Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

| | , , | Complete all entries in a | eccordance with the instruc | tions to the Form 550 | 0-SF. | | |
|---|--|---|---|---|---|---|---|
| Part I | Annual Report | Identification Information | n | | | | |
| For calenda | ar plan year 2012 or fi | scal plan year beginning 01/01 | 1/2013 | and ending 0 | 1/31/2 | 013 | |
| | turn/report is for: | a single-employer plan | a multiple-employer pla | an (not multiemployer) | | a one-particip | ant plan |
| B This ret | turn/report is: | the first return/report | the final return/report | | | | |
| | | an amended return/report | x a short plan year return | n/report (less than 12 m | onths) | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | m |
| | • | special extension (enter desc | cription) | | | <u> </u> | |
| Part II | Rasic Plan Info | prmation—enter all requested in | | | | | |
| | | milation—enter all requested in | normation | | 1h | Thron digit | |
| 1a Name | | DRPORATION 401 (K) PROFIT SH | HADING DI AN | | וט | Three-digit plan number | |
| FEDERATEL | D CONTRACTING CC | REGRATION 401 (K) PROFIT SE | HARING PLAN | | | (PN) | 001 |
| | | | | | 10 | Effective date of | |
| | | | | | 10 | 01/01/ | • |
| 2a Plan si | noneor's name and ac | ddress; include room or suite numb | her (employer if for a single- | employer plan) | 2h | Employer Identif | |
| | D CONTRACTING CO | | ber (employer, il for a single-t | employer plan) | 20 | (EIN) 13-400 | |
| | | | | | 20 | (=114) | |
| | | | | | 20 | Sponsor's teleph | |
| 11// GRINN BRONX, NY | NELL PLACE ′ 10474 | | | | 24 | | |
| Dittorot, iti | 10111 | | | | Zu | , | see instructions) |
| 0 | | | 🗖 | | 01. | 23829 | |
| 3a Plan a | dministrator's name a | nd address XSame as Plan Spon | nsor Name Same as Plan | Sponsor Address | 30 | Administrator's I | ΞIN |
| | | | | | 30 | Administrator's t | elephone number |
| | | | | | 30 | Auministrator 5 t | elepriorie riuribei |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| A 16.0 | 1/ EIN (4) | | | 41. 1 | 41 | | |
| | | e plan sponsor has changed since | e the last return/report filed to | r this plan, enter the | 4b | EIN | |
| | or's name | mber from the last return/report. | | | 4c | DNI | |
| | | | | | | TIN | |
| | | | | | | | |
| b Total r | | s at the beginning of the plan year | | | 5a | | 0 |
| D Total I | number of participants | s at the beginning of the plan years at the end of the plan year | | | 5a 5b | | 0 |
| C Numb | er of participants with | s at the end of the plan yearaccount balances as of the end of | f the plan year (defined bene | fit plans do not | 5b | | 0 |
| C Numb | er of participants with | at the end of the plan year | f the plan year (defined bene | fit plans do not | | | |
| C Numb compl | er of participants with lete this item) | s at the end of the plan yearaccount balances as of the end of | f the plan year (defined bene | fit plans do not | 5b 5c | | 0 |
| C Numb compl 6a Were b Are you | er of participants with lete this item) | account balances as of the end of | f the plan year (defined bene eligible assets? (See instruct ort of an independent qualifie | fit plans do not tions.) | 5b 5c | | 0 0 No |
| c Numb compl 6a Were b Are younder | per of participants with lete this item) | account balances as of the end of the plan year invested in if the annual examination and report? (See instructions on waiver eligit | f the plan year (defined bene eligible assets? (See instruct ort of an independent qualifie bility and conditions.) | fit plans do not tions.)d public accountant (IQ | 5b 5c PA) | | 0 |
| c Numb compl 6a Were b Are younder | per of participants with lete this item) | account balances as of the end of | f the plan year (defined bene eligible assets? (See instruct ort of an independent qualifie bility and conditions.) | fit plans do not tions.)d public accountant (IQ | 5b 5c PA) | | 0 0 No |
| C Numb compl 6a Were b Are younder If you | er of participants with lete this item) all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46 I answered "No" to e | account balances as of the end of the plan year invested in if the annual examination and report? (See instructions on waiver eligit | f the plan year (defined bene eligible assets? (See instruct ort of an independent qualifier bility and conditions.) | fit plans do not tions.) d public accountant (IQ | 5b 5c PA) | 5500. | 0 0 No |
| 6a Were b Are younder If you Caution: A | per of participants with lete this item) | account balances as of the end of saccount balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instructions. | eligible assets? (See instruct ort of an independent qualifier bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/re | 5b 5c PA) Form use is port, in | 5500. established. cluding, if applica | 0 X Yes No X Yes No able, a Schedule |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche | per of participants with lete this item) | account balances as of the end of second balances as during the plan year invested in the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, | eligible assets? (See instruct ort of an independent qualifier bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/re | 5b 5c PA) Form use is port, in | 5500. established. cluding, if applica | 0 X Yes No X Yes No able, a Schedule |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche | per of participants with lete this item) | account balances as of the end of second balances as during the plan year invested in the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instructed signed by an enrolled actuary, | eligible assets? (See instruct ort of an independent qualifier bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/re | 5b 5c PA) Form use is port, in | 5500. established. cluding, if applica | 0 X Yes No X Yes No able, a Schedule |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to | per of participants with lete this item) | account balances as of the end of second balances as during the plan year invested in the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary, plete. | eligible assets? (See instruct out of an independent qualifier billity and conditions.) | fit plans do not cions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report | 5b 5c PA) Form use is port, in | 5500. established. cluding, if applica | 0 X Yes No X Yes No able, a Schedule |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to | per of participants with lete this item) | account balances as of the end of second balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary, plete. | eligible assets? (See instruct ort of an independent qualifier ibility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report | 5b 5c PA) Form use is coort, in it, and t | 5500. established. cluding, if applications of the best of my | 0 X Yes No X Yes No able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to | per of participants with lete this item) | account balances as of the end of second balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary, plete. | eligible assets? (See instruct out of an independent qualifier billity and conditions.) | fit plans do not cions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report | 5b 5c PA) Form use is coort, in it, and t | 5500. established. cluding, if applications of the best of my | 0 X Yes No X Yes No able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to | per of participants with lete this item) | account balances as of the end of second balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan or incomplete filing of this return the penalties set forth in the instruction of signed by an enrolled actuary, plete. | eligible assets? (See instruct ort of an independent qualifier ibility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report | 5b 5c PA) Form use is coort, in it, and t | 5500. established. cluding, if applications of the best of my | 0 X Yes No X Yes No able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to | per of participants with lete this item) | at the end of the plan year | eligible assets? (See instruct ort of an independent qualifier bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report BRUCE KELLEY Enter name of individ | 5b 5c PA) Form Ise is coort, in t, and t | 5500. established. cluding, if application of the best of my | O X Yes No X Yes No Able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE | per of participants with lete this item) | at the end of the plan year | eligible assets? (See instruct out of an independent qualifie bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report BRUCE KELLEY Enter name of individ | 5b 5c PA) Form Ise is port, in t, and t | 5500. established. cluding, if application of the best of my ning as plan admining as employe | O X Yes No X Yes No Able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE | per of participants with lete this item) | at the end of the plan year | eligible assets? (See instruct out of an independent qualifie bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report BRUCE KELLEY Enter name of individ | 5b 5c PA) Form Ise is port, in t, and t | 5500. established. cluding, if application of the best of my ning as plan admining as employe | O X Yes No X Yes No Able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE | per of participants with lete this item) | at the end of the plan year | eligible assets? (See instruct out of an independent qualifie bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report BRUCE KELLEY Enter name of individ | 5b 5c PA) Form Ise is port, in t, and t | 5500. established. cluding, if application of the best of my ning as plan admining as employe | O X Yes No X Yes No Able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE | per of participants with lete this item) | at the end of the plan year | eligible assets? (See instruct out of an independent qualifie bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report BRUCE KELLEY Enter name of individ | 5b 5c PA) Form Ise is port, in t, and t | 5500. established. cluding, if application of the best of my ning as plan admining as employe | O X Yes No X Yes No Able, a Schedule knowledge and |
| 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to SIGN HERE SIGN HERE | per of participants with lete this item) | at the end of the plan year | eligible assets? (See instruct out of an independent qualifie bility and conditions.) | fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report BRUCE KELLEY Enter name of individ | 5b 5c PA) Form Ise is port, in t, and t | 5500. established. cluding, if application of the best of my ning as plan admining as employe | O X Yes No X Yes No Able, a Schedule knowledge and |

