For	yee	OMB Nos. 1210-0110 1210-0089											
	tment of the Treasury nal Revenue Service	B This form is required to be filed	nd 4065 of the Employe	yee 2012									
Employee Be	partment of Labor enefits Security Administration	Retirement Income Security Act of the Internal	ctions 6057(b) and 6058 ode).	D58(a) of This Form is Open to Inspection				ublic					
	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.		<b>P</b>						
Part I	Annual Report Id ar plan year 2012 or fisca	lentification Information al plan year beginning 01/01/2012	)	and ending 1	2/31/2	2012							
-					2/31/		t l						
	urn/report is for:			an (not multiemployer)		a one-particip	bant pla	an					
<b>B</b> This ret	urn/report is:		the final return/report										
		╡ '	1	n/report (less than 12 mo	onths	-							
C Check b	box if filing under:	╡ └┘	automatic extension			DFVC program							
		special extension (enter description	,										
Part II		nation—enter all requested informa	tion										
1a Name		C. 401K PROFIT SHARING PLAN			1b	Three-digit plan number							
CORPORAT	E FITINESS WORKS INC	2. 40TK PROFIL SHARING PLAN				(PN)		001					
					1c	Effective date of	f plan						
						01/01/	/1991						
2a Plan sp CORPORAT	oonsor's name and addre	ess; include room or suite number (en IC.	nployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 52-15	fication 63984	Numt	ber				
1200 16TH 9	STREET NORTH				2c	Sponsor's telep 301-417							
	BURG, FL 33705				2d	Business code ( 71390		structio	ons)				
<b>3a</b> Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's							
					3с	Administrator's t	elepho	one nu	mber				
4 If the r	ame and/or EIN of the p	lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN							
		per from the last return/report.		-									
a Sponso		the beginning of the plan year			4c	PN							
		the beginning of the plan year			5a				114				
		the end of the plan year			5b				119				
	· ·	count balances as of the end of the pl	•	•	5c				108				
		uring the plan year invested in eligible					X	Yes	No				
<b>b</b> Are yo	ou claiming a waiver of th	ne annual examination and report of a	in independent qualifie	d public accountant (IQI	PA)			- ., г	– –				
		See instructions on waiver eligibility a					×	Yes	No				
		er line 6a or line 6b, the plan canno											
		incomplete filing of this return/report r penalties set forth in the instructions					ahla a	Schor					
SB or Sche		signed by an enrolled actuary, as we											
SIGN	Filed with authorized/va	lid electronic signature.	03/06/2013	SHEILA DROHAN									
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistra	tor					
SIGN													
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	r or pla	an spo	nsor				
Preparer's		ne, if applicable) and address; include				parer's telephone							
				·									

Part III Financial Information				-		
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	. 7a	235445	3			2782822
<b>b</b> Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	235445	3			2782822
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:		(000)	_			
(1) Employers	. 8a(1)	4000				
(2) Participants	8a(2)	12034				
(3) Others (including rollovers)	8a(3)	365				
<b>b</b> Other income (loss)	8b	33756	0			
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		501560
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6854	9			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	. 8f	464	2			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					73191
i Net income (loss) (subtract line 8h from line 8c)	8i					428369
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics	9					
<b>b</b> If the selection of the constraint from the constraint the constraint from the selection of the selectio					e e Ser de e	instructions
b If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist		es in the	
Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist			
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	itions within t	he time period described in		Yes	No X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest	itions within t uciary Correc ? (Do not inc	he time period described in tion Program)	10a		No	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	itions within t uciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a 10b	Yes	No X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's	itions within th uciary Correc ? (Do not inc fidelity bond	he time period described in tion Program) lude transactions reported 	10a 10b 10c		No X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?	tions within th uciary Correct ? (Do not inc fidelity bond ner persons b of the benefit	he time period described in tion Program) Jude transactions reported 	10a 10b	Yes	No X X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t uciary Correc ? (Do not inc fidelity bond ner persons b of the benefit	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribuzes         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan	tions within the uciary Correct (Do not inc fidelity bond fidelity bond her persons b of the benefit	he time period described in tion Program) lude transactions reported  , that was caused by fraud  by an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No           X           X           X           X	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribuzes         29       CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t uciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? us of year enc (See instruction	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10a 10b 10c 10d	Yes	No           X           X           X           X           X           X           X           X           X	Amount 2000
