Fo	rm 5500-SF	Short Form Annual F	Return/Report o	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
	artment of the Treasury rnal Revenue Service	Benefit Plan			_	2012			
Department of Labor Inis form Is required to be filed under sections 104 and 4065 of the Employ Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605				ctions 6057(b) and 6058		-			
	Benefits Security Administration enefit Guaranty Corporation	Complete all entries in accor	Inspection						
Part I	Annual Report Id	entification Information	dance with the instruc	tions to the Form 5500	0-3r.				
	lar plan year 2012 or fisca		12	and ending 1	2/31/2	2012			
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan			
B This return/report is:									
	· Ē	an amended return/report	a short plan year returr)					
C Check	box if filing under:	Form 5558	automatic extension DFVC prog			DFVC program			
	Г	special extension (enter description)							
Part II	Basic Plan Inforn	nation—enter all requested inform	1						
1a Name					1b	Three-digit			
INTERNATIO	ONAL HOUSE OF RHOD	DE ISLAND INC DEFINED CONTRI	BUTION RETIREMENT	PLAN		plan number			
					4.	(PN) ▶ 001			
					10	Effective date of plan 05/01/1992			
2a Plan s	ponsor's name and addre	ess; include room or suite number (e DE ISLAND INC	employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 05-0305666			
					2c	Sponsor's telephone number			
8 STIMSON	I AVENUE CE, RI 02906	8 STIMSON	AVENUE CE, RI 02906						
FROVIDEIN	CL, NI 02900	FROVIDEIN	5L, KI 02900		2d	Business code (see instructions) 611000			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
name	e, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	last return/report filed fo	or this plan, enter the		EIN			
	or's name	the beside of the plant was			4c PN				
5a Total number of participants at the beginning of the plan year					5a	Ę			
b Total number of participants at the end of the plan year				5b					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c					
		uring the plan year invested in eligit				X Yes No			
b Are ye	ou claiming a waiver of th	he annual examination and report of See instructions on waiver eligibility	an independent qualifie	d public accountant (IQI	PA)				
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canr	not use Form 5500-SF	and must instead use	Form	<u>1 5500.</u>			
Caution: /	A penalty for the late or	incomplete filing of this return/re	port will be assessed u	unless reasonable cau	se is	established.			
SB or Sche		r penalties set forth in the instructior signed by an enrolled actuary, as w te.							
SIGN	Filed with authorized/val	lid electronic signature.	08/01/2013	STEPHEN SCULLIN					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE									
	Signature of employe		Date	-		gning as employer or plan sponsor			
Preparer's STEPHEN \$		ne, if applicable) and address; inclue	de room or suite numbei	r (optional)	Prep	parer's telephone number (optional)			
8 STIMSON PROVIDEN	NAVENUE ICE, RI 02906								

L

7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets (subtract line 7b from line 7a) 7b 189898 C Naripain assets (subtract line 7b from line 7a) 7c 161773 189898 B Income, Expenses, and Tradestors for the Pain Yea (a) Amount (b) Total 189898 B Income, Expenses, and Tradestors for the Pain Yea 9a(1) 9310 9310 9310 9310 (c) Participants. 8a(1) 93100 9310 9310	Part III	Financial Information							
b Total plan liabilities 7b 16 161773 169263 c Net plan assets (source) for the Tan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 0.310 0.310 (3) Others (including rolewers) 8a(2) 0.310 0.310 0.310 (b) Other (including rolewers) 8a(2) 0.310				(a) Beginning of Year			(b) End of Year		
C Net plan assets (subtract line 7b from line 7a)	a Total p	lan assets	7a	16177	3			189868	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Engloyers	b Total p	b Total plan liabilities							
a Contributions received or receivable from: 84(1) 9310 (2) Pantiopants	C Net plan assets (subtract line 7b from line 7a)		7c	16177	161773		189868		
(1) Employers 8a(2) 9310 (2) Participants 8a(2) 9310 (3) Other income (loss) 8a(3) 940 (4) Formation (loss) 8b 18785 (5) Total income (loss) 8b 18785 (6) Total income (loss) 8c 28095 (7) Bartinistrative service providers (statiske, fees, commissions) 8f 96 (7) Other expenses 8g 96 18785 (7) Other expenses 8g 96 18785 28095 (7) Transferst (from) the plan (see instructions) 8f 28095 28095 28095 (7) Transferst (from) the plan (see instructions) 8j 28095 28095 28095 (7) Transferst (from) the plan (see instructions) 8j 28095	8 Income	e, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participants. Ba(2) Image: state including rolevers). Ba(2) (3) Others (including rolevers). Ba Ba 15785 (3) Others (including rolevers). Bb 15785 (4) Other income (ads) Be 20005 (5) Benefits paid (including direct rolevers and insurance preniums Bd 20005 (6) Benefits paid (including direct rolevers and insurance preniums Bd 20005 (7) Other expenses. Bg 1 20005 (7) Other base penses (add lines 8d, 8e, 8f, and 9g). Bi 1 20005 (8) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 21 (7) Uring the plan year: Yes No Amount 20 Other splan year: Yes No Amount 20 Other splan year: Yes No Amount 20 Other plan year: <td></td> <td></td> <td></td> <td>004</td> <td>~</td> <td></td> <td></td> <td></td>				004	~				
