For	m 5500-SF	Short Form Annual R		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	□ This form is required to be filed	Senefit Plan	nd 4065 of the Employee	2	2	012
	epartment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058(s Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	lance with the instruc	ctions to the Form 5500	-SF.	Ins	pection
Part I		entification Information					
	ar plan year 2012 or fisca				2/31/2		
	urn/report is for:		1 1 7 1	an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:		the final return/report				
-				n/report (less than 12 mo	onths)	-	
C Check I	box if filing under:	╡ └┘	automatic extension			DFVC progra	m
		special extension (enter description					
Part II		nation—enter all requested informa	ition		16	These dist	
1a Name		() PROFIT SHARING PLAN AND TR	UST		ai	Three-digit plan number	
						(PN) ▶	001
					1c	Effective date of	•
		· · · · · · · · · · · · · · · · · · ·			01-	01/01/	
	ECTRICAL CORP.	ess; include room or suite number (er	nployer, if for a single-	employer plan)	20	Employer Identif (EIN) 11-35	
9204 AVENI	15 1				2c	Sponsor's telep	
BROOKLYN				-	2d	Business code (23821	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's I	
name	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo	or this plan, enter the		EIN	
a Sponse					4c	PN	
		the beginning of the plan year			5a		4
		the end of the plan year		-	5b		4
		count balances as of the end of the p			5c		4
		uring the plan year invested in eligible					X Yes No
b Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (e annual examination and report of a See instructions on waiver eligibility a	an independent qualifie and conditions.)	d public accountant (IQF	PA)		X Yes No
		er line 6a or line 6b, the plan canno					
Under pena SB or Sche	alties of perjury and othe	incomplete filing of this return/rep r penalties set forth in the instructions signed by an enrolled actuary, as we te.	s, I declare that I have	examined this return/rep	ort, in	cluding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.	10/14/2013	DIANE HEBERT			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	al sig	ning as employe	r or plan sponsor
Preparer's		e, if applicable) and address; include	e room or suite numbe				number (optional)

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

7	t III Financial Information						
-	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) Ei	nd of Year
a	Fotal plan assets	. 7a	11322	6			150248
b	Fotal plan liabilities	. 7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	11322	6			150248
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
	Contributions received or receivable from:	• (1)	014	0			
	1) Employers	8a(1)	314				
	2) Participants	8a(2)	2155		_		
	3) Others (including rollovers)	8a(3)		0	_		
	Dther income (loss)	8b	1348	2			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		38179
	o provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	115	7			
	Other expenses	8g		0			
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					1157
i	Net income (loss) (subtract line 8h from line 8c)	8i					37022
j	Fransfers to (from) the plan (see instructions)	8j		0			
Par	IV Plan Characteristics	-7		-			
Part	V Compliance Questions						
10	During the plan year:				Yes	ło	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a	2	x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)						(
С	Was the plan covered by a fidelity bond?			10b]	×	(
-	was the plan covered by a indelity bond?			10b 10c		x x	(
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond,	that was caused by fraud		2		(
		fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10c	2	×	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d	x	×	(
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons b of the benefits n?	that was caused by fraud y an insurance carrier, under the plan? (See	10c 10d 10e 10f	x	x	(135
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? is of year end. (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10c 10d 10e	x	x	(
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? s of year end (See instruction he required no	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g	x		(135
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? s of year end (See instruction he required no	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h	x	x	(135
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? is of year end. (See instruction he required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	X X Schedule	<	(135)
e f g h i Part	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 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 the 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	fidelity bond, ner persons by of the benefits n? s of year end (See instruction he required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X X Schedula	<	(135)
e f g h i Part 11	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 the 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)	fidelity bond, ner persons by of the benefits n? is of year end. (See instruction he required not 1-3 hents? (If "Yes	that was caused by fraud y an insurance carrier, under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X 22	<	Yes X No
e f g h i Part	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? s of year end (See instruction he required not 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See)	10c 10d 10e 10f 10g 10h 10i	X 22	<	Yes X No
e f g h i 11 11a 12	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 the 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)	fidelity bond, ner persons by of the benefits n? s of year end (See instruction he required no 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code s.) in this plan year, see instruction	10c 10d 10e 10f 10g 10h 10i 0 or se	X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<	Yes X No
e f g h i 11 11a 12 a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? us of year end. (See instruction he required not 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i 0 or se	X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SB (Form a Of ERISA?	(135) ((Yes X No (Yes X No (Yes X No (Yes X No
e f g h i Part 11 11a 12 a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, ner persons by of the benefits n? us of year end. (See instruction he required not 1-3	that was caused by fraud y an insurance carrier, s under the plan? (See 	10c 10d 10e 10f 10g 10h 10i 0 or se	X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SB (Form a Of ERISA?	of the lette