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>	tions within t uciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction he required n	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	Yes	No           X           X           X           X           X           X           X           X           X           X           X           X           X           X	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	tions within t uciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction he required n	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No           X           X           X           X           X           X           X           X           X           X           X           X           X           X	Amount 2000
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	tions within the uciary Correct (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? (See instruction he required n 1-3 hents? (If "Ye	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes	No X X X X X X X X X Ule SB (	Amount 2000
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul></li></ul>	tions within t uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? (See instruction he required n 1-3	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X Sched	No X X X X X X X X X Ule SB (	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39	tions within the uciary Correction of the senerity bond, fidelity bond, fidelity bond, fidelity bond, fidelity bond, finer persons bothe benefits of year end (See instruction for the required not fit for the senerity for the required not fit for the senerity (If "Year") for th	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Sched	No           X           X           X           X           X           X           X           X           Ulle SB (           11a	Amount 2000 51 Form
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39.         12       Is this a defined contribution plan subject to the minimum funding	tions within t uciary Correc ? (Do not inc fidelity bond fidelity bond ner persons b of the benefit n? s of year enc (See instruction he required n 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Sched	No           X           X           X           X           X           X           X           X           Ulle SB (           11a	Amount 2000 51 Form
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 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 a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirerer 5500) and line 11a below)	tions within the uciary Correct ? (Do not income in	he time period described in tion Program)	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Sched	No           X	Amount           2000           51'           Form         Yes           RISA?         Yes
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the uciary Correction of the construction of the benefit of the construction of the required normalized of the construction of the requirement of the construction of the construc	he time period described in tion Program)	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Sched	No           X	Amount           2000           51'           Form         Yes           RISA?         Yes           Yes         N           date of the letter ruling
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> </ul> </li> <li>11 Is this a defined benefit plan subject to the minimum funding requirem 5500) and line 11a below).</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>a If a waiver of the minimum funding standard for a prior year is beil granting the waiver.</li> </ul>	ttions within the uciary Correct ? (Do not income fidelity bond, fidelity fide	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i e or see ctions th	Yes X X Sched	No           X	Amount           2000           51'           Form         Yes           RISA?         Yes           Yes         N           date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Foi	rm 5500-SF	Short Form Annual			yee		1210-	
	irtment of the Treasury rnal Revenue Service	This form is required to be fi	Benefit Plan	and 4065 of the Employe	e		2012	
Employee B	epartment of Labor Benefits Security Administration	Retirement Income Security Act	of 1974 (ERISA), and se nal Revenue Code (the (	ections 6057(b) and 6058	6058(a) of This Form is Open Inspectior			
Pension B	enefit Guaranty Corporation	Complete all entries in according	ordance with the instru	ctions to the Form 550	00-SF.			
