Form 5500-SF Short Form Annual Return/Report of Small Emplo							OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	De This form is required to be filed u		nd 4065 of the Employe	e	2	2012		
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						s Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accordant	tions to the Form 5500	D-SF.	spection				
Part I		entification Information							
_	ar plan year 2012 or fisca	· · · · ·		v	2/31/2				
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan		
B This retu	urn/report is:		e final return/report						
_)	╡		n/report (less than 12 mo	onths)	-			
C Check b	box if filing under:		tomatic extension			DFVC progra	im		
		special extension (enter description)							
Part II		nation—enter all requested informatio	n		16	Thursday a line in			
1a Name of DMS MANAC	of plan GEMENT USA INC 401K	(PLAN			a	Three-digit plan number			
						(PN) ▶	001		
					1c	Effective date o	•		
		· · · · · · · · · · · · · · · · · · ·	lavan if fan a stanlau		01-	10/01			
	GEMENT USA INC	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b		95602		
	JE OF THE AMERICAS,	POCKEE			2c	Sponsor's telep			
NEW YORK,		KUCKEF			2d	Business code (81299			
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3b	3b Administrator's EIN			
					<u> </u>				
		lan sponsor has changed since the last per from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN			
a Sponso		•			4c	PN			
5a Total n	number of participants at	the beginning of the plan year			5a		0		
b Total n	number of participants at	the end of the plan year			5b		1		
	· ·	count balances as of the end of the plar	•	•	5c		1		
		uring the plan year invested in eligible a					X Yes No		
		he annual examination and report of an i							
	,	See instructions on waiver eligibility and	,				X Yes No		
		er line 6a or line 6b, the plan cannot							
		incomplete filing of this return/report r penalties set forth in the instructions, I					abla a Sabadula		
SB or Sche	1 3 3	signed by an enrolled actuary, as well a				0/ II	,		
SIGN	Filed with authorized/va	lid electronic signature.	10/11/2013	KATHLEEN CELORIA					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sic	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	gning as emplove	r or plan sponsor		
Preparer's r	name (including firm nan	ne, if applicable) and address; include ro		(optional)			number (optional)		

Part III Financial Information 7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	7a		0	+		(b) End of Teal 12283	
b Total plan liabilities	7a 7b		0			12203	
 C Net plan assets (subtract line 7b from line 7a) 	70 70		0			12283	
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount					(b) Total	
a Contributions received or receivable from:		(a) Amount					
(1) Employers	8a(1)	595	8				
(2) Participants	8a(2)	595	8				
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	36	7				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					12283	
d Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	8d						
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g			_			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		0	
Net income (loss) (subtract line 8h from line 8c)	8i			_		12283	
j Transfers to (from) the plan (see instructions)	8j						
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Charac	cterist	ic Cod	es in the	e instructions:	
Port V Compliance Questions							
				Vec	Na		
10 During the plan year:	ions within th			Yes	No	Amount	
		ne time period described in	10a	Yes	No X	Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ciary Correct ? (Do not incl	ne time period described in tion Program) lude transactions reported	10a 10b	Yes		Amount	
 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 Fidure) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correct ? (Do not incl	ne time period described in tion Program) lude transactions reported		Yes	x	Amount	
 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 Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.). 	ciary Correct ? (Do not incl fidelity bond,	he time period described in tion Program) lude transactions reported that was caused by fraud	10b	Yes	x x	Amount	
 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 Fidure) 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 for the plan have a loss. 	ciary Correct ? (Do not incl fidelity bond, er persons b f the benefits	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c	Yes	x x x	Amount	7
 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 Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or any brokers. 	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	Amount	7
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 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 Fidure) 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits n? s of year end See instruction	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e		X X X X X X X X X X X X X X X X X X X	Amount	7
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits as of year end See instruction er required not	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		X X X X X X X X	Amount	7
 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 Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits as of year end See instruction er required not	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		X X X X X X X X X X	Amount	7
 10 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 Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB ((Form	
 10 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 Fidures 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o 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? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits of the benefits of year end See instruction re required not l-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ule SB ((Form	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefits n? s of year end See instruction re required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X ule SB ((Form	× N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits of the benefits s of year end See instruction e required not ents? (If "Yes requirements	he time period described in tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X ule SB ((Form	X No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not incl fidelity bond, er persons b if the benefits as of year end See instruction erequired not l-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X Sched	X X X X X X X X X X Ule SB (11a 802 of El	[Form	× No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not incl fidelity bond, er persons b f the benefits n? s of year end See instruction e required not l-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0 plete	X Sched	X X X X X X X X X X Ule SB (11a 302 of El	(Form Yes RISA? Yes date of the letter ruli	× No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е		ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	N/A			
Part	art 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	s," enter the amount of any plan assets that reverted to the employer this year	13a						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X	No			
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	3c(2) E	IN(s)	13c(3) Pl	N(s)			
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