(3) Others (including rolevers) 8a(3) 1875 b Other income (loss) 8b 18755 c Total income (loss) 8b 18755 d Bondits paid (including direct rolevers and insurance premiums is to provide benefits) 8d 220055 g Other sepenses 8g 1 1 g Other sepenses 8g 1 1 g Other sepenses 8g 1 20055 j Transfers to (rom) the plan (see instructions) 8i 20055 j Transfers to (rom) the plan (see instructions) 8j 1 Part IV Plan Characteristics 8j 1 g Uther sepenses 1 1 1 1 g Uther plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2. g If the plan provides verifics, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2. g Was there a failure to transmit to the plan any participant contributions within the time pariod described in 10 a X g Was there any nonexempt transactions with any party-in-interset? (Do not include transactions reported on in 10a 1.) X g Was there a not lable to provide any br				931	0				
b Other income (loss) 8b 18785 C Total income (add lines Sart), 6a(2), 8a(3), and 8b) 8c 28095 G Total income (add lines Sart), 6a(2), 8a(3), and 8b) 8d 28095 G Contrain income (add lines Sart), 6a(2), 8a(3), and 8b) 8d 28095 G Contrain income (add lines Sart), 6a(2), 8a(3), and 8b) 8d 28095 G Contrain income (add lines Sart), 6a(2), 8a(3), and 8b) 8d 28095 G Total expenses (add lines S4, 8e, 81, and 8g) 8h 28095 I Testal expenses (add lines S4, 8e, 81, and 8g) 8h 28095 J Testal expenses (add lines S4, 8e, 81, and 8g) 8h 28095 J Testal expenses (add lines S4, 8e, 81, and 8g) 8h 28095 J Testal expenses (add lines S4, 8e, 81, and 8g) 8h 28095 J Testal provides persion bendits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2h J Compliance Questions 10a X 2h J During the plan year: 10a X 10b X C		·				_			
c Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 28095 d Benefits paid (incluing direct rollovers and insurance premiums by portobe heartiful to a provide service providers (salaries, lees, commissions) Bd 28095 g Other expenses Bg					_	_			
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)				1878	5				
Bd Bd e Cartain deemed and/or corrective distributions (see instructions)	-		80			-		28095	
e Certain deemed and/or corrective distributions (see instructions) Be f Administrative service providers (salaries, fees, commissions) Bf d d def definition of the sequences (add lines 8d, 8e, 8f, and 8g)			8d						
g Other expenses. 8g 8h h Total expenses (add lines \$d, 8e, 8f, and 8g). 8h 28035 i Net income (loss) (subtract line 8h from line 8c). 8i 28035 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 g If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 2 Part V Compliance Questions Yes No Amount 0 During the plan year: Yes No Amount 10/2 VER 2010.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10c X c Was the plan covered by a fidelity bond? 10c X 10d X c Was the plan covered by a fidelity bond? 10d X 10d X c Was the plan covered by a fidelity bond? 10d X 10d X c Was the plan covered by a fidelity bond? 10d			8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Admini	istrative service providers (salaries, fees, commissions)	8f						
h Total expenses (add lines 8d, 8e, 8f, and 8g)			8g						
I Net income (loss) (subtract line 8h from line 8c)	h Total e	expenses (add lines 8d, 8e, 8f, and 8g)							
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: 2L State No Amount 9a 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 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 10a X X 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 10a X X 0 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). X X X c Was the plan covered by a fidelity bond? Itote plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? X X X X f Has the plan failed to provide any benefit when due under the plan? Itote plan have any participant			8i					28095	
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: 2L 2L 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 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 Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was 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) 10g X f Has the plan lailed to provide any benefit when due under the plan? (See instructions) 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X	j Transfe	ers 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: 2L If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	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 × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b × 10b × c Was the plan covered by a fidelity bond? 10c × 10d × <th></th> <th></th> <th>eature codes</th> <th>from the List of Plan Charac</th> <th>cteristi</th> <th>c Code</th> <th>es in the</th> <th></th>			eature codes	from the List of Plan Charac	cteristi	c Code	es in the		
