	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benetit Plan This form is required to be filed under sections 104 and 4065 of the Employee		е	2012			
	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).			ctions 6057(b) and 6058	This Form is		s Open to Public pection	
	n Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.		<b>, , , , , , , , , , , , , , , , , , , </b>	
Part I		dentification Information	24.0		2/04/6	2010		
	ndar plan year 2012 or fisca			<u> </u>	2/31/2			
A This	return/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan	
<b>B</b> This	return/report is:	the first return/report	the final return/report					
	[	an amended return/report	a short plan year return	n/report (less than 12 mc	onths)			
C Chec	ck box if filing under:	Form 5558	DFVC program					
C Check box if filing under:								
Part II	Basic Plan Inforr	mation—enter all requested info						
	ne of plan				1b	Three-digit		
		UNCIL ON ALCOHOLISM & DRU	JG ABUSEOF SULLIVAN (	COU		plan number		
						(PN) 🕨	001	
					1c	Effective date of 01/01/	•	
2a Plar	sponsor's name and addre	ess; include room or suite number	r (employer, if for a single-e	employer plan)	2b	1		
COUNCIL	- ON ALCOHOLISM & DRU	JG ABUSE OF SULLIVAN COUN	TY, INC.		20	(EIN) 22-25 Sponsor's teleph		
						845-794	1-8080	
MUNTICE	ELLO, NY 12701				2d	Business code (s 62142		
3a Plar	administrator's name and	address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN	
							-	
nan	me, EIN, and the plan numb	blan sponsor has changed since th ber from the last return/report.	ie last return/report filed for	r this plan, enter the	4b EIN			
	onsor's name				4c	PN		
5a Tota	al number of participants at	t the beginning of the plan year			5a		84	
<b>b</b> Tota	al number of participants at	t the end of the plan year			5b		76	
		count balances as of the end of th			5c		75	
<b>6a</b> We	ere all of the plan's assets d	during the plan year invested in elig	gible assets? (See instruct	tions.)			🗙 Yes 🗌 No	
<b>b</b> Are	e you claiming a waiver of th	ne annual examination and report	of an independent qualified	d public accountant (IQI	PA)			
		See instructions on waiver eligibili	-				X Yes No	
		er line 6a or line 6b, the plan ca						
		incomplete filing of this return/					Liter - Oshadula	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/val	lid electronic signature.	04/17/2013	KRISTIE PLACIDE				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with incorrect/unre	ecognized electronic signature.	04/17/2013	IZETTA BRIGGS-BOL	BOLLING			
HERE	Signature of employe		Date	Enter name of individu	ual sig	ining as employe	r or plan sponsor	
Preparer	r's name (including firm nam	me, if applicable) and address; incl	lude room or suite number	· (optional)	Prep	arer's telephone	number (optional)	

T       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       4/20449       4/13044         b       Total plan assets (subtract line 7b from line 7a)       7c       4/20449       4/13044         b       Total plan assets (subtract line 7b from line 7a)       7c       4/20449       4/13044         a       Controlutions received or receivable from       8a(1)       7694       (b) Amount       (b) Total         a       Controlutions received or receivable from       8a(2)       5/2779       5/2779         (3)       Others (including rotificers)       8a(3)       0       5/2779         (3)       Others (including rotificers and instance premiums to provide benefits)       8d       0/2004       82/2007         (4)       Bernefits pair (forubing rotificer lines and instance premiums to provide benefits       8d       0/2004       82/2007         (5)       Other income (loss)       (a)       0       9       0       9         (7)       Total propring control basis (loaders, less, commissions)       8d       0/20041       9       0         (7)       Total propring control basis (loaders, less, co	Part III Financial Information								
b       Total pion labilities       To       O       O         c       Net pion assets (submet line 7b from line 7a)       7c       420648       410044         a       Contributions received or receivable from:       (a) Amount       (b) Total         a       Contributions received or receivable from:       (a) Amount       (b) Total         (c)       Participants.       5a(2)       62979         (d)       Others (including rollowers)       5a(3)       0         (e)       During (including dired collowers and instructions perenum       6b       21414         c       Total income (ided lines 8a(1), 8a(2), 8a(3), and 8b)       8c       6c       6court         (f)       Benefits paid (including dired collowers and instructions)       8d       90601       6court         (g)       Other sopenses       6g       0       9       9         (f)       Attinuone (cas) (subtract line 8d, 9c, 8d, and 8d)       8d       9       9         (f)       Description (brain by faint collowers and instructions)       8g       0       9         (f)       Description (brain by faint collowers and instructions)       8g       0       9         (f)       Description (brain by faint collowers and instructions)       8g       0<	7 Plan Assets and Liabilities		(a) Beginning of Yea	Beginning of Year			(b) End of Year		
c       Net plan assets (subtract line 7b from line 7a)	a Total plan assets	. 7a	42664	8			413044		
8         income, Expanses, and Transfors for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from: (1) Engloyees	<b>b</b> Total plan liabilities	. 7b		0			0		
a       Controlling received or receivable from:       Set 0         (1)       English and the set of t			42664	8	413		413044		
