## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

| Р     | ension Be   | nefit Guaranty Corporation                     | ▶ Complete all entries in acc              | ordance     | with the instruc      | tions to the Form 550     | 0-SF.   |                                |                          |  |
|-------|-------------|--|--|-------------|-----------------------|---------------------------|---------|--------------------------------|--------------------------|--|
| Pa    | art I       | Annual Report                                  | Identification Information                 |             |                       |                           |         |                                |                          |  |
| For   | calenda     | ar plan year 2012 or fis                       | scal plan year beginning 01/01/2           | 012         |                       | and ending                | 2/31/2  | 2012                           |                          |  |
|       |             | urn/report is for:                             | X a single-employer plan     □             | H           |                       | an (not multiemployer)    |         | a one-particip                 | oant plan                |  |
| В     | This ret    | urn/report is:                                 | the first return/report                    | H           | nal return/report     |                           |         |                                |                          |  |
|       |             |  | an amended return/report                   | a shor      | t plan year return    | report (less than 12 m    | onths)  | ·                              |                          |  |
| C     | Check b     | oox if filing under:                           | X Form 5558                                | auton       | natic extension       |                           |         | DFVC progra                    | am                       |  |
|       |             |  | special extension (enter descrip           | otion)      |                       |                           |         |                                |                          |  |
| Pa    | art II      | Basic Plan Info                                | rmation—enter all requested info           | rmation     |                       |                           |         |                                |                          |  |
|       | Name        |  |  |             |                       |                           | 1b      | Three-digit                    |                          |  |
|       |             | BLOOD CLOT ALLIANO                             | CE 403(B) PLAN                             |             |                       |                           |         | plan number                    |                          |  |
|       |             |  |  |             |                       |                           |         | (PN) <b>▶</b>                  | 001                      |  |
|       |             |  |  |             |                       |                           | 1c      | Effective date o               | •                        |  |
|       |             |  |  |             |                       |                           |         | 01/01                          |                          |  |
|       |             | oonsor's name and add<br>BLOOD CLOT ALLIAN     | dress; include room or suite number<br>ICE | (employe    | er, if for a single-e | employer plan)            | 2b      | Employer Identi<br>(EIN) 56-24 | fication Number<br>25135 |  |
|       |             |  |  |             |                       |                           | 2c      | Sponsor's telep                | hone number              |  |
| 120 V | NHITE I     | PLAINS ROAD, SUITE                             | ≣ 100                                      |             |                       |                           |         |                                | 220-5040                 |  |
|       |             | 'N, NY 10591                                   |  |             |                       |                           | 2d      | Business code (                | (see instructions)       |  |
|       |             |  |  |             |                       |                           |         | 61100                          | 00                       |  |
| 3a    | Plan ad     | dministrator's name an                         | nd address XSame as Plan Sponso            | r Name      | Same as Plan          | Sponsor Address           | 3b      | Administrator's                | EIN                      |  |
|       |             |  |  |             |                       |                           | 3c      | Administrator's                | telephone number         |  |
|       |             |  |  |             |                       |                           |         | ,                              |                          |  |
|       |             |  |  |             |                       |                           |         |                                |                          |  |
|       |             |  |  |             |                       |                           |         |                                |                          |  |
|       |             |  |  |             |                       |                           |         |                                |                          |  |
| 4     | If the n    | ame and/or EIN of the                          | e plan sponsor has changed since th        | ne last ret | urn/report filed for  | r this plan, enter the    | 4b      | EIN                            |                          |  |
|       |             | •  | mber from the last return/report.          |             |                       |                           |         |                                |                          |  |
|       |             | or's name                                      |  |             |                       |                           | 4c      | PN                             | _                        |  |