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			0
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			0
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	X 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			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to		_	
1	3c(1)	Name of plan(s): 1	3c(2) El	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			I	

14a Name of trust	14b Trust's EIN

An and a second s						
Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be f Retirement Income Security Act	iled under sections 104	and 4065 of the Employ	/60	2	012
Employee Benefits Security Administration	the Inter	nal Revenue Code (the	e Code).	58(a) of	This Form	s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	ructions to the Form 55	00-SF.		spection
For calendar plan year 2012 or fisc	lentification Information al plan year beginning	1/1/2012	and ending		2/31/2012	
A This return/report is for:	a single-employer plan		plan (not multiemployer		a one-particip	oant plan
B This return/report is:	the first return/report	the final retum/repo				
[] an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)		
C Check box if filing under:	Form 5558	automatic extension	ı		DFVC progra	m
	special extension (enter descrip	,				
Part II Basic Plan Inform 1a Name of plan	nation-enter all requested infor	mation		1 41		
•	01(k) Profit Sharing Plan ar	nd Truct		מר	Three-digit plan number	001
Dobtek Electrical Colp. 4	or (k) From orialing Flatra	na must			(PN) 🕨	
				10	Effective date of 1/1/	plan 2007
2a Plan sponsor's name and addre	ss; include room or suite number ((employer, if for a single	e-employer plan)	1	Employer Identif	ication Number
Bobtek Electrical Corp.					(EIN) 11 Sponsor's telept	3541998
9204 Avenue L					718763	2563
9204 Avenue L				2d	Business code (s	ee instructions)
Brooklyn	NY				238	210
11236						
3a Plan administrator's name and a	ddress Same as Plan Sponsor	Name Same as Pia	In Sponsor Address	3b	Administrator's E	IN
			•			
				3C	Administrator's te	elephone number
4 If the name and/or EIN of the pla	in sponsor has changed since the	last return/report filed f	or this plan, enter the	4b	FIN	
name, EIN, and the plan numbe a Sponsor's name	r from the last return/report.	·				
5a Total number of participants at th	he beginning of the plan year			4c	r	<i>.</i>
	he end of the plan year			5a 5b		4
c Number of participants with acco	ount balances as of the end of the	plan year (defined bene	efit plans do not			
complete this item)		******		5c		4
6a Were all of the plan's assets durb Are you claiming a waiver of the	ing the plan year invested in eligib annual examination and report of	le assets? (See instruc an independent qualifie	tions.)			Yes 🗌 No
under 29 CFR 2520.104-46? (Se	e Instructions on waiver eligibility	and conditions.)				Yes 🛛 No
	line 6a or line 6b, the plan cann					
Caution: A penalty for the late or in Under penalties of perjury and other p	complete filing of this return/rep enalties set forth in the instruction	s I declare that I have	unless reasonable cau	se is es	stablished.	lo o Sabadula
SB or Schedule MB completed and sig belief, it is true, correct, and complete.	gned by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report,	and to	the best of my ki	nowledge and
SIGN	1511/1	Mulais	Mart By	hh		
HERE Signature of plan edmin	istary //	Date /	Enter name of individu	al sioni	nor as plan admir	istrator
SIGN /	SM/	10/11/2013	MAIC PAL	20)	150 0101
HERE Signature of employer/p		Date	Enter name of Individu	al signi	ng as employer c	r plan sponsor
Preparer's name (including firm name,	if applicable) and address; include	e room or suite number	(optional)	Prepar	er's telephone nu	mber (optional)
			Ļ			
				ş é		1. Sec.
For Paperwork Reduction Act Notice and	OMB Control Numbers, see the Insti	ructions for Form 5500-S	<u>ال</u>	N4.775	For	m 5500-SF (2012)