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 × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b × c Was the plan covered by a fidelity bond? 10c × 10d × 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 × 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.) 10f × f Has the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g × g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g × i If 10n 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 10n 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 2									
on line 10a.)		ig the plan year:				Yes	No	Amount	
Image and the plan towered by a indenty bond numerical strength of the plan is fidelity bond, that was caused by fraud or dishonesty? Image in the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image in the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image in the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image in the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image in the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image in the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image in the plan have any participant loans? (If "Yes," 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 and 29 CFR 2520.101-3). Image in the plan have any participant loans? (If "Yes," enter amount as of year end.) Image in the plan have any participant loans? (If "Yes," the provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Image in the plan have any participant loans? Image in the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form is 5500) and line 11a below). Image in the amount from Schedule SB in 39. Image in the plan year, see instructions, and enter the date of the elter rulin granting the waiver of the minimum funding requirements of section 412 of the Code or section 302 of ERISA	a Was	there a failure to transmit to the plan any participant contribut			10a	Yes		Amount	
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 10e X) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X Image: service or other organization that provides some or all of the benefits under the plan? (See 10e X) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	a Was 29 C b Were	there a failure to transmit to the plan any participant contribu- FR 2510.3-102? (See instructions and DOL's Voluntary Fidu- there any nonexempt transactions with any party-in-interest	ciary Correct ? (Do not inc	tion Program)		Yes	X	Amount	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	a Was 29 C b Were on lin	there a failure to transmit to the plan any participant contribut FR 2510.3-102? (See instructions and DOL's Voluntary Fidue there any nonexempt transactions with any party-in-interest the 10a.)	ciary Correct ? (Do not inc	tion Program) lude transactions reported	10b	Yes	x x	Amount	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	 a Was 29 C b Were on lin c Was d Did th 	there a failure to transmit to the plan any participant contribu- SFR 2510.3-102? (See instructions and DOL's Voluntary Fidu- e there any nonexempt transactions with any party-in-interest the 10a.) the plan covered by a fidelity bond? ne plan have a loss, whether or not reimbursed by the plan's	iciary Correct? (Do not inc	tion Program) clude transactions reported 	10b 10c	Yes	x x x	Amount	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X 2520.101-3.) 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. 10h X Part VI Pension Funding Compliance 10i 10i Yes 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 Yes 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 Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 12 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 rulin granting the waiver. Month Day Year 14 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 11a	a Was 29 C b Were on lin C Was d Did th or dis e Were insura	there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue there any nonexempt transactions with any party-in-interest ine 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d	Yes	x x x x	Amount	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. 10h X Part VI Pension Funding Compliance 10i 10i Yes 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 Yes 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 Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 4 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 rulin 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. Image: Standard St	a Was 29 C b Were on lin C Was d Did th or dis e Were insura instru	there a failure to transmit to the plan any participant contribut FR 2510.3-102? (See instructions and DOL's Voluntary Fidue there any nonexempt transactions with any party-in-interest ine 10a.) the plan covered by a fidelity bond? he plan have a loss, whether or not reimbursed by the plan's shonesty? any fees or commissions paid to any brokers, agents, or oth ance service or other organization that provides some or all or actions.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d 10e	Yes	x x x x x x x x x x x x x x x x x x x	Amount	
exceptions to providing the notice applied under 29 CFR 2520.101-3	 a Was 29 C b Were on lin c Was d Did th or dis e Were insura instru f Has t 	there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduer there any nonexempt transactions with any party-in-interest are 10a.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n?	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	Yes	x x x x x x x x x x x x x x x x x x x	Amount	
