Fo	orm 5500-SF	Short Form Annual R		of Small Emplo	yee	(OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be file	Benefit Plan	and 4065 of the Employe	20	2	012
	Department of Labor Benefits Security Administration	Retirement Income Security Act of		ections 6057(b) and 6058		This Form is	Open to Public
Pension E	Benefit Guaranty Corporation	Complete all entries in accor	dance with the instr	uctions to the Form 550	0-SF.		pection
Part I		lentification Information al plan year beginning 01/01/201	2	and anding	12/31/	2012	
	dar plan year 2012 or fisca	a single-employer plan		9	12/31/		
	eturn/report is for:		,	plan (not multiemployer)		a one-particip	ant plan
B This re	eturn/report is:	the first return/report	the final return/repor			`	
•	L	an amended return/report		ırn/report (less than 12 m	onths	·	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m
Dort II	Paoia Dian Inform	special extension (enter description					
Part II 1a Name		nation—enter all requested inform	ation		1h	Three-digit	
	V SERVICES, INC. 401K	RETIREMENT PLAN				plan number (PN) ▶	001
					1c	Effective date of 10/01/	•
	sponsor's name and addre W SERVICES, INC.	ess; include room or suite number (e	employer, if for a singl	e-employer plan)	2b	Employer Identif (EIN) 59-285	ication Number
1621 EME	RSON STREET				2c	Sponsor's telepl 904-399	
	VILLE, FL 32207				2d	Business code (s 51210	
	administrator's name and SERVICES, INC.	address Same as Plan Sponsor N 1621 EMERS		an Sponsor Address	3b	Administrator's E	EIN 58020
		lan sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN	
	e, EIN, and the plan numb sor's name	per from the last return/report.			40	PN	
		the beginning of the plan year			40 5a		4
		the end of the plan year			5a 5b		
C Num	ber of participants with ac	count balances as of the end of the	plan year (defined bei	nefit plans do not	5D 5C		4
		luring the plan year invested in eligit					X Yes No
b Are y	you claiming a waiver of th	ne annual examination and report of	an independent qualit	ied public accountant (IQ	PA)		
		See instructions on waiver eligibility					X Yes No
		er line 6a or line 6b, the plan canr					
Under per SB or Sch	nalties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instructior signed by an enrolled actuary, as w ete.	ns, I declare that I hav	e examined this return/re	port, i	ncluding, if applica	,
SIGN	Filed with authorized/va	lid electronic signature.	06/27/2013	MICHAELA MILLER			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adm	inistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individ	1		
Fiepdiefs	s name (including intri han	ne, if applicable) and address; includ		יפי (סטיוטוא)	Fief	parer's telephone	
For Paperv	work Reduction Act Notice a	and OMB Control Numbers, see the ins	structions for Form 550	0-SF.		F	orm 5500-SF (2012)

 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) c Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 	7b	(a) Beginning of Yea 15604			(b) End of Year
 b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) lncome, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 	7b	15604	9			
 C Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 			0			170277
Income, Expenses, and Transfers for this Plan Yeara Contributions received or receivable from:						
a Contributions received or receivable from:	7c	15604	.9			170277
		(a) Amount				(b) Total
(1) Employers	a (1)	057	•			
		257				
(2) Participants		257	8	_		
(3) Others (including rollovers)		(700				
b Other income (loss)		1762	0	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 				_		22776
to provide benefits)						
e Certain deemed and/or corrective distributions (see instructions)		591	5			
f Administrative service providers (salaries, fees, commissions)	8f	263	3			
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)						8548
i Net income (loss) (subtract line 8h from line 8c)						14228
j Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
 a If the plan provides pension benefits, enter the applicable pension 3D 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare 						
Part V Compliance Questions						
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F	butions within th iduciary Correct	ne time period described in ion Program)	10a		×	
 b Were there any nonexempt transactions with any party-in-intere on line 10a.). 	est? (Do not incl	ude transactions reported	10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		25000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	n's fidelity bond,	that was caused by fraud	100		х	23000
e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)	Il of the benefits	s under the plan? (See	10e	x		82
f Has the plan failed to provide any benefit when due under the p	olan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year end	.)	10g	Х		44604
 h If this is an individual account plan, was there a blackout period 2520.101-3.) 	l? (See instruction	ons and 29 CFR	10g		х	44004
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	•		10i			
art VI Pension Funding Compliance						
1 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Yes	s," see instructions and com	plete	Scheo	lule SB (F	Form
1a Enter the amount from Schedule SB line 39					11a	
2 Is this a defined contribution plan subject to the minimum fundi	ng requirements	s of section 412 of the Code	e or se			ISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo	• •					
 a If a waiver of the minimum funding standard for a prior year is b granting the waiver. 	eing amortized	in this plan year, see instruc		, and e	enter the c Day	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sched						
					12b	

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	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					
	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 control of the PBGC?									