(1)       Employers       8a(1)       7094         (2)       Participants       8a(2)       52979         (3)       Other income (loss)       8a(3)       0         (4)       Domer income (loss)       8a(3)       0         (5)       Other income (loss)       8a(3)       0         (7)       Demotive paid (including rolevers)       8d       95691         (7)       Demotive paid (including rolevers)       8d       95691         (8)       Other separes       0       0         (9)       Other separes       8g       0       0         (10)       Demotive paid (including rolevers)       8g       0       0         (11)       Transferst (rolever) provides lowelistics       8g       0       0         (2)       Other separes       8g       0       0	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(2) Participants       8a(2)       52073         (3) Others (including rolevers)       8a(3)       0         (3) Others (including rolevers)       8a(3)       0         (3) Others (including rolevers)       8a(3)       0         (4) Deter income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       21414         (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0         (6) Cartain deemed and/or corrective distributions (see instructions)       8d       055691         (7) Cartain deemed and/or corrective distributions (see instructions)       8d       0         (7) Cartain deemed and tor corrective distributions (see instructions)       8d       0         (7) Taraffers to (incos) (southed in the 8h from line 6b)       8ii       -13004         (7) Taraffers to (incos) (southed in the 8h from line 6b)       8ii       -13004         (7) Taraffers to (incos) (southed in the 8h from line 6b)       8ii       -13004         (8) The plan provides presion benefits, enter the applicable welfare leature codes from the List of Plan Characteristic Codes in the instructions:         (7) Taraffers to frammit to the plan any participant contributions within the time pariod described in 29 CFR 250-3102 (2) Kee instructions and 100 k       X         (7) Use the ear any nonexempt transactions with any party-in-interest? (Do not include transactions reported on interust in structions). <t< td=""><td></td><td>0-(4)</td><td>760</td><td>4</td><td></td><td></td><td></td></t<>		0-(4)	760	4					
(a) Others (including rolevers)       8a(3)       0         (b) Other income (loss)       8b       21414         (c) Total income (loss)       8c       8c         (c) Total income (loss)       8c       95691         (c) Total income (loss)       8c       95691         (c) Cartain deemed and/or corrective distributions (see instructions)       8c       0         (c) Other segmes       8g       0       0         (c) Other segmes       8g       0       0         (c) Other segmes       8g       0									
b       Other income (loss)       Bb       21414         c       Total income (loss)       Based (logalid) (including direct followers and insurance premiums Bd       Besed(ls path)       Besed(ls path) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-					
d Bendts paid (including direct rollovers and insurance premiums by provide bendfish)			2171	-			82087		
e       Certain deemed and/or corrective distributions (see instructions)	-						02007		
f       Administrative service providers (salaries, fees, commissions)		8d	9569	95691					
g       Other expenses (add lines 8d, 8e, 8f, and 8g).       8g       0       95691         i       Net income (loss) (subtract line 8h from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	8e		0					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f							
i       Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g		0					
j       Transfers to (from) the plan (see instructions)       Bit       0         Part IV       Plan Characteristics         3a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2zt       Compliance Questions       Yes       No       Amount         a       Yes Storage       No       Amount         a       Yes Storage       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.)       X       Yes       No       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X       10b       X       10c       X       10c         c       Was the plan covered by a fidelity bond?       10b       X       10c       X       10c       X       10c         d       Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10c       X       10c         g       Did the plan have any participant coardials of part provided the required notice or one of the experiments? (If 'Yes," enter amount as of year end.)       10d       X       22520.101-3.	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				95691			
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,)       10c       X       10c       X       10c       X       10d       X <t< td=""><td>i Net income (loss) (subtract line 8h from line 8c)</td><td>8i</td><td></td><td></td><td></td><td></td><td>-13604</td></t<>	i Net income (loss) (subtract line 8h from line 8c)	8i					-13604		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       100         c       Was the plan covered by a fidelity bond?       10c       X       100       100       X       100         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       100       10d       X       100         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       10d       X       10d       X       10d       X       10d       10d       X       10d       10d       10d       10d       10d       10d       10d </td <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> <td>0</td> <td></td> <td></td> <td></td>	j Transfers to (from) the plan (see instructions)	8j		0					
2E         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.31-027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10c       X       10c       X       100         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       10d	Part IV Plan Characteristics								
10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       10c									
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)					Yes	No	Amount		
on line 10a.)	a Was there a failure to transmit to the plan any participant contribu			10a		x			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry? 10d ×   e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d ×   f Has the plan failed to provide any benefit when due under the plan? 10f ×   g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				10b		х			
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10d       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.       10d       X       10d       X         extreme       VI       Pension Funding Compliance       10i       X       10i       Yes       X         11       Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).       11a       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of th	<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		100000		