Part I		Identification Information	01/01/2012	and ending		12/31/2013	2	
		scal plan year beginning 0 X a single-employer plan						
	turn/report is for:			olan (not multiemployer)		a one-partici	pant plan	
B This re	turn/report is:	the first return/report	the final return/report					
		an amended return/report	=	rn/report (less than 12 m	ionths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
D (11	De la Disclata	special extension (enter descrip						
Part II		rmation—enter all requested infor	mation		1h	Three-digit	1	
1a Name CORPOR	and the second second second second second second second	ORKS INC. 401K PROFIT	SHARING PLAN			plan number		
						(PN) 🕨	001	
					1c	Effective date of		
		denote to all a second s	/		01	01/01/1993		
	ATE FITNESS W	ldress; include room or suite number ORKS, INC.	(employer, if for a single	e-employer plan)		Employer Ident (EIN) 52-156	63984	
1200 1	6TH STREET NO	RTH				Sponsor's telep 301-417-9	687	
	EDCDUDC	<b>BI</b> 22705			2d	Business code 713900	(see instruction	
			ST PETERSBURG FL 33705					
<b>3a</b> Plan a	aoministrator s name ar	nd address XSame as Plan Sponsor	Name XSame as Pla	n Sponsor Address	3b 3c	Administrator's		
4 If the	name and/or EIN of the	e plan sponsor has changed since the				Administrator's		
4 If the name	name and/or EIN of the				3c 4b	Administrator's		
4 If the name a Spons	name and/or EIN of the e, EIN, and the plan nur sor's name	e plan sponsor has changed since the	e last return/report filed f	for this plan, enter the	3c 4b 4c	Administrator's		
<ul> <li>If the name</li> <li>a Spons</li> <li>5a Total</li> </ul>	name and/or EIN of the e, EIN, and the plan nu sor's name number of participants	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed f	for this plan, enter the	3c 4b 4c 5a	Administrator's	telephone num	
<ul> <li>4 If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>C Numb</li> </ul>	name and/or EIN of the e, EIN, and the plan nu- sor's name number of participants number of participants oper of participants with	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year at the end of the plan year	e last return/report filed f	for this plan, enter the	3c 4b 4c 5a 5b	Administrator's		
<ul> <li>4 If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numb comp</li> </ul>	name and/or EIN of the e, EIN, and the plan nur sor's name number of participants number of participants per of participants with plete this item)	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the	e last return/report filed f	for this plan, enter the efit plans do not	3c 4b 4c 5a 5b 5c	Administrator's EIN PN	telephone num	
<ul> <li>4 If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numb comp</li> <li>6a Were</li> </ul>	name and/or EIN of the e, EIN, and the plan nu- sor's name number of participants number of participants oper of participants with olete this item)	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the s during the plan year invested in elig	e last return/report filed f e plan year (defined ben ible assets? (See instru	for this plan, enter the efit plans do not ctions.)	3c 4b 4c 5a 5b 5c	Administrator's EIN PN	telephone num	
<ul> <li>4 If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numb comp</li> <li>6a Were</li> <li>b Are y</li> </ul>	name and/or EIN of the e, EIN, and the plan nur- sor's name number of participants number of participants our of participants with olete this item) e all of the plan's assets ou claiming a waiver of	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the s during the plan year invested in elig f the annual examination and report of	e last return/report filed f e plan year (defined ben ible assets? (See instru	for this plan, enter the efit plans do not ctions.)	3c 4b 4c 5a 5b 5c 2PA)	Administrator's EIN PN	telephone num	
<ul> <li>4 If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numb comp</li> <li>6a Were</li> <li>b Are y under</li> </ul>	name and/or EIN of the e, EIN, and the plan nur- sor's name number of participants number of participants our of participants with olete this item) e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the s during the plan year invested in elig	e last return/report filed f e plan year (defined ben ible assets? (See instru of an independent qualifi y and conditions.)	for this plan, enter the efit plans do not ctions.)	3c 4b 4c 5a 5b 5c 2PA)	Administrator's	telephone num       iana       iana       X       Yes	
