For	m 5500-SF	Short Form Annual Ret		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo					_		2012
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					8(a) of This Form is Open to Public		
Pension Benefit Guaranty Corporation Ir Complete all entries in accordance with the instructions to the Form 5500-SF.							spection
Part I		entification Information					
For calenda	ar plan year 2012 or fisca			and ending 12	2/31/2	2012	
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ret	urn/report is:		e final return/report				
			hort plan year returr	n/report (less than 12 mc	onths)	—	
C Check b	box if filing under:		tomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II	·	nation—enter all requested informatic	n		16	The second set	
1a Name RAINBOW R	of plan OOFING 401(K) TRUST				a	Three-digit plan number	
						(PN) ▶	001
					1c	Effective date o	•
22 Dian or	annor's name and addr	ess; include room or suite number (emp	lover if for a single	omployor plan)	2h	01/01	
	ROOFING SOLUTIONS,		ioyer, il lor a single-	employer plan)	20	Employer Identi (EIN) 65-05	
6825 SW/ 21	ST COURT, UNIT 2				2c	Sponsor's telep	
DAVIE, FL 3					2d		see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	23810 Administrator's	
					•		telephone number
4 If the r	name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fc	or this plan, enter the	4b	EIN 65-05	54161
		er from the last return/report.	·		4c		
	or's name <u>SEGAL, INC.</u>	the beginning of the plan year			40 5a	PN	<u>001</u> 22
		the end of the plan year			5a 5b		17
		count balances as of the end of the plar		-	30		17
				-	5c		16
	•	uring the plan year invested in eligible a		,			X Yes No
		e annual examination and report of an See instructions on waiver eligibility and					X Yes 🗌 No
		er line 6a or line 6b, the plan cannot					
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed (	unless reasonable cau	se is	established.	
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a tte.					
SIGN	Filed with authorized/va	lid electronic signature.	10/03/2013	MARC SEGAL			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN HERE	Filed with authorized/va	lid electronic signature.	10/03/2013	MARC SEGAL			
	Signature of employe	r <b>/plan sponsor</b> ne, if applicable) and address; include r	Date	Enter name of individu			r or plan sponsor number (optional)
Fee Dememory	anle Daulusstian Ast Matian	and OMB Control Numbers see the instru	tions for Form FF00	05			Form 5500-SE (2012)

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
а	Total plan assets	7a	38460	)5			372812	
b	Total plan liabilities	7b		0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	384605			372812		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	385	-				
	(3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	4888	-				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-			52738	
d	Benefits paid (including direct rollovers and insurance premiums						02100	
	to provide benefits)	8d	6240	2				
е	Certain deemed and/or corrective distributions (see instructions)	8e	100					
	Administrative service providers (salaries, fees, commissions)	8f	112					
<u> </u>	Other expenses	8g		0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					64531	
	Net income (loss) (subtract line 8h from line 8c)	8i					-11793	
J Par	Transfers to (from) the plan (see instructions)	8j		0				
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist		ies in th	e instructions:	
10	During the plan year:				Yes	No	Amount	
a	• • •	tions within th	ne time period described in tion Program)	10a		х		
b		? (Do not incl	lude transactions reported	10b		x		
С	Was the plan covered by a fidelity bond?			10c	Х		20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	2000	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefits	s under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10q	Х		14820	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructi	ons and 29 CFR	10g		x	14020	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
Part	VI Pension Funding Compliance							
11	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		
12	Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	e or se	ection	302 of E	RISA? Yes 🗙 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable	e.)					
	If a waiver of the minimum funding standard for a prior year is bein				and	ontor the	date of the letter ruling	
	granting the waiver.	-	Mon		, anu e	Day_	Year	
		-	Mon		, and e		<b>-</b>	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he 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	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 control of the PBGC?						
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