Form 5500-SF 2012 Page **2**

| | | | - 0 | | | | | | | |
|------|--|-------------|---------------------------------------|---------|---------|----------|--|-------|-------|------|
| | t III Financial Information | | I | | | | | | | |
| | Plan Assets and Liabilities | _ | (a) Beginning of Yea | | | | (b) End of | | _ | |
| | Total plan assets | 7a | 106 | | + | | | | 0 | |
| | Total plan liabilities | 7b | 400 | 0 | | | | | 0 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 106 | 51 | | | | | 0 | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Tota | ıl | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| b | Other income (loss) | 8b | | 0 | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 0 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | 0 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 106 | 61 | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 106 | 61 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -106 | 61 | |
| j | Transfers to (from) the plan (see instructions) | 8i | | 0 | | | | | | |
| Par | t IV Plan Characteristics | | 1 | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D | feature co | odes from the List of Plan Char | acteris | stic Co | odes in | the instructio | ns: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cterist | ic Cod | des in t | he instruction | 3: | | |
| Par | V Compliance Questions | | | | | | | | | |
| 10 | • | | | | Yes | No | | | | |
| a | During the plan year: Was there a failure to transmit to the plan any participant contribu | tions withi | n the time period described in | I | 162 | NO | Ai | nount | | |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | iciary Cor | rection Program) | 10a | | X | | | | |
| D | on line 10a.) | , | • | 10b | | Χ | | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 100 | 2000 |
| | Did the plan have a loss, whether or not reimbursed by the plan's | | | 100 | | | | | 100 | 0000 |
| | or dishonesty? | | | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of | | | | | | | | | |
| | instructions.) | | | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Χ | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | ne require | d notice or one of the | 10i | | | | | | |
| Part | 1 | | | | | | <u>, </u> | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | ☐ Yes | | No |
| 110 | Enter the amount from Schedule SB line 39 | | | | | | | . 00 | | |
| | | | | | | 11a | EDICAG | Yes | | No |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | cuon | 3U∠ 0f | EKIOA! | 168 | ^ | INO |
| a | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver. | ng amortiz | ed in this plan year, see instru | | , and e | _ | | | ıling | |
| | granting the waiveryou completed lines 3, 9, and 10 of Schedule | | | | | Day | Y | ear | | |
| | Enter the minimum required contribution for this plan year | • | · · · · · · · · · · · · · · · · · · · | | | 12b | | | | |
| | Enter the minimum required contribution for this plan year | | | ••••• | | | | | | |

| | Form 5500-SF 2012 Page 3 - 1 | | | | | |
|--------|---|----------|--------|--------|-------|--|
| | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A | |
| Part ' | VII Plan Terminations and Transfers of Assets | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | X | res No | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | control | | X Yes | No | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) |) to | | _ | | |
| 1: | 3c(1) Name of plan(s): | 13c(2) E | IN(s) | 13c(3) | PN(s) | |
| | | | | | | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos, 1210-0110 1210-0089

2012

| Employee Benefi | ment of Labor Is Security Administration | Retirement Income Security Act of 197 the Internal Re | | (a) of | This Form is Open to Public Inspection | | |
|------------------------|---|--|-------------------------|-------------------------|--|---|--|
| | t Guaranty Corporation | ▶ Complete all entries in accordant | ce with the instruc | tions to the Form 5500 | 0-SF. | Illahrenon | |
| | Annual Report Id Dian year 2012 or fisca | entification Information | 1/2013 | and anding | | 01/31/2013 | |
| | 5 | 7 | | and ending | | | |
| A This return | meport is for. | | | an (not multiemployer) | | a one-participant plan | |
| B This return | /report is: | <u> </u> | e final return/report | | , | | |
| | Ĺ | | - | report (less than 12 mo | - | _ | |
| C Check box | if filing under: | | tomatic extension | | | DFVC program | |
| , | | special extension (enter description) | | | | | |
| | | nation—enter all requested informatio | n | | 1 40 | | |
| 1a Name of | | CORPORATION 401 (b) D- | Sit Obswine | 71 | 16 | Three-digit plan number | |
| FEDERALE | D CONTRACTING | G CORPORATION 401 (k) Pr | OIIC Sharing | Pian | | (PN)) 001 | |
| | | | | | | Effective date of plan 01/01/2006 | |
| | nsor's name and addre D CONTRACTING | ess; include room or suite number (emp CORPORATION | loyer, if for a single- | employer plan) | 2b | Employer Identification Number (EIN) 13-4009058 | |
| | | | | | 2¢ | Sponsor's telephone number | |
| 1177 GRI | NNELL PLACE | | | | <u></u> | 718-378-3400 | |
| BBONY | | NV 10474 | | | 2d | Business code (see instructions) | |
| BRONX | inintrator's pama and | NY 10474 address XSame as Plan Sponsor Nam | o Visama as Plan | Spaneor Address | 3h | 238290 Administrator's EIN | |
| Sa Flanaon | mistrator s name and | adoless Moalile as Flati opoless mail | ie Monne as time | Sponsor Address | 35 | Administrator 5 Env | |
| | | | | | 3с | Administrator's telephone number | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | olan sponsor has changed since the last | return/report filed fo | r this plan, enter the | 4b | EIN | |
| name, E a Sponsor's | | per from the last return/report. | | | 4c | DM | |
| | · · · · · · · · · · · · · · · · · · · | the beginning of the plan year | | | 5a | 0 | |
| | | the end of the plan year | | | | | |
| | • | count balances as of the end of the plan | | | 5b | 0 | |
| | , , | count balances as of the end of the plan | | • | 5c | 0 | |
| 6a Were all | of the plan's assets d | luring the plan year invested in eligible a | assets? (See instruct | ions.) | | X Yes No | |
| | | ne annual examination and report of an | | | | X Yes ∏ No | |
| | | See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot | • | | | <u> </u> | |
| | | incomplete filing of this return/repor | | | | | |
| | | r penalties set forth in the instructions, I | | | | | |
| SB or Schedu | | signed by an enrolled actuary, as well a | | | | | |
| SIGN) | x LA | AND THE PROPERTY OF THE PROPER | X 8/14/13 | Bruce Kelley | | | |
| UED# | Signature of plan adn | ninistrator | Date | Enter name of individ | ual sig | ning as plan administrator | |
| SIGN | / | | - | | | | |
| HERE - | Signature of employe | orinian snonsor | Date | Enter name of individe | nis len | ning as employer or plan sponsor | |
| | | ne, if applicable) and address; include re | | | | arer's telephone number (optional) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| £ | | | | | | | |