For	m 5500-SF	Short Form Annual F		/Report of it Plan	f Small Employ	yee		OMB Nos. 12 12	10-0110		
	thert of the Treasury tal Revenue Service			2	012	Contraction of the local division of the loc					
0	perferent of Labor metre Security Administration	This form is required to be file Retirement income Security Act o the Intern	ctions 6057(b) and 6058	558(a) of This Form is Open Inspection			Public				
Person Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I		entification Information					10/21/201	5			
For calenda	ar plan year 2012 or fisc	and the second se	01/01/		and ending	· · · · ·	12/31/201		te fan en skale het set inte		
A This ret	um/report is for	a single-employer plan	a multip	ble-employer p	lan (not multiemployer)	L	a one-particip	ant plan			
B This ret	um/report is:	the first return/report		l return/report							
	[an amended return/report	a short	plan year retu	m/report (less than 12 m	nonths)					
C Check	bax if filing under:	Form 5558	automa	tic extension		L	DFVC progra	m			
		special extension (enter descript	tion)								
Part II	Basic Plan Inform	mation-enter all requested inform	mation			1 44					
1a Name dm.s	ofplan Management USA	Inc 401k Plan				-	Three-digit plan number (PN) ▶	00	1		
						1c	Effective date of	plan			
20.7		1	lamalaura	if for a single	omplouor plan)		10/01/2011				
	ponsors name and addr Management USA	ress; include room or suite number (Inc	(empioyer	, if for a single-	employer plan)	2b	Employer Identif (EIN) 45-299	ication Nun 5602	nber		
							Sponsor's telept (212) 618-		er		
1230	Avenue of the	Americas, Rockef				2d	Business code (see instruct	tions)		
New	York			NY	10020		812990				
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name	Same as Plan	Sponsor Address	3b	Administrator's E	EIN			
		olan sponsor has changed since the ber from the last return/report.	e last retur	n/report filed f	or this plan, enter the	4b	EIN				
	or's name	- -				4c	PN				
		t the beginning of the plan year							0		
		t the end of the plan year				5b	1947 I.A. 1	11 II 1	1		
		count balances as of the end of the				5c			1		
		during the plan year invested in eligi						X Yes	No		
	•	he annual examination and report o (See instructions on waiver eligibility						X Yes	ΠΝο		
		ner line 6a or line 6b, the plan can						8.00			
Caution: A	penalty for the late or	incomplete filing of this return/n	epost well	ha accassed	unless reasonable ca	use is (established.				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as it	ona, I dæci	ars that i have	examined this return/re	port, in	cluding, if applic	able, a Sch knowledge	edule and		
SIGN	har .c		10	113	Kathleen Celo	ria					
HERE	Signature of plan ad	ministrator	Dat	le	Enter name of individ	dual sig	ning as plan adr	ministrator			
SIGN HERE						e	÷				
	HERE Signature of employer/plan sponsor Date Enter name of ir Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of ir				Enter name of individ	dual sig	ning as employe	er or plan s	ponsor		
Fiepaleis		no, in applicable) and address, inde				Fieb	arer's telephone	number (c	optional)		
		r Rei in sta									
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the in	nstructions	for Form 5500	-SF.			Form 5500	-SF (2012) v. 120126		

Form 5500-SF 2012

Page 2

7 5	Tan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	
	otal plan assets	7a			0				12,28
	otal plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c			0				12,28
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	a agasta
-	Contributions received or receivable from:				2				
	1) Employers	8a(1)		5,9	_		1-		
(2) Participants	8a(2)		5,9	58	÷			
(3) Others (including rollovers)	8a(3)			_			_	
b	Other income (loss)	8b		30	57				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		his	_				12,28
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			all and a				
e	Certain deemed and/or corrective distributions (see instructions)	8e		1	_		1		
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			-			Sec. Char	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				
I	Net income (loss) (subtract line 8h from line 8c)	8i			_				12,28
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
			es from the List of Plan Chara						
					Ves	No		mount	
10	During the plan year:	tions withir			Yes	No		mount	
10			n the time period described in	10a	Yes	No X		mount	
	During the plan year: Was there a failure to transmit to the plan any participant contribu	ciary Com	n the time period described in ection Program) nclude transactions reported		Yes			mount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Com ? (Do not i	n the time period described in ection Program) nclude transactions reported	10a	Yes	x		mount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Corro ? (Do not i fidelity bor	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud	10a 10b	Yes	x x		mount	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Com ? (Do not i fidelity bor	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud	10a 10b 10c	Yes	x x x		mount	
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan the plan the plan the plan the plan's or other organization that provides some or all of the plan the	(Do not i fidelity bor ner persons of the bene	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d		x x x		mount	7
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	iciary Com ? (Do not i fidelity bor ner persons of the bene	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	Yes	x x x x		mount	7
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Corror ? (Do not i fidelity bor her persons of the bene n?	n the time period described in ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e		x x x x x		mount	7
10 a b c d d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	(Do not i (Do not i fidelity bor ner persons of the bene n? s of year e	n the time period described in ection Program) nclude transactions reported ad, that was caused by fraud s by an insurance carrier, efits under the plan? (See and)	10a 10b 10c 10d		x x x x		mount	7
10 a b c d d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10e		x x x x x		mount	7
10 a b c d d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 42520.101-3.) If 10h was answered "Yes," check the box if you either provided fil exceptions to providing the notice applied under 29 CFR 2520.10	iciary Com ? (Do not i fidelity bor her persons of the bene n? s of year e (See instru	n the time period described in ection Program) nclude transactions reported 	10a 10b 10c 10d 10e 10f		x x x x x x x x		mount	7
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10 a b c d e f g h l 20 art 11 a a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding	Iciary Corre ? (Do not i fidelity bor her persons of the bene n? s of year e (See instru- he required 1-3 hents? (If 'n requireme , as applica- ng amortize	n the time period described in ection Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i e or se	X Sched	X X X X X X X X Iule SB (11a 302 of El	Form RISA?	☐ Yes ☐ Yes	No

Form 5500-SF 2012

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Page 3 -

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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. Enter the result (enter a minus sign to the left of a negative amount)	12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		[] Y	es	No	X N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X 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			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) which assets or liabilities were transferred. (See instructions.)	to				
	13c(1) Name of plan(s): 11	3c(2) E	IN(s)		13c(3) PN(s)
						5
Part	VIII Trust Information (optional)					
14a	Name of trust	14b ⊤	rust's l	EIN		