F	form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		This form is required to be filed under sections 104 and 4065 of the Employee					2012		
		Retirement Income Security Act of the Interna	(a) of						
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500						IN	spection		
Par	Annual Report	dentification Information							
	lendar plan year 2012 or fisc		01/01/2012	and ending	12,	/31/2012			
	is return/report is for:		a multiple-employer	olan (not multiemployer)	ver) a one-participant plan				
_	s return/report is:	the first return/report	the final return/report						
			a short plan year retu	rn/report (less than 12 m	onths)				
<b>C</b> Ch	eck box if filing under:	<b>x</b> Form 5558	automatic extension		Г	DFVC progra	ım		
U Un	eck box if ming under.	special extension (enter description			L.				
						· · ·			
Parl	In Basic Plan Intol Iame of plan	rmation enter all requested inform	mauon		1b 1	Three-digit			
	•	·				an number	001		
R	ainbow Roofing 401	(K) Trust			· · · · · · · · · · · · · · · · · · ·	PN)  Effective date of			
						01/01/2006			
	lan sponsor's name and adainbow Roofing Sol	dress; include room or suite number (eutions, LLC	employer, if for a sing	e-employer plan)		Employer Ident EIN) 65-05	ification Number 54161		
						Sponsor's telep (954) 370-			
_	825 SW 21st Court,	FL 33317				Business code 238100	(see instructions)		
	<b>)avie</b> Plan administrator's name ar	nd address X Same as Plan Sponso	r Name Same as	Plan Sponsor Address	3b /	Administrator's	EIN		
							telephone number		
		plan sponsor has changed since the hber from the last return/report.	last return/report filed	for this plan, enter the	4b (	EIN 65-055	4161		
	Sponsor's name Segal,				4c (	PN 001			
		at the beginning of the plan year	*****	***************	5a		22		
		at the end of the plan year			5b		17		
		account balances as of the end of the			5c		16		
		during the plan year invested in eligibl					X Yes No		
b A	Are you claiming a waiver of	the annual examination and report of a (See instructions on waiver eligibility a	an independent qualif				XYes No		
		ther line 6a or line 6b, the plan cann							
		or incomplete filing of this return/re							
SB o	er penalties of perjury and ot r Schedule MB completed a f, it is true, correct, and com	her penalties set forth in the instruction nd signed by an enrolled actuary, as w plete.	ns, I declare that I ha vell as the electronic v	ve examined this return/re rersion of this return/report	port, in rt, and t	cluding, if appl to the best of m	icable, a Schedule ny knowledge and		
SIG	N M	-1	10/3/13	Marc Segal					
HE		inistrator	Date	Enter name of individua	al signir	ng as plan adm	inistrator		
SIG	n la		10/3/13	Marc Segal					
HE	1324	/plan sponsor	Date	Enter name of individua	al signir	ng as employer	or plan sponsor		
		name, if applicable) and address; inclu					number (optional)		
1					ł				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