| 5a    | Total r     | number of participants                         | at the beginning of the plan year          |             | •••••                 |                           | 5a      |                                | 8                        |  |
| b     | Total r     | number of participants                         | at the end of the plan year                |             |                       |                           | 5b      |                                | 7                        |  |
| С     |             |  | account balances as of the end of th       |             | `                     | •                         | 5c      |                                | 6                        |  |
| 62    |             |  | s during the plan year invested in eli     |             |                       |                           |         | L                              | X Yes No                 |  |
| b     |             | ·  | the annual examination and report          | -           | •                     | *                         |         |                                | M 100 [] 110             |  |
|       |             |  | ? (See instructions on waiver eligibili    |             |                       |                           |         |                                | X Yes No                 |  |
|       | If you      | answered "No" to eit                           | ther line 6a or line 6b, the plan ca       | nnot use    | Form 5500-SF a        | and must instead use      | Form    | 5500.                          |                          |  |
| Cau   | ıtion: A    | penalty for the late of                        | or incomplete filing of this return/       | report wi   | II be assessed u      | ınless reasonable cau     | ıse is  | established.                   |                          |  |
|       |             |  | ner penalties set forth in the instructi   |             |                       |                           |         |                                |                          |  |
|       |             | dule MB completed an<br>rue, correct, and comp | nd signed by an enrolled actuary, as       | well as the | ne electronic vers    | ion of this return/report | t, and  | to the best of my              | knowledge and            |  |
| Delle | ei, it is t | rue, correct, and comp                         | лете.                                      |             |                       |                           |         |                                |                          |  |
| SIG   |             | Filed with authorized/\                        | valid electronic signature.                | 10          | 0/03/2013             | MICHAEL OSTUNI            |         |                                |                          |  |
| HEF   | ₹E          | Signature of plan ac                           | dministrator                               | D           | ate                   | Enter name of individ     | ual siç | ning as plan adn               | ninistrator              |  |
| SIG   | N           |  |  |             |                       |                           |         |                                |                          |  |
| HEF   | RE          | Signature of employ                            | ver/nlan snonsor                           | D:          | ate                   | Enter name of individ     | ual sid | ning as employe                | er or plan sponsor       |  |
| Pre   | parer's     |  | ame, if applicable) and address; inc       |             |                       |                           |         |                                | number (optional)        |  |
|       |             |  | ,  |             |                       | , ,                       | ·       | 999-999                        | ( 1 /                    |  |
|       |             |  |  |             |                       |                           |         | 399-395                        | r-3333                   |  |
|       |             |  |  |             |                       |                           |         |                                |                          |  |
|       |             |  |  |             |                       |                           |         |                                |                          |  |
|       |             |  |  |             |                       |                           |         |                                |                          |  |

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| Do       | w III Einanaial Information   |             |                                  |         |         |             |              |         |              |            |    |
|----------|---|-------------|----------------------------------|---------|---------|-------------|--------------|---------|--------------|------------|----|
| Pa       | rt III   Financial Information  |             | 1 () = 1 ( )                     |         |         |             |              |         |              |            |    |
|          | Plan Assets and Liabilities   |             | (a) Beginning of Yea             |         | -       |             | (b) End      |         |              |            |    |
| <u>a</u> | Total plan assets   | 7a          | 32654                            |         | -       | 433152      |              |         |              |            |    |
|          | Total plan liabilities  | 7b          |                                  | 0       |         |             |              |         | C            |            |    |
|          | Net plan assets (subtract line 7b from line 7a)   | 7c          | 32654                            | 0       | -       |             |              | 4       | 33152        |            |    |
| 8        | Income, Expenses, and Transfers for this Plan Year  |             | (a) Amount                       |         |         |             | (b) T        | otal    |              |            |    |
| а        | Contributions received or receivable from:  (1) Employers   | 8a(1)       | 2362                             | 1       |         |             |              |         |              |            |    |