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	3c(2) E	IN(s)	13c(3) PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

Der	partment of the Treasury	Short Form Annual F	Return/Report - Benefit Plan	of Small Emplo	yee	OMB Nos 12 12
int.	ternal Revenue Service	This form is required to be file	ed under sections 104	and 4065 of the Employ	ee	2012
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act o	of 1974 (ERISA), and si al Revenue Code (the	ections 6057(b) and 605	58(a) o	f This Form Is Open to P
	Benefit Guaranty Corporation	Complete all entries in accor	rdance with the instru	ictions to the Form 55	00-SF.	Inspection
Part I	Annual Report la adar plan year 2012 or fisc	dentification Information				
		X a single-employer plan	1/01/2012	and ending		12/31/2012
	etum/report is for: etum/report is:		1	plan (not multiemployer)	Ì	a one-participant plan
	elumneportis.	the first return/report	the final return/report			
C. Check	k bax if filing under:	an amended return/report Form 5558		m/report (less than 12 m	nonths	
• check	A DOX IF HIREID URDEF.	监 느	automatic extension			DFVC program
Part II	Resic Plan Infor	special extension (enter description mation—enter all requested inform				
1a Name	e of olan	menori enter all requested inform	adon		1.41	
		INC. 401K RETIREMENT F	PLAN		סו	Three-digit plan number (PN) ▶ 001
					1c	Effective date of plan 10/01/2009
2a Plan	sponsor's name and add	ress; include room or suite number (e	employer, if for a single	-employer plan)	-	Employer Identification Numl
VIDEO	LAW SERVICES,	INC.				(EIN) 59-2858020
1621 F	EMERSON STREET				2c	Sponsor's telephone number 904-399-8825
JACKS	ONVILLE	FL 32207			2đ	Business code (see instructio
		address Same as Plan Sponsor M		n Sponsor Address	0	512100
	LAW SERVICES, 3		vanne Upsenne as Pial	n Sponsor Address	30	Administrator's EIN 59-2858020
4 If the	NVILLE	FL 32207 plan sponsor has changed since the l	ast return/report filed for	or this plan, enter the	4b	EIN
	e, EIN, and the plan numb sor's name	ber from the last return/report.				
		t the beginning of the plan year		·····	4c	PN
		t the end of the plan year			58	
					5b	
		count datances as of the end of the L	olan vear (defined here			
comp	plete this item)	count balances as of the end of the p	************************************	afit plans do not	5c	······································
comp 6a Were	e all of the plan's assets d	during the plan year invested in eligib	le assets? (See instruc	afit plans do not		X Yes [
comp Ba Were D Are y	plete this item) e all of the plan's assets o you claiming a waiver of th	during the plan year invested in eligib he annual examination and report of i	le assets? (See instruc an independent qualitée	afit plans do not stions.)		
