Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pi	art I	Annual Report I	Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012		and ending	2/31/2	2012	
		urn/report is for:	X a single-employer plan □			an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report		nal return/report				
			an amended return/report	a shor	t plan year return	report (less than 12 m	onths)	_	
С	Check b	oox if filing under:	X Form 5558	auton	natic extension			DFVC progra	ım
			special extension (enter descr	ription)					
Pa	art II	Basic Plan Infor	rmation—enter all requested info	ormation					
	Name	•					1b	Three-digit	
		AGING DIAGNOSTICS	PLC 401(K) PLAN					plan number	
								(PN) ▶	001
							1c	Effective date o	•
								01/01	
		oonsor's name and add AGING DIAGNOSTICS	dress; include room or suite numbe SPLC	er (employe	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 26-33	fication Number 21409
							2c	Sponsor's telep	hone number
1110	1 S. CR	ROWN WAY						561-79	
SUIT	E 1						2d	Business code (see instructions)
VVEL	LINGIC	ON, FL 33414						62111	1
3a	Plan a	dministrator's name an	d address Same as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							3c	Administrator's	telephone number
								, tarriir ilotrator o	iolophono numbol
4	If the n	name and/or EIN of the	plan sponsor has changed since t	the last ret	urn/report filed fo	r this plan, enter the	4b	EIN	
	name,	EIN, and the plan num	nber from the last return/report.						
		or's name					4c	PN	
5a	Total r	number of participants	at the beginning of the plan year				5a		3
b	Total r	number of participants	at the end of the plan year				5b		3
C			account balances as of the end of t		,	•	5 0		3
60							5c		X Yes No
b		·	during the plan year invested in elements the annual examination and report	-	•	*			N 163 □ 140
			(See instructions on waiver eligible						X Yes No
			ther line 6a or line 6b, the plan c	•	,				
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return	n/report wi	II be assessed ι	ınless reasonable cau	ıse is	established.	
			ner penalties set forth in the instruc						able, a Schedule
		edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as th	ne electronic vers	ion of this return/report	t, and	to the best of my	knowledge and
				1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
SIG		Filed with authorized/\	valid electronic signature.	10	0/14/2013	ERIC BAUMEL			
112	`_	Signature of plan ac	dministrator	D	ate	Enter name of individ	ual sig	ıning as plan adn	ninistrator
SIG		Filed with authorized/\	valid electronic signature.	10	0/14/2013	ERIC BAUMEL			
HEI		Signature of employ			ate	Enter name of individ			
Pre	parer's	name (including firm na	ame, if applicable) and address; in	clude room	n or suite number	(optional)	Prep	arer's telephone	number (optional)

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Do	et III Financial Information										
Pa	rt III Financial Information										
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End				
<u>a</u>	Total plan assets	7a 	34201		-			5	31859		
<u>b</u>	Total plan liabilities	7b _		0	-				(
	Net plan assets (subtract line 7b from line 7a)	7c	34201	6					31859)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)	9900	0							
	(2) Participants	8a(2)	6750	00							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	2401								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10	90519		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					00010		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
	Administrative service providers (salaries, fees, commissions)	8f	67								
a	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		U					676		
-:	Net income (loss) (subtract line 8h from line 8c)	8i						- 1	89843		
÷	Transfers to (from) the plan (see instructions)								0904)	
Do:	rt IV Plan Characteristics	8j		0							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruct	ions:	:		
	2A 2E 2G 2J If the plan provides welfare benefits, enter the applicable welfare fe	natura cod	os from the List of Plan Chara	ctoricti	ic Cor	dos in t	ho inetructio	nc:			
	In the plan provides wellare benefits, effer the applicable wellare to	sature cou	es nom the List of Flan Chara	Clensu	000	163 III t	ile ilistructio	лъ.			
Par	art V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х					
				10c	X					350	200
d				100						330	100
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all contractions.	of the bene	efits under the plan? (See	40-		X					
	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
				10f							
g				10g		X					
h	2520.101-3.)	·		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
112	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding			or se	ction		ERISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. 01 30	54011	30 <u>2</u> 01				* *	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		and	enter th	e date of th	ie let Yeai		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		· cai			
If		יט וו טועו פ									
	Enter the minimum required contribution for this plan year	•				12b					