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<ul> <li>4 If the name</li> <li>a Spons</li> <li>5a Total</li> <li>b Total</li> <li>c Numb</li> <li>c Outer</li> <li>c Numb</li> <li>d Are y under</li> <li>d Ar</li></ul>	name and/or EIN of the e, EIN, and the plan nu- sor's name number of participants number of participants with plete this item)	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of the s during the plan year invested in elig f the annual examination and report of ? (See instructions on waiver eligibilit ither line 6a or line 6b, the plan car or incomplete filing of this return/r her penalties set forth in the instruction d signed by an enrolled actuary, as plete.	e last return/report filed f e plan year (defined ben ible assets? (See instru- of an independent qualifi y and conditions.) inot use Form 5500-SF eport will be assessed ons, I declare that I have well as the electronic ve 31513 Date 23513	for this plan, enter the efit plans do not ctions.) ed public accountant (IC F and must instead use unless reasonable can examined this return/repor SHEILA DROHAN Enter name of individ SHEILA DROHAN	3c 4b 4c 5a 5b 5c 2PA) Form use is port, ir t, and	Administrator's EIN PN 5500. established. ncluding, if applic to the best of my pning as plan administrator's	telephone num         Itelephone num         Iteleph	
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Part III Financial Information									
7 Plan Assets and Liabilities			(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets		7a	23	5445	3			2'	782822
<b>b</b> Total plan liabilities		7b							
C Net plan assets (subtract line 7b from line 7a)		7c	23	5445	3			27	782822
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount				(b) T	otal	
a Contributions received or receivable from: (1) Employers		8a(1)		4000	0				
(2) Participants		8a(2)	1:	2034	8				·· ·
(3) Others (including rollovers)		8a(3)		365	52			•	
<b>b</b> Other income (loss)		8b	3	3756	50				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c						Į	501560
d Benefits paid (including direct rollovers and insurance p to provide benefits)		8d		6854	9				
e Certain deemed and/or corrective distributions (see ins	structions)	8e							
f Administrative service providers (salaries, fees, commi	issions)	8f		464	2				
g Other expenses		8g						-	
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h							73191
i Net income (loss) (subtract line 8h from line 8c)		8i							428369
j Transfers to (from) the plan (see instructions)		8j							
Part IV Plan Characteristics		-1	·····						
<ul> <li>9a If the plan provides pension benefits, enter the applica 2A 2E 2F 2G 2J 2K 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicat</li> </ul>									
Part V Compliance Questions							<u>.                                    </u>		<u></u>
10         During the plan year:           a         Was there a failure to transmit to the plan any particip					Yes	No X		Amount	
29 CFR 2510.3-102? (See instructions and DOL's Vo b Were there any nonexempt transactions with any part	ty-in-interest?	Oo not i	include transactions reported	10a		 x			
on line 10a.) C Was the plan covered by a fidelity bond?				10b 10c	x				200000
d Did the plan have a loss, whether or not reimbursed b		-		100					
or dishonesty?				10d		x			
e Were any fees or commissions paid to any brokers, a insurance service or other organization that provides instructions.)	some or all of	f the bene	efits under the plan? (See	10e	x				5176
f Has the plan failed to provide any benefit when due u	under the plan	?		10f		х			
g Did the plan have any participant loans? (If "Yes," ent	ter amount as	of year e	end.)	10g		х			
h If this is an individual account plan, was there a black 2520.101-3.)				10g		x	· · ·		
i If 10h was answered "Yes," check the box if you eithe exceptions to providing the notice applied under 29 C	er provided the	e required	I notice or one of the	101					
Part VI Pension Funding Compliance				L	J	L	<b>!</b>		.2*5
11 Is this a defined benefit plan subject to minimum fundi	ling requireme	ents? (If "						∏ Yes	
						*********	T		
5500) and line 11a below)						11a	]		
5500) and line 11a below) <b>11a</b> Enter the amount from Schedule SB line 39						11a	FRISA?		
5500) and line 11a below)11aEnter the amount from Schedule SB line 3912Is this a defined contribution plan subject to the minin	num funding r	equireme	ents of section 412 of the Code				ERISA?	Yes	X No
<ul> <li>5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> <li>12 Is this a defined contribution plan subject to the minin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and a If a waiver of the minimum funding standard for a prior</li> </ul>	num funding r d 12e below, a r year is being	equireme as applica g amortize	ents of section 412 of the Code able.) ed in this plan year, see instruc	e or se	ction	302 of enter th		he letter ru	
<ul> <li>5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39</li> <li>12 Is this a defined contribution plan subject to the minin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and</li> </ul>	num funding r d 12e below, a r year is being	equireme as applica g amortize	ents of section 412 of the Code able.) ed in this plan year, see instruction	e or se	ction	302 of			

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c	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?		res 🛛	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) this which assets or liabilities were transferred. (See instructions.)	0					
	3c(1) Name of plan(s): 1:	3c(2) El	N(s)		13c(3	) PN(s)	
		·		-+			
Part	VIII Trust Information (optional)			I			
14a Name of trust							

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