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 ac	cordance with the instr	uctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report	Identification Information								
For calend	ar plan year 2012 or fi	iscal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012				
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	pant plan			
B This ref	turn/report is:	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	_				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am			
		special extension (enter descr	iption)							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name					1b	Three-digit				
	•	FIT SHARING PLAN AND TRUST				plan number				
						(PN) •	001			
					1c	Effective date of	•			
0					-	01/01				
2a Plan s GELLERT 8		ddress; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b	Employer Identi (EIN) 14-15	fication Number 59572			
					2c	2c Sponsor's telephone number				
	GTON STREET					845-45				
POUGHKEE	EPSIE, NY 12601				2d	Business code	(see instructions)			
						5411	10			
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b	Administrator's	EIN			
					30	Administrator's	telephone number			
						, tarriirii otrator o				
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN				
	•	mber from the last return/report.			40	DNI				
	or's name	at the best section of the other con-			4c	PN				
		at the beginning of the plan year			5a		44			
		s at the end of the plan year			5b		40			
		account balances as of the end of	. , ,	•	5c		40			
_		s during the plan year invested in e					X Yes No			
_	·	of the annual examination and repor	•	•						
		? (See instructions on waiver eligib					X Yes No			
If you	ı answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.				
		or incomplete filing of this return								
		ther penalties set forth in the instructions in the instructions and signed by an enrolled actuary, a								
	true, correct, and com		s well as the electronic vi	ersion of this return/repon	i, and	to the best of my	knowledge and			
·	<u> </u>		T	T						
SIGN HERE	Filed with authorized	/valid electronic signature.	05/20/2013	RODERICK MACLEO	D					
TILIXL	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ıning as plan adr	ministrator			
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor			
Preparer's	name (including firm r	name, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)			

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7 Plan Assets and Liabilities	Par	Part III Financial Information										
a Total plan assets				(a) Beginning of Yea	ar			(b) Er	d of Y	ear		
b Total plan liabilities. 7b			7a					(8) =:			4	
C Net plan assets (subtract line 7b from line 7a). 7c (s) 3958489 3778344 8 income, Expenses, and Transfers for his Plan Year (s) Amount (b) Total 8 contributions received or receivable form: (1) Employers		·										
8 Income. Expenses, and Transfers for this Plan Year 8 Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including pollowers) (3) Others (including pollowers) (4) Septimized for the property of the pr		•		395848				3778344				
a Contributions received or receivable from: (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Other income (loss). (5) Other (including relievers). (6) Other income (loss). (7) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct relievers and insurance premiums to provide benefits, and insurance premiums to provide benefits. (8) Other (including direct relievers and insurance premiums to provide benefits. (8) Other expenses. (9) Other		· · · · · · · · · · · · · · · · · · ·										
(1) Employers		·		(a) Amount				(I)	Total			
(3) Others (including rollovers)			8a(1)	5048	3							
b Cther income (loss)		(2) Participants	8a(2)	13960)5							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		3) Others (including rollovers)										
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 763616	b	Other income (loss)	8b	41608	87							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						(606175	5	
f Administrative service providers (salaries, fees, commissions)		• • •	8d	76361	6							
Solution	е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
n Total expenses (add lines 8d. 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	2270)4							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0							
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							78632)	
Transfers to (from) the plan (see instructions) 8 Part IV Plan Characteristics			8i						_	18014	5	
Part IV Plan Characteristics Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D		, , ,	8i									
9a	Par	t IV Plan Characteristics	<u> </u>	l								
But 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		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	S:		
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). t 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. 10h 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). 11a Enter the amount from Schedule SB line 39. 11a Enter the amount from Schedule SB line 39. 11a 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.	b											
10 During the plan year: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). t 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. 10h 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). 11a Enter the amount from Schedule SB line 39. 11a Enter the amount from Schedule SB line 39. 11a 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.												
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		•					Ι	I				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a					1	Yes	No		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	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 dishonesty?					10b		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.)	С	Was the plan covered by a fidelity bond?			10c	X					5000	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d	"	-		10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40-		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		·			10e							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
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	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
Part VI Pension Funding Compliance 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)	h	, ,	•		10h		X					
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)	i				10i							
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)	Part											
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
(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	11a											
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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12									No		
granting the waiver	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	b											

