Form 5500-S	Form 5500-SF Short Form Annual Return/Report of Small Employe				OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				2012		
Department of Labor Employee Benefits Security Adminis				B(a) of This Form is Open to Public			
Pension Benefit Guaranty Corpor	Complete all entries in a		uctions to the Form 5500-S		spection		
	port Identification Informatio 2 or fiscal plan year beginning 01/0	<b>n</b> 1/2012	and ending 12/3	31/2012			
A This return/report is for:	a single-employer plan		plan (not multiemployer)	a one-partic	inant nlan		
<b>B</b> This return/report is:	the first return/report	the final return/repo			panipan		
	an amended return/report		urn/report (less than 12 mont	ths)			
<b>C</b> Check box if filing under		automatic extension		DFVC progr	am		
5	special extension (enter des	scription)					
Part II Basic Plan	Information—enter all requested i	nformation	r		1		
<b>1a</b> Name of plan PHYSICIANS RECORD COM	IPANY 401(K) PLAN		1	<pre>Ib Three-digit     plan number     (PN) ▶</pre>	002		
			1	C Effective date of			
2a Plan sponsor's name a PHYSICIANS RECORD COM	nd address; include room or suite num	ber (employer, if for a sing	le-employer plan) 2	2b Employer Ident			
3000 S. RIDGELAND AVEN	IE		2	2c Sponsor's tele	phone number		
BERWYN, IL 60402-2700			2	2d Business code 5419			
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3000 S. RIDGELAND AVENUE			an Sponsor Address 3	Bb Administrator's EIN 36-1626160			
-				708-74	9-3111		
	of the plan sponsor has changed sinc an number from the last return/report.	e the last return/report filed		Ib EIN IC PN			
- <u>-</u> '	pants at the beginning of the plan year			ja	34		
	pants at the end of the plan year			5b	28		
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).			nefit plans do not	5c	9		
6a Were all of the plan's	assets during the plan year invested in	eligible assets? (See instr	uctions.)		X Yes 🗌 No		
under 29 CFR 2520.10	ver of the annual examination and rep 04-46? (See instructions on waiver elig	ibility and conditions.)		, 	X Yes No		
	<u>' to either line 6a or line 6b, the plan</u> late or incomplete filing of this retu						
Under penalties of perjury a	nd other penalties set forth in the instr ted and signed by an enrolled actuary	uctions, I declare that I have	e examined this return/repor	t, including, if applie			
ololi	rized/valid electronic signature.	07/01/2013	JOHN VOLLER				
HERE Signature of p	lan administrator	Date	Enter name of individual	signing as plan ad	ministrator		
SIGN HERE							
Signature of e	mployer/plan sponsor firm name, if applicable) and address;	Date	Enter name of individual		er or plan sponsor e number (optional)		
	Notice and OMB Control Numbers, see				Form 5500-SF (2012)		

7       Pen Assets and Labilities       (a) Beginning of Year       (b) End of Year         a Tetal plan assets       7a       400760       461623         D Tont plan isolities       7b       400760       461623         B Incorre, Expense, and Transfer for the Pan Year       (a) Amount       (b) Total       (b) Total         B Controlutions received or receivable from:       5a(1)       (c) Amount       (b) Total       (c) Total         (c) Dends sets (subtracts for the Pan Year       5a(2)       10160       (c) Amount       (c) Total         (c) Dends received or receivable from:       5a(2)       10160       (c) Total	Part III Financial Information							
b       Total plan labilities	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
C       Net plan assets (subtract line 7b from line 7a)	a Total plan assets		49976			481623		
8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from: (1) Engloyers	<b>b</b> Total plan liabilities							
a       Controlling to receive all receivable from:       Set 0         (1)       Engloyers       Set 0         (2)       Participants       Set 0         (3)       Others (including coloures)       Set 3         (3)       Others (including coloures)       Set 3         (3)       Others (including coloures)       Set 3         (4)       Set 3       Set 3         (5)       Others (including coloures)       Set 3         (5)       Others (including coloures)       Set 3         (5)       Others (including coloures)       Set 3         (6)       Cartain deemed and/or corrective distributions (see instructions)       Set 4         (6)       Cartain deemed and/or corrective distributions (see instructions)       Set 4         (7)       Cartain deemed and/or corrective distributions (see instructions)       Set 4         (7)       Cartain deemed 3.       Set 4	C Net plan assets (subtract line 7b from line 7a)		49976	499760		481623		
(1)       Employers       8a(1)         (2)       Participants       8a(2)       15160         (3)       Other income (loss)       8a(3)       6         (4)       Dother income (loss)       8b       6.7723         (5)       Critical income (loss)       8b       6.7783         (6)       Dother income (loss)       6c       6.7783         (7)       Critical income (loss)       6c       6.7783         (7)       Other separase.       8d       85770         (7)       Other separase.       8g       6.7783         (7)       Other separase.       8g       6.7783         (7)       Other separase.       8g       6.7793         (7)       Data separase.       8g       6.7793         (7)       Data separase.       8g       6.7793         (8)       Other separase.       8g       6.7793         (8)       Data separase.       7.681 </td <td>8 Income, Expenses, and Transfers for this Plan Year</td> <td></td> <td>(a) Amount</td> <td></td> <td></td> <td></td> <td>(b) Total</td>	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participants		<b>a</b> (1)						
(a) Others (including rollovers)       8a(3)       8a(3)         (b) Other income (loss)       8b       52723         (c) Total income (loss)       8c       67383         (c) Total income (loss)       8c       6770         (c) Total income (loss)       8c       6770         (c) Total income (loss)       8d       85770         (c) Cartain deemed and/or corrective distributions (see instructions)       8e       9770         (c) Other segmess       8g       9         (c) Transfers (c) (from) the plan (c) (from the plan (			4540	0				
b       Other income (loss)       Bb       52723         C       Total income (loss)       6c       67883         Benefits paid (including direct followers and insurance premiums environmes env			1516	0				
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			5070					
d Bendits pad (including direct rollovers and insurance premiums to provide hendlis)			5272	3				
to provide benefits)       8d       85770         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (satarias, lees, commissions)       8f       250         g       Other expenses.       8g       6         h       Total expenses (add lines 8d, Be, 8l, and 8g)       8h       86(22)         h       Net income (loss) (subtractine 8h from line 8c)       8i       -18137         j       Transfers to (from) the plan (see instructions)       8j       -18137         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2F       20       21       71       30         0       During the plan year:       Yes       No       Amount         20       27       20       21       71       100       X       100         10       During the plan year:       Yes       No       Amount       20       20       27       20       21       72       20       21       72       20       21       72       20       21       72       20       21       72       20       21       72       20	-	80					67883	
f       Administrative service providers (salaries, fees, commissions)		8d	8577	0				
g       Other expenses       Bg       Bg         n       Total expenses (add lines 8d, 8e, 8t, and 8g).       8h       860220         i       Net income (loss) (subtract line 8h from line 8c)		8e						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	25	250				
h       Total expenses (add lines 8d, 8e, 8f, and 8g)								
i       Net income (loss) (subtract line 8h from line 8c)	h Total expenses (add lines 8d, 8e, 8f, and 8g)						86020	
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:         2f       2G       2J       T 3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         0       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,)       X       100c       X       100c       X       100c         c       Was the plan covered by a fidelity bond?       10c       X       100c       X       100c       X       100c         c       Was the plan ave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by faud or dishonesty?       10c       X       100c       X       100c       X       100c       X       100c       X       100c       X       100c       X <td>i Net income (loss) (subtract line 8h from line 8c)</td> <td>8i</td> <td></td> <td></td> <td></td> <td></td> <td>-18137</td>	i Net income (loss) (subtract line 8h from line 8c)	8i					-18137	
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:         2F       2G       2J       2T       3D         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         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 Fduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any parti-in-interest? (Do not include transactions reported on line 10a.)       10b       X       100c         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       100c         d       Did the plan have a loss, whether or not reimbursed by the plan?       10f       X       10c         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       10c         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10c	j Transfers to (from) the plan (see instructions)	8i						
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2F       2G       2J       2T       3D         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       Yes       No       Amount         a       Was there a lailure to transmit to the plan any participant contributions within the time period described in 2 GCFR 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       100c         c       Was the plan covered by a fidelity bond?       10c       X       100d       100d         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       100d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       250.000       10g       X       10d       X       10d       X       10d       10d       X       10d       10d       10d       10d       10d       10d       10d <td< td=""><td>Part IV Plan Characteristics</td><td>-7</td><td></td><td></td><td></td><td></td><td></td></td<>	Part IV Plan Characteristics	-7						
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       X       100c         c       Was the plan covered by a fidelity bond?       10c       X       100c       X       100c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       100c       X       100c         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.)       10c       X	2F       2G       2J       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature							
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 DDL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions							
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         c       Was the plan covered by a fidelity bond?       10c       X       100c         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       X       100c         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       10c         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       10d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10d       X         f       Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       10h       X         g       Did the plan have any sanswered "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       X       11a					Ma a	N	_	
on line 10a.)	10 During the plan year:	tions within th	he time period described in		Yes	No	Amount	
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 ×   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.) 10g ×   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3. 10h ×   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. 10h ×   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. 10h ×   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. 10h ×   i 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   11a 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   (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	<ul><li>10 During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>			10a	Yes		Amount	
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       Image: See instructions.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: See instructions and 29 CFR       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X       Image: 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.       10i       Image: See instructions and complete Schedule SB (Form       Image: Yes Image: See instructions and complete Schedule SB (Form       Yes Image: Yes Image: See instructions and complete Schedule SB (Form       Yes Image: Yes Image: See instructions and complete Schedule SB (Form       Yes Image: Yes Image	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	iciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	х	Amount	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	iciary Correc ? (Do not inc	tion Program) lude transactions reported	10b		х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>During the plan year:</li> <li>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</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</li> </ul>	iciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported 	10b 10c		x x		
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	<ul> <li>During the plan year:</li> <li>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</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 of the plan to the plan the</li></ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d		x x x		
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	<ul> <li>During the plan year:</li> <li>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</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 c instructions.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e		x x x x x		
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>During the plan year:</li> <li>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</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 c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported 	10b 10c 10d 10e 10f		x x x 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         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         (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.       12	<ul> <li>During the plan year:</li> <li>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</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 or 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 as h If this is an individual account plan, was there a blackout period? (If the plan was the plan count plan, was there a blackout period? (If the plan base and plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan, was there a blackout period? (In the plan base and plan base and plan base and plan, was the plan base and plan base and plan base and plan base and plan, was there a blackout period? (In the plan base and plan base and plan, was there a blackout period? (In the plan base and plan base and</li></ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instructi	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g		x x x x x 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)	<ul> <li>10 During the plan year:</li> <li>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</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 constructions.)</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 as the function of the plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the plan provided the plan is provided the plan is provided the plan is provided the plan was an endividual account plan, was there a blackout period?</li> </ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction ne required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x		
11a       Enter the amount from Schedule SB line 39	<ul> <li>During the plan year:</li> <li>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</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 c instructions.)</li> <li>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.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction ne required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x		
(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>10 During the plan year:</li> <li>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</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 c 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 as 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 the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> </ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required n 1-3 ents? (If "Yes	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB	1000000	
(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>10 During the plan year:</li> <li>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</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></ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required n 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB	1000000	
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	<ul> <li>10 During the plan year:</li> <li>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</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 c 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 as 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 th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below).</li> </ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required n 1-3 ents? (If "Yes	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X ule SB	1000000	
	<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li></ul>	iciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required not 1-3	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X X ule SB		
b Enter the minimum required contribution for this plan year	<ul> <li>10 During the plan year:</li> <li>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</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></ul>	iciary Correct ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i 0r se	Schec	X X X X X X X X X X X Ule SB ( 11a 302 of E	1000000           (Form           Yes           No           RISA?           Yes           No	
	<ul> <li>10 During the plan year:</li> <li>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</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 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 as 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 th exceptions to providing the notice applied under 29 CFR 2520.101</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 (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 bein granting the waiver.</li> </ul>	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefits n? s of year end (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i 0r se	Schec	X X X X X X X X X X X Ule SB ( 11a 302 of E	1000000           (Form           Yes           No           RISA?           Yes           No	

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
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		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				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