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	See States	(a) Beginning of Y	ear			(b) E	nd of Yea	ar
a Total plan assets	7a		1132	226		<u> </u>		150248
b Total plan liabilities	7b			0				0
c Net plan assets (subtract line 7b from line 7a)	7c		1132	226				150248
B Income, Expenses, and Transfers for this Plan Year		(a) Amount				(þ) Total	
a Contributions received or receivable from:								
(1) Employers	8a(1)		31	42	<u>. 333.</u> 4			
(2) Participants	8a(2)		215	55				303 N.S
(3) Others (including rollovers)	8a(3)			0				<u>.</u>
b Other income (loss)	8b		<u>134</u>	82				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		96563g					38179
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 	8d			0		<u> </u>		<u>.</u>
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		11	0023				
g Other expenses	8g		a ang ang ang ang ang ang ang ang ang an	0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1157
Net income (loss) (subtract line 8h from line 8c)	81							37022
Transfers to (from) the plan (see instructions)	8j			0				
art V Compliance Questions								
art V Compliance Questions				Yes	No	1	Δαιομη	11
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 	ons within t	the time period described in clion Program)		Yes			Amoun	ıt
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correction	ction Program)	10a 10b	Yes	No √		Amoun	ıt
 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 Fiduc b Were there any nonexempt transactions with any party-in-interest? on line 10a.). 	ciary Correction (Do not inc	ction Program) clude transactions reported	10a 10b	Yes	✓ ✓		Amoun	lt
 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 Fiduc 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 fit 	ciary Correc (Do not inc delity bond	clion Program) clude transactions reported	10a 10b 10c	Yes	1		Amoun	11
 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 Fiduc 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 file or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of 	ciary Correct (Do not ind delity bond r persons to the benefit	clude transactions reported	10a 10b 10c 10d	Yes	✓ ✓ ✓		Amoun	
 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 Fiduc 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 fir or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.) 	ciary Correc (Do not ind delity bond r persons to the benefit	ction Program) clude transactions reported 	10a 10b 10c 10d 10e		✓ ✓ ✓		Amoun	
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) 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 finor dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe 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? 	ciary Correc (Do not ind delity bond r persons to the benefit	clude transactions reported clude transactions reported , that was caused by fraud by an Insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f		 <		Amoun	
 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 Fiduce) 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 file or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.) f Has the plan falled to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as or 	ciary Correc (Do not ind delify bond r persons to the benefit ?	ction Program) clude transactions reported l, that was caused by fraud by an Insurance carrier, is under the plan? (See	10a 10b 10c 10d 10e		✓ ✓ ✓			13:
 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 Fiduce 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 file or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.) f Has the plan falled to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (St 2520.101-3.) 	ciary Correc (Do not ind delify bond r persons t the benefit ? of year end ee instructi	ction Program) clude transactions reported , that was caused by fraud by an Insurance carrier, is under the plan? (See 	10a 10b 10c 10d 10e 10f		 <		Amoun	13:
 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 Fiduce 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 commissions paid to any brokers, agents, or othe 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 on h If this is an individual account plan, was there a blackout period? (Si 2520.101-3.) 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 	ciary Correc (Do not ind delity bond r persons t the benefit of year end ee instructi required n	ction Program) clude transactions reported t, that was caused by fraud by an Insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g					13
 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 Fiduce 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 commissions paid to any brokers, agents, or othe 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 of 1 fi this is an individual account plan, was there a blackout period? (Si 2520.101-3.) 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 t VI. Pension Funding Compliance 	ciary Correc (Do not ind delity bond r persons to the benefit of year end ee instructi required no 3	clude transactions reported clude transactions reported that was caused by fraud by an insurance carrier, is under the plan? (See i.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	✓ ✓				13
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc (Do not ind delity bond r persons t the benefit of year end ee instructi required no 3	clude transactions reported clude transactions reported that was caused by fraud by an Insurance carrier, is under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	✓ Schedu		(Form		13
 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correc (Do not ind delity bond r persons to the benefit of year end ee instruction required not 3	clude transactions reported clude transactions reported t, that was caused by fraud by an insurance carrier, is under the plan? (See i.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	✓ Schedu	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	(Form		13:
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