (Form	
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borer persons of the benear sof year e (See instrument 1-3	by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Sched	X X X X X X X 111a	B (Form	
a b c d e f g h i Par 11	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	fidelity borer persons of the benefits of year e (See instruments? (If "	by an insurance carrier, fifts under the plan? (See	10b 10c 10d 10e 10f 10g 10h	Sched	X X X X X X X 111a	B (Form	☐ Yes ☒ No
a b c d e f g h i Par 11	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	fidelity borer persons of the benefits of year experience (See instruction in the requirements? (If """" requirements as applicing amortiz	by an insurance carrier, fifts under the plan? (See and.) Include transactions reported by an insurance carrier, fifts under the plan? (See and.) Include transactions reported by an insurance carrier, fifts under the plan? (See and.) Include transactions reported by an insurance carrier, fifts under the plan? (See and.) Include transactions reported by an insurance carrier, fifts under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X X X Interest of the second of the	B (Form ERISA?	Yes X No Yes X No he letter ruling
a b c d e f g h i 11a 11a 12 a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant interests.	fidelity borer persons of the benear of the	by an insurance carrier, effits under the plan? (See and.) and that was caused by fraud by an insurance carrier, effits under the plan? (See and.) and the plan? (See and.) arctions and 29 CFR d notice or one of the Yes," see instructions and com ants of section 412 of the Code able.) ed in this plan year, see instructions and com More	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X X X Interest of the second of the	B (Form ERISA?	Yes X No Yes X No he letter ruling
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