|          | (2) Participants  | 8a(2)       | 5941                             |         |         |             |              |         |              |            | _  |
|          | •   |             |                                  | 0       |         |             |              |         |              |            |    |
|          | (3) Others (including rollovers)  | 8a(3)       | 2837                             |         |         |             |              |         |              |            | _  |
|          | Other income (loss)   |             |                                  |         |         |             |              |         |              |            |    |
|          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c          |                                  |         |         |             |              | 1       | <u>11413</u> |            |    |
| u        | to provide benefits)  | 8d          | 470                              | 1       |         |             |              |         |              |            |    |
| e        | Certain deemed and/or corrective distributions (see instructions)   | 8e          |                                  | 0       |         |             |              |         |              |            |    |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f          | 10                               |         |         |             |              |         |              |            |    |
| q        | Other expenses  | 8g          |                                  | 0       |         |             |              |         |              |            |    |
|          | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h          |                                  |         |         |             |              |         | 4801         |            | _  |
| ÷        | Net income (loss) (subtract line 8h from line 8c)   | 8i          |                                  |         |         |             |              | 1       | 06612        |            | _  |
| ÷        | Transfers to (from) the plan (see instructions)   |             |                                  |         |         |             |              |         | 00012        |            |    |
| ,<br>Da: | · · · · · · · · · · · · · · · · · · ·   | 8j          |                                  | 0       |         |             |              |         |              |            |    |
|          | rt IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension   | footure co  | odos from the List of Plan Char  | actorio | rtic Co | doc in      | the inetrue  | tions   |              |            |    |
| Ja       | 2G 2K 2M 2R 3D  | leature co  | des nom the List of Flam Char    | acteris | SHC CC  | ides III    | ine manuc    | ,110115 | •            |            |    |
| b        | If the plan provides welfare benefits, enter the applicable welfare fe  | eature cod  | les from the List of Plan Charac | cterist | ic Coc  | les in t    | he instructi | ons:    |              |            |    |
|          |   |             |                                  |         |         |             |              |         |              |            |    |
| Par      | Part V Compliance Questions   |             |                                  |         |         |             |              |         |              |            |    |
| 10       | During the plan year:   |             |                                  |         | Yes     | No          |              | Amo     | unt          |            |    |
| а        | ' '' '  |             |                                  |         |         | <b>&gt;</b> |              |         |              |            |    |
|          | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu   |             |                                  | 10a     |         | X           |              |         |              |            | 0  |
| D        | Were there any nonexempt transactions with any party-in-interest on line 10a.)  |             |                                  | 10b     |         | Χ           |              |         |              |            | 0  |
|          | ,   |             |                                  |         | Χ       |             |              |         |              |            |    |
| <u>C</u> |   |             |                                  | 10c     | ^       |             |              |         |              | 500        | 00 |
| d        |   |             |                                  | 10d     |         | X           |              |         |              |            | 0  |
|          | or dishonesty?  |             |                                  | 100     |         |             |              |         |              |            |    |
| C        | insurance service or other organization that provides some or all of  | •           | ,                                |         |         |             |              |         |              |            |    |
|          | instructions.)  |             |                                  | 10e     |         | X           |              |         |              |            | 0  |
| f        | Has the plan failed to provide any benefit when due under the plan  | n?          |                                  | 10f     |         | X           |              |         |              |            | 0  |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as   | s of year e | end.)                            | 10g     |         | X           |              |         |              |            | 0  |
| h        | If this is an individual account plan, was there a blackout period? (   | (See instru | uctions and 29 CFR               | • •     |         | .,          |              |         |              |            |    |
|          | 2520.101-3.)  |             |                                  | 10h     |         | X           |              |         |              |            |    |
| i        |   |             |                                  |         |         | Х           |              |         |              |            |    |
| _        | exceptions to providing the notice applied under 29 CFR 2520.10   | 1-3         |                                  | 10i     |         | Λ.          |              |         |              |            |    |