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos 1210-0110 1210-0089

2012

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Par	Annual Report Ide	ntification Information				
	endar plan year 2012 or fiscal p		01/01/2012	and ending	12/31/2012	
		a single-employer plan		er plan (not multiemployer)		icipant plan
_		the first return/report	the final return/rep	• • • •	[] a dife-batt	icipant plan
	·	an amended return/report	≓ `	elurn/report (less than 12 n	(b\	
C Ch	=	Form 5558	₹	· · ·	<u> </u>	
C CIII		•	automatic extensio	on	☐ DFVC pro	gram
<u></u>		special extension (enter descript				
Part		ation enter all requested inf	ormation		1 46	
14 N	ame of plan				1b Three-digit	
D.	igital Imaging Diagno	estics PLC 401(k) Plan	1		(PN) ►	001
					1c Effective date	
2a PI	an snorsor's name and address	s; include room or suite number	formularing if for a nine		01/01/200	
D:	igital Imaging Diagno	estics PLC	(employer, ir for a sing	gie-employer plan)	ZD Employer Ide (EIN) 26-3	ntification Number
3.1	1101 S. Crown Way				2C Sponsor's tele (561) 795	
	ite 1				2d Business cod	e (see instructions)
	llington	FL 33414			621111	,
3a Pi	an administrator's name and ad	dress X Same as Plan Spons	or Name 🔲 Same a	s Plan Sponsor Address	3b Administrator	's EIN
					3c Administrator	's telephone number
						•
4 1/.						
4 If (na	ne name and/or EIN of the plan me, EIN, and the plan number f	sponsor has changed since the from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
	onsor's name				4c PN	
5а То	lal number of participants at the	beginning of the plan year	************************	***********************************	5a	3
b To	tal number of participants at the	end of the plan year	***********************	**************************	5b	3
C Nu	mber of participants with account	nt balances as of the end of the	plan year (defined be	nefit plans do not	5c	3
a we	ere all of the plan's assets during	g the plan year invested in eligib	le assets? (See instru	iclions.)		X Yes No
b Are	you claiming a waiver of the a	nnual examination and report of	an independent qualif	fied public accountant (IQP	°A)	
		instructions on waiver eligibility		********************************		X Yes No
		ne 6a or line 6b, the plan cann				
		complete filing of this return/re				· · · · · · · · · · · · · · · · · · ·
Under	penalties of perjury and other pe	enalties set forth in the instructio	ns, I declare that I have	ve examined this return/rep	oorl, including, if appl	icable, a Schedule
belief, i	t is true, correct, and complete.	ned by an enrolled actuary, as v	veli as the electronic v	reision of this return/report	, and to the best of m	ly knowledge and
eich!	T CONT		10/11/12	Eric Baumel		····
SIGN HERE	Signature of plan administra	aine	Date			
	· Plan administr	a101	10/11/12	Enter name of individua	ii signing as pian adn	inistrator
SIGN HERE	Signature of arrational			Eric Baumel	• • • •	
	Targetter at an interest and interest	if applicable) and address; inclu-	Date	Enter name of individua		
, icpair	a a manne fanonoung mut natue.	n applicable) and address, IIICIU	de Loom of Suits HUMI	oei (opiionai)	Preparer's telephone	a number (optional)
						i
				ľ	-	
				i	*	. 1