Comp Ba Were D Are y under	e all of the plan's assets o you claiming a waiver of the r 29 CFR 2520.104-45? (during the plan year invested in eligib he annual examination and report of i (See instructions on waiver eligibility i	le assets? (See instruc an independent qualifie and conditions.)	afit plans do not tions.) ad public accountant (IQ	PA)	
Comp Ba Were D Are y under If you	olete this item) e all of the plan's assets of you claiming a waiver of th or 29 CFR 2520.104-46? (u answered "No" to eith	during the plan year invested in eligib he annual examination and report of i (See instructions on waiver eligibility i her line 6a or line 6b, the plan cann	le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	afit plans do not stions.) ad public accountant (IQ and must instead use	PA) Form	XYes [
Comp 5a Were b Are y under If you Caution: / Juder pen SB or Scho	plete this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-45? (u answered "No" to eith A penalty for the late or nelties of perjury and othe	during the plan year invested in eligib he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann incomplete filing of this return/rep or penalties set forth in the instruction isigned by an enrolled actuary, as we	le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed	afit plans do not stions.) ad public accountant (IQ and must instead use unless responsible cau	PA) Form	
comp 6a Were b Are y under if you Caution: / Under pen SB or Scho belief, it is SIGN	plete this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-45? (<u>u answered "No" to eith</u> <u>A penalty for the late or</u> natives of perjury and other redule MB completed and	during the plan year invested in eligib he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann incomplete filing of this return/rep or penalties set forth in the instruction isigned by an enrolled actuary, as we	le assets? (See instruc an independent qualifie and conditions.)	afit plans do not stions.) ad public accountant (IQ and must instead use unless responsible cau	PA) Form tee le (port, in t, and t	
comp 5.8 Were b Are y under if you Caution: A Under pen SB or Scho belief, it is SIGN	plete this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-45? (<u>u answered "No" to eith</u> <u>A penalty for the late or</u> natives of perjury and other redule MB completed and	during the plan year invested in eligib he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann incomplete filing of this return/rep or penaltice set forth in the instruction isigned by an enrolled actuary, as we set.	le assets? (See instruc an independent qualifie and conditions.)	afit plans do not stions.) and public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report Michaela Mille	PA) Form He is (port, in t, and t er	S500. Stabilahed. cluding, if applicable, a Sched to the best of my knowledge at
Comp Ba Were b Are y under If you Caution: / Under pen SB or Scho sellef, it is SIGN 1EFIE SIGN	plete this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-46? (u answered "No" to eith A penalty for the late or naities of perjury and othe edule MB completed and true, correct, and complet MANAGe (A	during the plan year invested in eligib he annual examination and report of a (See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann incomplete filing of this return/rep or penaltice set forth in the instruction isigned by an enrolled actuary, as we set.	le assets? (See instruc an independent qualifie and conditions.)	afit plans do not stions.) and public accountant (IQ and must instead use unless reasonable cau examined this return/report sion of this return/report Michaela Mille	PA) Form He is (port, in t, and t er	
Comp 68 Were b Are y under If you Coution: / Under pen SB or Schubellef, it is SIGN HERE SIGN HERE	plete this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-45? (u answered "No" to eith A penalty for the late or natives of perjury and othe edule MB completed and true, correct, and complet Signature of plan adm	during the plan year invested in eligib he annual examination and report of in (See instructions on waiver eligibility in the filme 6a or line 6b, the plan can incomplete filing of this return/report rependities set forth in the instruction is signed by an enrolled actuary, as we ate.	le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed a, I declare that I have all as the electronic ven 06/10/2013 Date	afit plans do not stions.) and must instead use unless reasonable gau examined this return/report Michaela Milla Enter name of individ	PA) Form He is (port, in t, and t er ual sig	X Yes X Yes S500. Stabilahed. cluding, if applicable, a Sched o the best of my knowledge a ning as plan administrator ning as employer or plan spon
Comp 6a Were b Are y under If you Caution: / Under pen SB or Sch- belief, it is SIGN HERE SIGN	plete this item) e all of the plan's assets of you claiming a waiver of the r 29 CFR 2520.104-45? (u answered "No" to eith A penalty for the late or natives of perjury and othe edule MB completed and true, correct, and complet Signature of plan adm	during the plan year invested in eligib he annual examination and report of a See instructions on waiver eligibility a ner line 6a or line 6b, the plan cann incomplete filing of this return/rep or penalties set forth in the instruction signed by an enrolled actuary, as we set.	le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF port will be assessed a, I declare that I have all as the electronic ven 06/10/2013 Date	afit plans do not stions.) and must instead use unless reasonable gau examined this return/report Michaela Milla Enter name of individ	PA) Form He is (port, in t, and t er ual sig	S500. Stabilahed. cluding, if applicable, a Sched to the best of my knowledge at

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٧.	1	20	120

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Plan Assets and Liabilities	л 1973	(a) Beginning of Ye	ar			(b) En	d of Yes	r
8 Total plan assets	7a		5604	49				17027
b Total plan liabilities	7Ь							
C Net plan assets (subtract line 7b from line 7a)	7c	1	5604	19				17027
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
8 Contributions received or receivable from:			0.0.1					
(1) Employers	8a(1)	· · · · · · · · · · · · · · · · · · ·	25	_				
(2) Participants.	84(2)		25	78	ka en sa Talan an Ta			
(3) Others (including rollovers)	8a(3)							· · · · ·
b Other income (loss)	8b	en weege here oor een een weer here.	1762	20				· · · · · · · · · · · · · · · · · · ·
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c				· .			2277
to provide benefits)	8d				1 a.		19 A.	• •
e Certain deemed and/or corrective distributions (see instructions)	80		591	5				
f Administrative service providers (salaries, fees, commissions)	81		263					
g Other expenses	8g				1 2 2. - 7 2 3.	e de la constante Constante de la constante	<u></u>	1997 - 1997. 1997 - 1997.