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				100000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	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			10d		x	100000		
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       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	insurance service or other organization that provides some or all	of the benefits	y an insurance carrier, under the plan? (See		X	х			
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       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	insurance service or other organization that provides some or all instructions.)	of the benefits	y an insurance carrier, s under the plan? (See	10e	×				
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul><li>insurance service or other organization that provides some or all instructions.)</li><li><b>f</b> Has the plan failed to provide any benefit when due under the plan</li></ul>	of the benefits	y an insurance carrier, s under the plan? (See	10e 10f	×	X			
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<ul> <li>insurance service or other organization that provides some or all instructions.)</li> <li><b>f</b> Has the plan failed to provide any benefit when due under the pla</li> <li><b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a</li> <li><b>h</b> If this is an individual account plan, was there a blackout period?</li> </ul>	of the benefits n? is of year end. (See instructio	y an insurance carrier, s under the plan? (See )	10e 10f 10g	X	X X			
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X         11a       Enter the amount from Schedule SB line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         (If "Yes," complete line 12a or lines 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, and enter the date of the letter ruling granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Year	<ul> <li>insurance service or other organization that provides some or all instructions.)</li> <li><b>f</b> Has the plan failed to provide any benefit when due under the pla</li> <li><b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a</li> <li><b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li><b>i</b> If 10h was answered "Yes," check the box if you either provided to the plan the</li></ul>	of the benefits n? is of year end. (See instruction he required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h	×	X X			
11a       Enter the amount from Schedule SB line 39	<ul> <li>insurance service or other organization that provides some or all instructions.)</li> <li><b>f</b> Has the plan failed to provide any benefit when due under the pla</li> <li><b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a</li> <li><b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li><b>i</b> 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>	of the benefits n? is of year end. (See instruction he required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h	×	X X			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         Month       Day         Year       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>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</li> <li>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> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	of the benefits n? is of year end. (See instruction the required no 1-3	y an insurance carrier, s under the plan? (See .)	10e 10f 10g 10h 10i	Schec	X X X	39		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         Month Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>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</li> <li>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> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the benefits n? is of year end. (See instruction he required no 1-3 nents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i	Schec	X X X Iule SB (Fc	39		
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>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</li> <li>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> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the benefits n? is of year end. (See instruction he required no 1-3 hents? (If "Yes	y an insurance carrier, s under the plan? (See .)	10e 10f 10g 10h 10i	Schec	X X X Iule SB (Fc	0/m 		
	<ul> <li>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</li> <li>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> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	of the benefits n? is of year end. (See instruction he required no 1-3 hents? (If "Yes nents? If "Yes	y an insurance carrier, s under the plan? (See )	10e 10f 10g 10h 10i	Schec	X X X Iule SB (Fc	39 0rm 		
b Enter the minimum required contribution for this plan year	<ul> <li>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</li> <li>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> <li>11 Is this a defined benefit plan subject to minimum funding requirem 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 minimum funding</li> <li>(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 bei</li> </ul>	of the benefits n? is of year end. (See instruction he required no 1-3 nents? (If "Yes nents? (If "Yes nents? as applicable ng amortized i	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	Schec	X X X Iule SB (Fc 11a 302 of ERIs	orm		
	<ul> <li>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</li> <li>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> <li>11 Is this a defined benefit plan subject to minimum funding requirem 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 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 bei granting the waiver.</li> </ul>	of the benefits n? is of year end. (See instruction he required not 1-3 hents? (If "Yes nents? (If "Yes nents? is applicable ng amortized is	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	Schec	X X X Iule SB (Fc 11a 302 of ERIs	Yes     No       SA?     Yes     No		

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					
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	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
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