| Part     |   |             |                                  |         |         |             |              |         |              |            |    |
| 11       | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  | •           |                                  |         |         |             | •            | Ιп      | Yes          | X          | No |
| 111      | I Enter the amount from Schedule SB line 39   |             |                                  |         |         |             |              |         | . 55         | <u>. ت</u> | 0  |
|          |   |             |                                  |         |         | 11a         |              | ПП      | Yes          | V .        | No |
| 12       | Is this a defined contribution plan subject to the minimum funding  | -           |                                  | or se   | ction   | 3U2 Of      | EKISA?       | ЦЦ      | 168          | ^ I        | NO |
|          | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,   |             |                                  | otions  | ord.    | onto s 41   | o dota at t  | ho le   | tor mil      | na         |    |
| a        | <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 |             |                                  |         |         |             |              |         |              |            |    |
| If       | you completed line 12a, complete lines 3, 9, and 10 of Schedule   |             |                                  |         |         |             |              |         |              |            |    |
| b        | Enter the minimum required contribution for this plan year  |             |                                  |         |         | 12b         |              |         |              |            | 0  |

|          | Form 5500-SF 2012 Page <b>3</b> - 1   |        |        |      |          |    |         |      |
|----------|---|--------|--------|------|----------|----|---------|------|
|          |   |        | 400    |      |          |    |         |      |
| <u> </u> | Enter the amount contributed by the employer to the plan for this plan year   |        | 12c    |      |          |    |         | (    |
| d        | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)   |        | 12d    | I    |          |    |         |      |
| е        | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |        |        |      | Yes      | No | X       | V/A  |
| Part     | VII Plan Terminations and Transfers of Assets   |        |        |      |          |    |         |      |
| 13a      | Has a resolution to terminate the plan been adopted in any plan year?   |        | 🔲      | Ye   | s X      | 10 |         |      |
|          | 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 und of the PBGC?   | er the | contro | ol   |          |    | res X   | No   |
| С        | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.) | lan(s) | to     |      |          |    |         |      |
| 1        | 3c(1) Name of plan(s):  | 1      | 13c(2) | EIN  | (s)      | 13 | c(3) PN | l(s) |
|          |   |        |        |      |          |    |         |      |
|          |   |        |        |      |          |    |         |      |
| Part     | VIII Trust Information (optional)   |        |        |      |          |    |         |      |
| 14a      | Name of trust   |        | 14b    | Trus | st's EIN |    |         |      |

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Benefits Security Administration

## 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

This Form is Open to Public

| Pension Ber       | refit Guaranty Corporation                       | Complete all entrie                                   | es in accordance                  | ce with the instruct    | ions to the Form 5500     | o-SF.                                   | ine                 | pection   |
|-------------------|--|---|-----------------------------------|-------------------------|---------------------------|---|---------------------|---|
| Part I            | Annual Report le                                 | dentification inform                                  | ation                             |                         |                           |   |                     |   |
| For calenda       | r plan year 2012 or fisc                         | cal plan year beginning                               | 1/1/20                            |                         | and ending                | 1                                       | 2/31/2012           |   |
| A This retu       | ırn/report is for:                               | a single-employer plan                                | \ []an                            | nultiple-employer pla   | n (not multiemployer)     |   | a one-partici       | pant plan   |
| B This retu       | ım/report is:                                    | the first return/report                               | the                               | final return/report     |                           |   |                     |   |
|                   | •  | an amended return/re                                  | port ∏ast                         | nort plan year return/  | report (less than 12 mo   | onths)                                  | 1                   |   |
| C Check b         | ox if filing under:                              | Form 5558   | aut                               | omatic extension        |                           |   | DFVC progra         | am  |
| - 4,,,,-          | ••••••••••••••••••••••••••••••••••••••           | special extension (ent                                | er description)                   |                         |                           |   |                     |   |
| Part II           | Basic Plan Infor                                 | mation—enter all reque                                |                                   | 7                       |                           |   |                     |   |
| 1a Name o         |  |   |                                   |                         |                           | 1b                                      | Three-digit         |   |