| Part III Financial Information | | | | | | |
|---|--|---------------------------------|---------|----------|----------------|--|
| 7 Plan Assets and Liabilities | | (a) Beginning of Yea | r | | | (b) End of Year |
| a Total plan assets | 7a | | 106 | 1 | | 0 |
| b Total plan liabilities | 7b | | | 0 | | 0 |
| C Net plan assets (subtract line 75 from line 7a) | 7c | | 106 | 1 | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total |
| a Contributions received or receivable from: | 95/41 | | | 0 | | |
| (1) Employers | 8a(1) 8a(2) | W | | 0 | | |
| (2) Participants | 8a(3) | | | ol | | |
| b Other income (loss) | 8b | | | 0 | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 1 | | 0 |
| d Genefits paid (including direct rollovers and insurance premiums | - 00 | | | +- | | |
| to provide benefits) | 8d | | | 0 | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 106 | 1 | | |
| g Other expenses | 8g | | | 0 | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 1061 |
| i Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | -1061 |
| j Transfers to (from) the plan (see instructions) | 8j | | | 0 | | |
| Part IV Plan Characteristics | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D | feature co | des from the List of Plan Chara | acteris | tic Co | des in | the instructions: |
| b If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Charac | cterist | ic Cod | es in t | he 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 contribution of the plan and DOL's Voluntary Fide | uciary Con | rection Program) | 10a | | х | |
| b Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | |
| C Was the plan covered by a fidelity bond? | ,, | | 10c | х | | 100000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | • | 10d | | х | |
| Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all | | | | | | |
| instructions.) | | | 10e | | Х | |
| f Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | Х | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | | | 10g | | Х | |
| In If this is an individual account plan, was there a blackout period? 2520.101-3.) | ` •••••• | | 10h | | х | |
| ! !! 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | |
| Part VI Pension Funding Compliance | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | |
| 11a Enter the amount from Schedule SB line 39 | | | | | 11a | <u> </u> |
| 12 Is this a defined contribution plan subject to the minimum funding | requirem | ents of section 412 of the Code | orse | ction | 30 2 of | ERISA? Yes X No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | | Land to the last t |
| If a waiver of the minimum funding standard for a prior year is being ranting the waiver. | | Mon | th | , and e | Day | ne date of the letter ruling Year |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (For | rm 5500), and skip to line 13. | | | 405 | Г |
| b Enter the minimum required contribution for this plan year | ······································ | | | <u> </u> | 12b | |

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|---|---|---|---------------|---------|-----------------|-------------|-----------|--|--|
| c | Enter the amount contributed by the employer to the plan for this plan y | | | 12c | <u> </u> | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount) | | | 12d | | | | | |
| e | Will the minimum funding amount reported on line 12d be met by the fu | inding deadline? | | | Yes | No | ☐ N/A | | |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| _13a | Has a resolution to terminate the plan been adopted in any plan year? | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | X | Yes 🗌 | No | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the emplo | yer this year | | 13a | Γ. | | 0 | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transfilm PBGC? | | | control | | XΥ | es No | | |
| С | If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.) | nis plan to another plan(s), identif | y the plan(s) | to | | | | | |
| | 13c(1) Name of plan(s): | | 1 | 3c(2) E | IN(s) | 130 | (3) PN(s) | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| *************************************** | | | | | | | | | |
| | | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | <u> </u> | | | |
| 14a | Name of trust | | | 14b T | 14b Trust's EIN | | | | |
| | | | | | | | | | |
| | | | | | | | | | |