## Part III Financial Information

Part III   Financial Information		(a) Designing of Vees		1		(b) End o	f Voo	-
Plan Assets and Liabilities		(a) Beginning of Year		+				
a Total plan assets	<u>7a</u>	384,60		<u> </u>				72,812 0
<b>b</b> Total plan liabilities	7b		0	+				
C Net plan assets (subtract line 7b from line 7a)	7c	384,60	5	(b) Total			72,812	
income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Iotai				
Contributions received or receivable from:     (1) Employers	8a(1)		0					
(2) Participants	8a(2)	3,85	5					
(3) Others (including rollovers)	8a(3)		0	1				
b Other income (loss)	8b	48,88	3					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1				52,738
d Benefits paid (including direct rollovers and insurance premiums			• • •					
to provide benefits)	8d	62,40		ļ				
e Certain deemed and/or corrective distributions (see instructions)	8e	1,00	• • • • • • •	<u> </u>				
Administrative service providers (salaries, fees, commissions)	8f	1,12	7	<u> </u>				
g Other expenses	8g		0	<u> </u>				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							64,531
Net income (loss) (subtract line 8h from line 8c)	81						(1	1,793)
Transfers to (from) the plan (see instructions)	8j		0					
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	s from the List of Plan Characte	nstic	0000	5 111 111	0 1101 0010		
		s from the List of Plan Characte	nstic		5 III UR			
Part V Compliance Questions		s from the List of Plan Characte	nstic			r		
Part V         Compliance Questions           0         During the plan year:		` 		Yes	No	r	Amou	int
Part V         Compliance Questions           0         During the plan year:           a         Was there a failure to transmit to the plan any participant contributi	ions withir	the time period described in	10a			r		unt
Part V         Compliance Questions           0         During the plan year:	ions withir iary Corre ? (Do not i	n the time period described in ction Program) nclude transactions reported			No	r		unt
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest?	ions withir iary Corre ? (Do not i	n the time period described in ction Program) nclude transactions reported	10a		No X	r		unt 20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ions within iary Corre ? (Do not i idelity bor	n the time period described in ction Program) nclude transactions reported  nd, that was caused by fraud	10a 10b	Yes	No X	r		
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity fidel	ions within iary Corre ? (Do not in idelity bor r persons f the bene	n the time period described in ction Program) nclude transactions reported  nd, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c	Yes	No X X	r		
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	ions within iary Corre ? (Do not in idelity bor r persons f the bene	h the time period described in ction Program) nclude transactions reported 	10a 10b 10c 10d	Yes	No X X X	r		
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan't	ions within iary Corre ? (Do not in idelity bor r persons f the bene	a the time period described in ction Program) include transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e	Yes	No x x x x	r		20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See the plan have any participant loans?	ions within iary Corre ? (Do not in idelity bor r persons f the bene ?	h the time period described in ction Program) nclude transactions reported 	10a 10b 10c 10d 10f 10g	Yes	No x x x x x	r		
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fill the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the	ions within iary Corre ? (Do not in idelity bor r persons f the bene s of year e See instru	h the time period described in ction Program) nclude transactions reported 	10a 10b 10c 10d 10f 10g 10h	Yes	No x x x x	r		20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fill this is an individual account plan, was there a blackout period? (\$2520.101-3.)         l       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.	ions within iary Corre ? (Do not in idelity bor r persons f the bene s of year e See instru	h the time period described in ction Program) nclude transactions reported 	10a 10b 10c 10d 10f 10g	Yes	No x x x x x	r		20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fi or dishonesty?         g       Did the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-         Part VI       Pension Funding Compliance	ions within iary Corre ? (Do not in idelity bor r persons f the bene s of year e See instru e required -3	h the time period described in ction Program) nclude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h 10l	X	No x x x x x x x x	B (Form	Amou	20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fill of the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)         I       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-         Pension Funding Compliance       11         Is this a defined benefit plan subject to minimum funding requirement	ions within iary Corre ? (Do not in idelity bor r persons f the bene r persons f the bene s of year e See instru e required -3 ents? (If "	h the time period described in ction Program) include transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ind.) ctions and 29 CFR i notice or one of the Yes," see instructions and com	10a 10b 10c 10d 10f 10g 10h 10h	X	No x x x x x x x x	B (Form	Amou	20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fi or dishonesty?         g       Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-         1       Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39	ions within iary Corre ? (Do not in idelity bor r persons f the bene s of year e See instru e required -3	h the time period described in ction Program)	10a 10b 10c 10d 10f 10g 10h 10l	Yes X X Sched	No x x x x x x x dule SI	B (Form		20,0
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fior dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fior dishonesty?         g       Did the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (S 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39         12       Is this a defined contribution plan subject to the minimum funding requirements 5500) and line 11a below)	ions within iary Corre ? (Do not in idelity bor r persons f the bene s of year e See instru- e required -3	h the time period described in ction Program) include transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ind.) ctions and 29 CFR i notice or one of the Yes," see instructions and com ants of section 412 of the Code of able.) ed in this plan year, see instructions	10a 10b 10c 10d 10d 10f 10g 10h 10l 10l 0olete	Yes X X Sched	No x x x x x x x x dule SI 11a 002 of benter th	B (Form		20,0 14,8 ] Yes X ] Yes X
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci         b       Were there any nonexempt transactions with any party-in-interest? on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?         e       Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)         f       Has the plan failed to provide any benefit when due under the plan's fi or dishonesty?         g       Did the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.)         i       Is this a defined benefit plan subject to minimum funding requirements5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39         12       Is this a defined contribution plan subject to the minimum funding requirements for the plan subject in the minimum funding requirements in the plan of the plan subject in the minimum funding requirements in the plan subject in the minimum funding requirements in the plan subject in the minimum funding requirements in the plan	ions within iary Corre ? (Do not in idelity bor r persons f the bene s of year e See instru e requirect -3 ents? (If " requireme as applic ng amortiz	n the time period described in ction Program)	10a 10b 10c 10d 10d 10f 10g 10h 10l 10l 0olete	Yes X X Sched	No x x x x x x x x dule SI 11a 002 of benter th	B (Form ERISA?		20,0 14,8 Yes X Yes X tter ruling

Page 3-

	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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗖	Yes [	] No
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	<b>Y</b>	es 🗶 N	lo
	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 co of the PBGC?	ontrol		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.)			<b>.</b>
1	<b>3c(1)</b> Name of plan(s): 13c	(2) EIN(	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> T	rust's EIN	l