| NATI              | ONAL BLOOD CL                                    | OT ALLIANCE 403(                                      | B) PLAN                           |                         |                           |   | plan number<br>(PN) | 001   |
|                   |  |   | •                                 |                         |                           | 1c                                      | Effective date of   | f plan  |
|                   |  |   |                                   |                         |                           |   | 1/1                 | /2008   |
| 2a Plan sp        | onsor's name and add                             | ress; include room or sult                            | e number (empi                    | oyer, if for a single-e | mployer plan)             | 2b                                      | Employer ident      | fication Number   |
| NATION            | AL BLOOD CLOT                                    | ALLIANCE  |                                   |                         |                           |   | <u>, }</u>          | 62425135  |
|                   |  |   |                                   |                         |                           | 20                                      | Sponsor's telep     | mone number<br>05040  |
| 120 \/\           | ITE PLAINS ROAL                                  | SUITE 100   |                                   |                         |                           | 2d                                      |                     | (see instructions)  |
| 120 99111         |  | 5, QQ11 E 100   |                                   |                         |                           |   |                     | ,   |
| TARRYT            | rown   | NY  |                                   |                         |                           |   | 61                  | 1000  |
| 10591             |  |   |                                   |                         |                           |   |                     |   |
|                   |  | d address //Same as Pla                               | n Chancar Nam                     | a Deama se Blan         | Sponeor Address           | 3b                                      | Administrator's     | FIN   |
| 38 Plan ac        | ministrators name an                             | g sorptees Nipania as Lie                             | i obousoi van                     | e Daeitie se i iaii     | Oponison Municos          |   | 7 Carrie House Co   |   |
|                   |  |   |                                   |                         |                           | 3c                                      | Administrator's     | telephone number  |
|                   |  |   |                                   |                         |                           | 1                                       |                     |   |
|                   |  |   |                                   |                         |                           |   |                     |   |
|                   |  |   |                                   |                         |                           |   |                     |   |
| 4 If the r        | ame and/or EIN of the                            | plan sponsor has change                               | d since the last                  | return/report filed for | r this plan, enter the    | 4b                                      | EIN                 |   |
| name,             | EIN, and the plan num                            | nber from the last return/re                          | port.                             |                         |                           | 4c                                      | PN                  |   |
| <b>5a</b> Total r |  | at the beginning of the pla                           | n vear                            |                         |                           | +                                       |                     | 8   |
|                   |  | at the end of the plan year                           | 1                                 |                         |                           | 5b                                      |                     | 7   |
|                   |  | account balances as of the                            |                                   |                         |                           | 100                                     |                     |   |
| compl             | ete this item)                                   |   |                                   |                         |                           | 5c                                      |                     | 6   |
| 6a Were           | all of the plan's assets                         | during the plan year inve                             | sted in eligible a                | ssets? (See instruct    | ions.)                    | • |                     | Yes 📗 No  |
| <b>b</b> Are yo   | ou claiming a waiver of                          | the annual examination a<br>(See instructions on walv | nd report of an !                 | independent qualifie    | d public accountant (IC   | ≱PA)                                    |                     | Yes No  |
| under<br>If was   | 29 CFR 2520.104-467                              | thar line 6a or line 6b, th                           | er engibliny and<br>e plan cannot | use Form 5500-SF :      | and must instead use      | Forn                                    | 1 5500.             | <u> </u>  |
| Caution: A        | penalty for the late                             | or incomplete filing of th                            | s return/repor                    | t will be assessed u    | ıniess reasonable ca      | use is                                  | established.        |   |
| Linder nens       | sities of perium and oth                         | per penalties set forth in th                         | e instructions. I                 | declare that I have o   | examined this return/re   | port, I                                 | ncluding, if appli  | cable, a Schedule   |
| SB or Sche        | edule MB completed ar<br>true, correct, and comp | nd signed by an enrolled a                            | ctuary, as well a                 | as the electronic vers  | sion of this return/repor | t, and                                  | to the best of m    | y knowledge and   |
| Delies, It is     | ine, correct, and comp                           | <del>,                                    </del>      |                                   |                         |                           |   |                     |   |
| SIGN              | marpe  | Asses -   |                                   | 10-1-13                 | JOSEPH                    |   | SAACS               |   |
| HERE              | Signature of plan a                              | dministrator  |                                   | Date                    | Enter name of individ     | lual și                                 | gning as plan ac    | Iministrator  |
| SIGN              |  |   |                                   |                         |                           |   |                     | man and the first of the same |
| HÉRÉ              | Signature of emplo                               | yer/plan sponsor                                      |                                   | Date                    | Enter name of individ     |   |                     |   |
| Preparer's        | name (including firm n                           | ame, if applicable) and ad                            | dress; include r                  | oom or sulte numbe      | r (optional)              | Pre                                     | parer's telephon    | e number (optional)   |
|                   |  |   |                                   |                         |                           |   |                     |   |
|                   |  |   |                                   |                         |                           |   | ***                 |   |
|                   |  |   |                                   |                         |                           |   |                     |   |
|                   |  |   |                                   |                         |                           |   | ***                 |   |
| Ear Danage        | ork Reduction Act Notic                          | e and OMB Control Number                              | s, see the instru                 | ctions for Form 5500-   | 8F.                       |   |                     | Form 5500-SF (2012)   |

| Pa                                      | till Financial Information  |              |  |        |                           |                 |  |  |  |  |
|---|---|--------------|--|--------|---------------------------|-----------------|--|--|--|--|
| 7                                       | Plan Assets and Liabilities   |              | (a) Beginning of Yea   |        | (b) End of Year<br>433152 |                 |  |  |  |  |
| a                                       | Total plan assets   | 7a           | 32   | 654    | _                         |                 | 433132   |  |  |  |
| b                                       | Total plan liabilities  | 7b           | 0  |        |                           | 100150          |  |  |  |  |
| <u> </u>                                | Net plan assets (subtract line 7b from line 7a)   | 7с           | 32   | 326540 |                           |                 | 433152   |  |  |  |
| 8                                       | Income, Expenses, and Transfers for this Plan Year  |              | (a) Amount   |        | 9000000                   | ZVI sassina Var | (b) Total  |  |  |  |
| а                                       | Contributions received or receivable from:  | . 8a(1)      | ,  | 2362   | 4                         |                 |  |  |  |  |
|   | (1) Employers   | 8a(2)        |  | 941    | 155,335.1                 |                 | AND CONTROL OF THE STATE OF THE |  |  |  |
|   | (2) Participants  | 8a(3)        |  | 1      | n                         | 44.             | SECRETARIA DE SERVICIO DE CONTROL |  |  |  |
|   | (3) Others (including rollovers)  | 8b           | ,  | 2837   | 4                         |                 |  |  |  |  |
|   | Other income (loss)   |              |  |        | ESTAC<br>23               |                 | 111413   |  |  |  |
| <u>c</u>                                | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums  | 80           |  |        |                           |                 |  |  |  |  |
| u                                       | to provide benefits)  | 8d           |  | 470    | 1                         | 1.5             |  |  |  |  |
| e                                       | Certain deemed and/or corrective distributions (see instructions)   | 8e           |  |        | 0                         |                 |  |  |  |  |
| f                                       | Administrative service providers (salaries, fees, commissions)  | 8f           |  | 10     | 0                         |                 |  |  |  |  |
| q                                       | Other expenses  | . 8g         |  |        | 0                         |                 |  |  |  |  |
| _                                       | Total expenses (add lines 8d, 8e, 8f, and 8g)   | . 8h         | The second secon |        |                           |                 | 4801   |  |  |  |
| 7 I                                     | Net income (loss) (subtract line 8h from line 8c)   | . 8i         |  |        |                           |                 | 106612   |  |  |  |
|   | Transfers to (from) the plan (see instructions)   | 8i           |  | (      |                           |                 |  |  |  |  |
| Ба                                      | rt IV Plan Characteristics  | 1            |  |        | - Bassioner               |                 | 100000000000000000000000000000000000000  |  |  |  |
| 9a<br>b<br>Par                          | If the plan provides pension benefits, enter the applicable pension 2G 2K 2M 2R 3D  If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides pension and the plan provides pension and the plan provides pension are the plan provides pension and the plan provides pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits. |              |  |        |                           |                 |  |  |  |  |
| 300000000000000000000000000000000000000 | 345 14 - Carifornia (1997)  |              |  |        | Yes                       | No              | Amount   |  |  |  |
| 10<br>a                                 | During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid.  During the plan year:   | utions withi | n the time period described in   | 10a    | 100                       | √               | 0  |  |  |  |
| k                                       | Were there any nonexempt transactions with any party-in-interes on line 10a.)   | t? (Do not   | include transactions reported  | 10b    |                           | ✓               | C  |  |  |  |
|   | Was the plan covered by a fidelity bond?  |              |  | 10c    | ✓                         |                 | 50000  |  |  |  |
|   | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  | fidelity bo  | nd, that was caused by fraud   | 10d    |                           | ✓               | C  |  |  |  |
| •                                       | Were any fees or commissions paid to any brokers, agents, or ot<br>insurance service or other organization that provides some or all<br>instructions.)  | of the ben   |  | 10e    |                           | 1               | · ·  |  |  |  |
| f                                       | Has the plan failed to provide any benefit when due under the pla   |              | :  | 10f    |                           | ✓               | C  |  |  |  |
| : (                                     | Did the plan have any participant loans? (If "Yes," enter amount  | as of year o | end.)  | 10g    | <u> </u>                  | 1               | C  |  |  |  |
|   | If this is an individual account plan, was there a blackout period? 2520.101-3.)  | (See instr   | uctions and 29 CFR   | 10h    |                           | ✓               |  |  |  |  |
| į                                       | If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10   |              |  | 10i    |                           |                 |  |  |  |  |
| Par                                     | t VI Pension Funding Compliance   |              |  |        |                           |                 |  |  |  |  |
| 11                                      | Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)  |              |  |        |                           |                 |  |  |  |  |
| 11:                                     | Enter the amount from Schedule SB line 39   |              |  |        |                           | 11a             |  |  |  |  |
| 12                                      | Is this a defined contribution plan subject to the minimum funding  |              |  |        |                           | 302 of          | ERISA? Yes V No  |  |  |  |
|   | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  | ,            |  |        |                           |                 |  |  |  |  |
| <u> </u>                                | If a waiver of the minimum funding standard for a prior year is be granting the waiver.   | ing amortiz  | zed in this plan year, see instru  |        | and                       | enter t         | he date of the letter ruling   |  |  |  |
|   | f you completed line 12a, complete lines 3, 9, and 10 of Schedu   | le MB (Fo    | rm 5500), and skip to line 13.   |        |                           |                 |  |  |  |  |
| ı                                       | Enter the minimum required contribution for this plan year  |              |  |        |                           | 12b             |  |  |  |  |

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|-------------------|---|---------------------------------|----------|------------------------|----------|------------|-------|----------|
|                   |   |                                 |          |                        |          |            |       |          |
| C                 | 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. negative amount)   |                                 |          |                        | 12d      |            |       |          |
| е                 | Will the minimum funding amount reported on line 12d be me  | et by the funding deadline?     |          |                        |          | Yes        | No    | ∐ N/A    |
| Part '            | VII Plan Terminations and Transfers of Asse   | ets                             |          |                        |          |            |       |          |
| 13a               | Has a resolution to terminate the plan been adopted in any plan y   | year?                           |          |                        | Y        | ′es ⊠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 benefic of the PBGC?  |                                 |          |                        | control  |            | Yes   | × No     |
| С                 | If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions | red from this plan to another p | olan(s), | , identify the plan(s) | to       |            |       |          |
| 1                 | 3c(1) Name of plan(s):  |                                 |          | 1                      | 3c(2) El | N(s)       | 13c(3 | B) PN(s) |
|                   |   |                                 |          |                        |          |            |       |          |
|                   |   |                                 |          |                        |          |            |       |          |
| Part              | VIII Trust Information (optional)   |                                 |          | -                      |          |            |       |          |
| 14a Name of trust |   |                                 |          |                        |          | rust's EIN |       |          |
|                   |   |                                 |          |                        |          |            |       |          |
|                   |   |                                 |          |                        |          |            |       |          |
|                   |   |                                 |          | i                      |          |            |       |          |