h Total expenses (add lines 8d, 8e, 8f, and 8g)								854
Net income (loss) (subtract line 8h from line 8c)	81		ria de Victoria de					1422
Transfers to (from) the plan (see instructions)	8	an an an an an Araba an Araba di Shinan Angala an Araba angal		14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	1-1-1-1-1	West States		1766
art IV Plan Characteristics	니 역							
				Yes	No		Amou	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 	lions withi	n the time period described in		Yes			Amou	nt
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 	iciary Corr	ection Program)	10a	Yes	No X		Amou	nt
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 	iciary Corr ? (Do not i	ection Program)	10a 10b	Yes		 	Amou	nt
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 	ciary Corr ? (Do not	ection Program) include transactions reported	10b	Yes	х		Amou	···
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 	iclary Corr ? (Do not fidelity boi	ection Program) include transactions reported			x		Amou	···
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 	fidelity bo	ection Program) Include transactions reported and, that was caused by fraud a by an insurance carrier.	10b 10c		x x		Amou	···
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all of the plan that plan that plan the plan that plan that plan the plan that plan that plan that plan the plan that pl	fidelity boi	ection Program) Include transactions reported and, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c 10d		x x		Amou	2500
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all o instructions.) 	fidelity boi er person f the bene	ection Program) include transactions reported and, that was caused by fraud a by an insurance carrier, iffts under the plan? (See	10b 10c 10d	x	x x x		Amou	2500
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan 	fidelity boi fidelity boi or persons of the bene	ection Program) Include transactions reported and, that was caused by fraud a by an insurance carrier, fifts under the plan? (See	10b 10c 10d 10e 10f	x	x x		Amou	2500
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond?	fidelity boi fidelity boi er person of the bene	ection Program) Include transactions reported and, that was caused by fraud a by an insurance carrier, fifts under the plan? (See and,)	10b 10c 10d	x	x x x		Amou	2500
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidu 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 o 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	fidelity boi fidelity boi er person of the bene n? s of year e See instru	ection Program) include transactions reported and, that was caused by fraud a by an insurance carrier, afts under the plan? (See and.)	10b 10c 10d 10e 10f	x	x x x		Amou	2500
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity Corr (Do not fidelity boi er person of the bene n? s of year e See instru	ection Program) Include transactions reported and, that was caused by fraud a by an insurance carrier, offts under the plan? (See and.)	10b 10c 10d 10e 10f 10g	x	x x x		Amou	2500
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was 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 oth insurance service or other organization that provides some or all o instructions.) Has the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (2520.101-3.) 	fidelity Corr (Do not fidelity boi er person of the bene n? s of year e See instru	ection Program) Include transactions reported and, that was caused by fraud a by an insurance carrier, offts under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h	x	x x x		Amou	2500
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<u> </u>	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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13 a	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	1		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	1	Ye	5 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		<u></u>	
. 1	ISc(1) Name of plan(s):	3c(2) Ei	N(s)	13c(:	3) PN(s)
Part	VIII Trust Information (optional)	<u> </u>	·····		
		14b Tr	rust's EiN		