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)	 a Was 29 C b Were on lin c Was d Did th or dis e Were insurationstrut f Has t g Did th h If this 	there a failure to transmit to the plan any participant contribut SFR 2510.3-102? (See instructions and DOL's Voluntary Fidue there any nonexempt transactions with any party-in-interest ine 10a.)	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) dude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g	Yes	x x x x x x x x x x x x x x x x x x x	Amount	
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)	 a Was 29 C b Were on lin c Was d Did th or dis e Were insurationstruct f Has t g Did th h If this 2520 i If 10h 	there a failure to transmit to the plan any participant contribut FR 2510.3-102? (See instructions and DOL's Voluntary Fidu- e there any nonexempt transactions with any party-in-interest ine 10a.)	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h	Yes	x x x x x x x x x x x x x x x x x x x	Amount	
11a Enter the amount from Schedule SB line 39	 a Was 29 C b Were on lin c Was d Did th or dis e Were insurations of the second sec	there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduer there any nonexempt transactions with any party-in-interest at 10a.)	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h	Yes	x x x x x x x x x x x x x x x x x x x	Amount	
(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 rulin granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 a Was 29 C b Were on lin c Was d Did th or dis e Were insurations of the second sec	there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule there any nonexempt transactions with any party-in-interest in 10a.)	iciary Correct ? (Do not inc fidelity bond her persons k of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X X X Ule SB ((Form	
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 rulin granting the waiver.	a Was 29 C b Were on lin C Was d Did th or dis e Were insura instru f Has t g Did th h If this 2520 i If 10h excep Part VI I	there a failure to transmit to the plan any participant contribut CR 2510.3-102? (See instructions and DOL's Voluntary Fidu- there any nonexempt transactions with any party-in-interest ie 10a.)	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X I I I I I I I I I I I I	(Form	
 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 rulin granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 	 a Was 29 C b Were on lin c Was d Did th or dis e Were insurations f f Has t g Did th f Has t 2520 i If 10h except Part VI I 11 Is this 5500 11a Enter 	there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu- e there any nonexempt transactions with any party-in-interest ie 10a.)	Iciary Correct ? (Do not ind fidelity bond her persons k of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X X Ile SB ((Form	
	a Was 29 C b Were on lin C Was d Did th or dis e Were insura instru f Has t g Did th h If this 2520 i If 10h excep Part VI I 11 Is this 5500) 11a Enter 12 Is this	there a failure to transmit to the plan any participant contribut CR 2510.3-102? (See instructions and DOL's Voluntary Fidu- there any nonexempt transactions with any party-in-interest ie 10a.)	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) dude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X X Ile SB ((Form	
b Enter the minimum required contribution for this plan year	a Was 29 C b Were on lin C Was d Did th or dis e Were insura instru f Has t g Did th h If this 2520 i If 10h excep Part VI I 11 Is this 5500) 11a Enter 12 Is this (If "Ye a If a w	there a failure to transmit to the plan any participant contribut CR 2510.3-102? (See instructions and DOL's Voluntary Fidu- there any nonexempt transactions with any party-in-interest ie 10a.)	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye requirement as applicab ng amortized	tion Program) lude transactions reported , that was caused by fraud , the plan? (See , the plan , the plan was caused by fraud , the plan was cau	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schedu	X X X X X X X X X X X I I I I I I I I I	(Form ☐ Yes X No RISA? Yes X No e date of the letter ruling	
	a Was 29 C b Were on lin C Was d Did th or dis e Were insura instru f Has t g Did th h If this 2520 i If 10h excep Part VI I 11 Is this 5500) 11a Enter 12 Is this (If "Ye a If a wagranti	there a failure to transmit to the plan any participant contribut FR 2510.3-102? (See instructions and DOL's Voluntary Fidu- there any nonexempt transactions with any party-in-interest ie 10a.)	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	Schedu	X X X X X X X X X X X I I I I I I I I I	(Form ☐ Yes X No RISA? Yes X No e date of the letter ruling	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
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 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the 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	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN