_	rm 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 This form is required to be filed under sections 104 and 4065 of the Emplo					2012			
Employee E	Department of Labor Benefits Security Administration	Retirement Income Security Act of the Intern	(a) of	a) of This Form is Open to Public Inspection					
Pension B	Benefit Guaranty Corporation	Complete all entries in acco	rdance with the instruc	ctions to the Form 550	0-SF.				
Part I Annual Report Identification Information									
For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012									
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B This re	eturn/report is:	the first return/report	the final return/report						
	Γ	an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	)			
C Check box if filing under:					DFVC program				
• chook		special extension (enter descripti	_						
Part II	Basic Plan Inform	nation—enter all requested inform	,						
1a Name		nation—enter an requested inform	nauon		1h	Three-digit			
	A MANAGEMENT, LLC F	RETIREMENT TRUST			10	plan number			
	- , -					(PN) 🕨	001		
					1c	Effective date of	f plan		
						01/01/	2005		
	sponsor's name and addre DA MANAGEMENT, LLC.	ess; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identit (EIN) 20-26			
101 PARK /	AVENUE				2c	Sponsor's telep 212-984			
	K, NY 10178				2d	Business code ( 52390		)	
3a Plan a	administrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b		Administrator's EIN		
4 If the	name and/or EIN of the p	lan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN			
name		er from the last return/report.		• •	4c PN				
		the beginning of the plan year						10	
5a Total number of participants at the beginning of the plan year									
<b>b</b> Total number of participants at the end of the plan year				5b			12		
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c			8	
_							X Yes I	No	
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							No		
		er line 6a or line 6b, the plan can							
		incomplete filing of this return/re							
SB or Sch		r penalties set forth in the instructio signed by an enrolled actuary, as v te.						,	
SIGN	Filed with authorized/va	lid electronic signature.	07/09/2013	MANISH CHOPRA					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va		07/09/2013	MANISH CHOPRA					
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sid	ning as emplove	r or plan sponso	r	
Preparer's		ne, if applicable) and address; inclu				parer's telephone			

7       Pen Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       302167       478334         b       Total plan assets (sobtact line 7b from ine 7a)       7c       302167       478334         c       Net plan assets (sobtact line 7b from ine 7a)       7c       302167       478334         b       (b) Amount       (b) Total       (c) Total	Part III Financial Information							
b       Total plan labilities       To       To         c       Net plan assets (abtract ine 7b from line 7a)       7c       382187       470834         a       Contributions received or receivable from:       (a) Amount       (b) Total       (b) Total         a       Contributions received or receivable from:       64(1)       (c) Employees       (c) Total         (d)       Dense (including rollowers)       84(3)       209354       (c) Total         (d)       Dense (including rollowers)       84(3)       209354       (c) Total         (e)       Dense (including rollowers)       84(3)       209354       (c) Total       (c) Total         (e)       Dense (including rollowers)       84       445569       (c) Total	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	7a	38218	7			479834	
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (c)       Fibe/years         (a) Others (including rolevers)       8a(3)       20036       (c)         (b) Employees       6a(3)       20036       (c)         (c) Total income (add ines 6a(1), 6a(2), 6a(3), and 6b)       6c       (c)       (c)         (c) Total income (add ines 6a(1), 6a(2), 6a(3), and 6b)       6c       (c)       (c)         (c) Total income (add ines 6a(1), 6a(2), 6a(3), and 6b)       6c       (c)       (c)         (c) Derive income (add ines 6a(1), 6a(2), 6a(3), and 6b)       6c       (c)       (c)         (c) Derive income (add ines 6a(1), 6a(2), 6a(3), and 6b)       6c       (c)       (c)         (c) Derive income (add ines 6a(1), 6a(2), 6a(3), and 6b)       6c       (c)       (c)         (c) Other expenses       6g       6c       (c)       (c)       (c)         (c) Other expenses       6a(1)       543       (c)       (c)       (c)       (c)         (c) Other expenses       6a(1)       6c       (c)	<b>b</b> Total plan liabilities	7b						
a       Control       Set 000000000000000000000000000000000000	C Net plan assets (subtract line 7b from line 7a)	7c	38218	7		479834		
(1)       Employers       8a(1)         (2)       Participanis       8a(2)       62131         (3)       Other income (loss)       8a(3)       20034         (4)       Total income (loss)       8b       59667         (7)       Total income (loss)       8b       59667         (7)       Total income (loss)       8c       142764         (7)       Mainistrative service provider (latifies, fees, commissions)       8d       445699         (7)       Other express       8g	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participants		<b>a</b> (1)						
(a) Others (including rolevers)       8a(3)       20030         b) Other income (loss)       8b       59667         c) Total income (loss)       8c       142764         d) Bonchits paid (including direct rollovers and insurance premiums to provide benefits)       8c       142764         d) Bonchits paid (including direct rollovers and insurance premiums to provide benefits)       8d       44569         e) Cartain deemed and/or corrective distributions (see instructions)       8e       548         g) Other segmes       8g       548         h) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       45117         i rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       8h       45117         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       8h       45117         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       8h       45117         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       8j       97647         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       8j       97647         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       8j       97647         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       9j       9j         j rendom (cos) (addiract line 8d, 9e, 8f, and 8g)       9j       9j         j rendom (cos)       8j       9j		<u>``</u>	0010					
b       Other income (loss)       Bb       59897         C       Total income (loss)       Bandits paid (including direct followers and insurance premiums Bd       44669       142764         Bendits paid (including direct followers and insurance premiums Bd       44669       142764         G       Certail decemed and/or corrective distributions (see instructions).       8d       44669         G       Certail decemed and/or corrective distributions (see instructions).       8d       548         G       Other expenses.       8g       9d         Total exponese (add lines 8d, 8d, 8d, 8d, 8d, 9d).       8h       9d/fill         Total exponese (add lines 8d, 8d, 8d, 8d, 9d).       8i       9d/fill         Part IV       Plan Characteristics       9g       9d         B       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2f         Zf       ZF       ZG 2J       XK 21       4D       20         D       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2f         Zf       ZF       XS 20-31/2X (XS 21       3D       Amount         30 CHF 250-31/207 (260       Einstructins and DUL's Volunstry Fiduciary Correctin								
c       Total income (add ines 8a(1), 8a(2), 6a(3), and 8b)								
d Benefits paid (including direct rollovers and insurance premiums to provide hemefits)			5969	/				
to provide benefits)		80			-		142764	
f       Administrative service providers (salaries, fees, commissions)		8d	44569					