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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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		entification Information							
For calend	ar plan year 2012 or fisca		1/01/2012	and ending		12/31/201	2		
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
B This ref	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths	()			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter description	n)						
Part II	Basic Plan Inform	nation—enter all requested informa							
1a Name		The state of the s			1b	Three-digit			
	•	401K Profit Sharing Pi	lan			plan number (PN)	001		
and	Trust				1c	Effective date of			
					. •	01/01/1978			
	ponsor's name and addre	ess; include room or suite number (er	mployer, if for a single	employer plan)	2b	Employer Identif		per	
					2c	Sponsor's telep		, —	
						(845) 454-			
75 W	ashington Stree	et			2d	Business code (see instruction	ns)	
Poug	hkeepsie			12601		541110			
3a Plan a	dministrator's name and	address $\overline{\mathbb{X}}$ Same as Plan Sponsor N	ame 🔲 Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
					30	Administrator's	telephone nu	mbor	
					30	Administrator 3	telephone nu	IIIDEI	
		lan sponsor has changed since the la er from the last retum/report.	ast retum/report filed f	or this plan, enter the	4b	EIN			
a Spons	or's name				4c	PN			
5a Total	number of participants at	the beginning of the plan year			5a			44	
b Total	number of participants at	the end of the plan year			5b			40	
		count balances as of the end of the p			5c			40	
6a Were	all of the plan's assets d	uring the plan year invested in eligibl	e assets? (See instruc	ctions.)			X Yes	No	
		e annual examination and report of a					D. v	٦	
		See instructions on waiver eligibility a					X Yes	No	
		er line 6a or line 6b, the plan canno							
		incomplete filing of this return/rep r penalties set forth in the instructions			_		abla a Caba		
SB or Sche	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as we	Il as the electronic ve	rsion of this return/report	i, and	to the best of my	knowledge a	ind	
SIGN	Koden A	Mufel	5-7-13	Roderick MacLe	eod				
HERE	Signature of plan atin	ninistrator	Date	Enter name of individ		ning as plan adn	ninistrator		
SIGN					and the second s				
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual eio	ning as employe	or or plan eno	neor	
Preparer's		ne, if applicable) and address; include		er (optional)		arer's telephone			
	-				·	•	, , ,	<i>'</i>	
					-		ŧ		

2000	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Y	ear	
a	Total plan assets	. 7a	3,958	3,48	9			3,778,34	
<u>b</u>	Total plan liabilities	. 7b			0				
c	Net plan assets (subtract line 7b from line 7a)	. 7c	3,958	3,48	3 , 778				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	0-(1)	E (. 40	0.3				
	(1) Employers	8a(1)		0,48 9,60					
	(2) Participants	8a(2)		, 60	<u>ر</u>		, , , , , , , , , , , , , , , , , , , ,		
	(3) Others (including rollovers)	8a(3)	/1/	5 , 08	0.7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	410	, 00	+		<u></u>	606,17	
	Benefits paid (including direct rollovers and insurance premiums	. 60			-			000/17	
	to provide benefits)	. 8d	763	3,61	6	*1			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0	Shrinteriosi			
f	Administrative service providers (salaries, fees, commissions)	. 8f		2,70	4				
g	Other expenses	. 8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						786,32	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						(180,145	
j	Transfers to (from) the plan (see instructions)	- 8j			*				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	tic Co	des in	the instruction	s:	
	2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	ctenst	ic Coc	ies in t	ne instructions	:	
Par	t V Compliance Questions								
10									
		utions within	the time period described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
k				10a		Х		_	
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not ir	nclude transactions reported	10a 10b		X			
_	on line 10a.)	t? (Do not ir	nclude transactions reported		Х		_	500,00	
	on line 10a.)	t? (Do not in	d, that was caused by fraud	10b	Х			500,00	
	on line 10a.)	t? (Do not in fidelity bon her persons	d, that was caused by fraud	10b 10c	Х	Х		500,00	
_	on line 10a.)	t? (Do not in fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	Х	x		500,00	
-	on line 10a.)	t? (Do not in fidelity bon her persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	Х	X X		500,00	
	on line 10a.)	t? (Do not in	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e	Х	X X X		500,00	
	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 ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a	t? (Do not in fidelity bon her persons of the beneath)	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	х	X X		500,00	
	on line 10a.)	fidelity bon her persons of the bene an?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e	X	X X X		500,00	
	on line 10a.)	t? (Do not in fidelity bon her persons of the benear)	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x x x		500,00	
	on line 10a.)	t? (Do not in fidelity bon her persons of the benear)	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g	Х	x x x x		500,00	
f G	on line 10a.)	t? (Do not in fidelity bon her persons of the benear) an? (See instruction in the required b1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i		x x x x		500,00	
	on line 10a.)	t? (Do not in fidelity bon her persons of the bene han?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X	3 (Form	500,00	
f G i	on line 10a.)	t? (Do not in fidelity bon her persons of the beneath) as of year er (See instruction of the required of the r	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X	3 (Form	Yes No	
f G i	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 ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat bid the plan have any participant loans? (If "Yes," enter amount a lift 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. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	t? (Do not in fidelity bon her persons of the bene han?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X Adule SE			
f (9 11 11 11 11 12 12	on line 10a.)	t? (Do not in the persons of the beneath of the beneath of the beneath of the persons of the beneath of the persons of the beneath of the persons of the per	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the des," see instructions and com-	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X A A A A A A A A A A A A A A A	ERISA?	Yes No	
f (9 11 11 11 11 12 12	on line 10a.)	t? (Do not in fidelity bon her persons of the bene an?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schee	X X X X X Aule SE	ERISA?	Yes No Yes XNo	
Far 11 112 12	on line 10a.)	t? (Do not in fidelity bon her persons of the bene an?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res,* see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instructions and com Mon	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schee	X X X X X A A A A A A A A A A A A A A A	ERISA?	Yes No Yes XNo	
Far 11 11 12	on line 10a.)	t? (Do not in fidelity bon her persons of the bene an?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res, " see instructions and com and in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schee	X X X X X Aule SE	ERISA?	Yes No Yes XNo	

	Form 5500-SF 2012 Page 3 -				
	Enter the amount contributed by the employer to the plan for this plan year	12c	Т		
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 N	lo	
	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):	13c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			