g Other expenses       Bg       45117         i Net income (loss) (subtract line 8h from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	8e						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	54	8				
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	g Other expenses	8g						
j       Transfers to (from) the plan (see instructions)       Bit         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       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 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       500         c       Was the plan covered by a fidelity bond?       10c       X       600       X       600         d       Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       500         d       Did the plan have any participant loans? (If "Yes," enter amount as of year end.       10g       X       10d       X       202       10d       X       202 <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>451</u>17</td>	h Total expenses (add lines 8d, 8e, 8f, and 8g)						<u>451</u> 17	
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:         2z       2F       2G       2J       2K       2T       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         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 2510.3102? (See instructions and DOL's Voluntary Fluciany Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X       500         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoneaty?       10d       X       500         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       500         g       Did the plan have any participant loans? (If "Yes," enter amount as dy year end.)       10g       X       2         f       Has the plan failed to provide any benefit when due under the plan?       10d	i Net income (loss) (subtract line 8h from line 8c)	8i					97647	
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       2F       2G       2J       2K       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 party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       500         c       Was the plan covered by a fidelity bond?       10c       X       500         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       500         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       500         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       500	j Transfers to (from) the plan (see instructions)	8i						
2E       2F       2G       2J       2K       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 failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3102 (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       500         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       500         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       500         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       X       500         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       500       500         f       Hot hits is in individual acc	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       500         c       Was the plan covered by a fidelity bond?       10c       X       500         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       500         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       X       500         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       10g       X       10d       X <td< th=""><th>2E       2F       2G       2J       2K       2T       3D         <b>b</b>       If the plan provides welfare benefits, enter the applicable welfare feature</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	2E       2F       2G       2J       2K       2T       3D <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature							
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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       500         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       500         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       500         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10e       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10e	5 1 7	iono within th	as time pariad departihed in		Yes	NO	Amount	
on line 10a.)								
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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: Comparison of the compariso	<b>b</b> Were there any nonexempt transactions with any party-in-interest	ciary Correct ? (Do not incl	tion Program) lude transactions reported					
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct? (Do not inc	tion Program) lude transactions reported	10b	X		500000	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <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 Correct ? (Do not incl fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b 10c	X	X	500000	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <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 the provides some or the provides some or all or the provides some or all or the provides some o</li></ul>	ciary Correct ? (Do not incl fidelity bond, er persons b ff the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d	X	X X	500000	
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>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>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	X	x x x x	500000	
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <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> </ul>	ciary Correct ? (Do not inc fidelity bond, er persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		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 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>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>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		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>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>	ciary Correct ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction ne required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		X X X X X		
11a       Enter the amount from Schedule SB line 39	<ul> <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>	ciary Correct ? (Do not inc fidelity bond, er persons b of the benefits n? s of year end See instruction ne required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		X X X 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>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 requirement</li> </ul>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SB (Fi	805	
(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>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>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction he required not I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Ule SB (Fi	805	
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>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 requirements500) and line 11a below)</li> </ul>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3 ents? (If "Yes	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X ule SB (Fr	805 orm	
	<ul> <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>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits of the benefits s of year end See instruction required not I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X ule SB (Fr	805 orm	
b Enter the minimum required contribution for this plan year	<ul> <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</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 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 requirement 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</li> </ul>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction required not I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	Schec	X X X X X X ule SB (Fi 11a 302 of ERI	orm	
	<ul> <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>	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction e required not I-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	Schec	X X X X X X ule SB (Fi 11a 302 of ERI	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	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> 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