Part III Financial Information								
7 Plan Assets and Liabilities	T	(a) Beginning of Yea	ır	T		(b) En	d of Ye	
a Total plan assets	. 7a	342,0				(=) ==		531,859
b Total plan liabilities	. 7b		0			-	-	0
C Net plan assets (subtract line 7b from line 7a)	. 7c	342,0	16	1				531,859
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		┪┈		(b)	Total	002,003
Contributions received or receivable from: (1) Employers	. 8a(1)	99,0	00			i Jan Ja	ÿ.	.16
(2) Participants	. 8a(2)	67,5		1			~-	
(3) Others (including rollovers)			0		**			
b Other income (loss)	. 8b	24,0	19	 			<u> </u>	*** * * * * * * * * * * * * * * * * *
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		0					190,519
e Certain deemed and/or corrective distributions (see instructions)			-	+		* * * * * * * * * * * * * * * * * * * *		
f Administrative service providers (salaries, fees, commissions)				+-				
	8f		76	┿		1 11 1	· · · · · · ·	
Differ expenses (add lines 8d, 8e, 8f, and 8g)	8g	The second of th	0	 	1	<u> </u>	· .	<u> </u>
	8h			+-				676
Net income (loss) (subtract line 8h from line 8c)	8i <u></u>			-				189,843
Transfers to (from) the plan (see instructions)	<u>8j</u>		0			<u> </u>		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension fe								···
b If the plan provides welfare benefits, enter the applicable welfare fea	ture codes fro	om the List of Plan Character	ristic	Codes	in the	instruction	ons:	
Part V Compliance Questions	-							
40								
				Yos	No		Amo	unt
Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correction	n Program)	10a	Yes	No X		Amo	unt
Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions Were there any nonexempt transactions with any party-in-interest? on line 10a.)	iary Correction (Do not inclu	n Program)de Iransactions reported	10a 10b	Yes			Amo	unt
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	iary Correction ' (Do not inclu	de Iransactions reported		Yes	х		Amoi	unt 35,000
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond?	iary Correction (Do not inclu	de Iransactions reported	10b		х		Amo	
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	iary Correction (Do not inclusted inclusion in	n Program)	10b 10c		x x		Amor	
2 Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion by 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 five or dishonesty? E Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	iary Correction (Do not included includ	that was caused by fraud in insurance carrier, under the plan? (See	10b 10c 10d		x x		Amor	
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion 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 firm or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	iary Correction (Do not inclusional formula fo	n Program)	10b 10c 10d		x x		Amou	
2 Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions) 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 firm 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 planting Did the plan have any participant loans? (If "Yes," enter amount as the lift this is an individual account plan, was there a blackout period? (See instructions and DOL's Voluntary Fiducions.)	iary Correction (Do not inclusion idelity bond, the persons by a the benefits to of year end.) See instruction	the language of the plans and 29 CFR	10b 10c 10d 10e		x x x x		Amou	
2 Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion 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 firm 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's g Did the plan have any participant loans? (If "Yes," enter amount as	iary Correction (Do not inclusted inclusion in	n Program)	10b 10c 10d 10e 10f 10g		x x x		Amou	
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a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion 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 fine 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 planting Did the plan have any participant loans? (If "Yes," enter amount as the lift this is an individual account plan, was there a blackout period? (See 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)	iary Correction (Do not inclusted inclusion in	n Program)	10b 10c 10d 10e 10f 10g 10h	x chedul	x x x x x x 1 1a			35,000
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions 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 find or dishonesty? Were any fees or commisions 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's find the plan have any participant loans? (If "Yes," enter amount as the lift this is an individual account plan, was there a blackout period? (See 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-Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding recontribution plan subject to the minimum funding reco	iary Correction (Do not inclusion in	n Program)	10b 10c 10d 10e 10f 10g 10h	x chedul	x x x x x x 1 1a			35,000
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions Were there any nonexempt transactions with any party-in-interest? on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fine or dishonesty? Were any fees or commisions 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 as the lift this is an individual account plan, was there a blackout period? (See 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-Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum funding reconstructions and the plan subject to the minimum funding reconstructions of the plan subject to the minimum funding reconstructions and the plan subject to the minimum funding reconstructions.	iary Correction (Do not inclusive in	n Program)	10b 10c 10d 10e 10f 10g 10h 10i	x chedul	X X X X X A A A A A A A A A A A A A A A	RISA?		35,000 Yes 🛣 No
a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions with the plan to transmit to the plan should be writtened by a fidelity bond? C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's find 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 planting Did the plan have any participant loans? (If "Yes," enter amount as the plan have any participant loans? (If "Yes," enter amount as the planting in the planting the notice applied under 29 CFR 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) 12 Is this a defined contribution plan subject to the minimum funding recontribution planting standard for a prior year is being granting the waiver	iary Correction (Do not inclustication) (Do not inclustication) (Inclusive persons by a second persons by a second persons by a second person by a	n Program) de Iransactions reported hal was caused by fraud in insurance carrier, under the plan? (See is and 29 CFR ice or one of the ' see instructions and comple f section 412 of the Code or) this plan year, see instructions and comple	10b 10c 10d 10e 10f 10g 10h 10i	x chedul	X X X X X A A A A A A A A A A A A A A A	RISA?		35,000 Yes ▼ No Yes ▼ No
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions 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 fine 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? (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) 12 Is this a defined contribution plan subject to the minimum funding reconstruction of the minimum funding standard for a prior year is being a lif a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a waiver of the minimum funding standard for a prior year is being a life a	iary Correction (Do not inclustication) (Do not inclustication) (Inclusive persons by a second persons by a second persons by a second person by a	n Program) de Iransactions reported hal was caused by fraud in insurance carrier, under the plan? (See is and 29 CFR ice or one of the ' see instructions and comple f section 412 of the Code or) this plan year, see instructions and comple	10b 10c 10d 10e 10f 10g 10h 10i	x chedul	X X X X X A A A A A A A A A A A A A A A	RISA?	ne lette	35,000 Yes ▼ No Yes ▼ No

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C Enl	er the amount contributed by the employer to the plan for this plan year	•••••••	12c		
d Sub	olract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	e left of a	12d		
	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes 🔲	No 🗆 N/A
Part VII	Plan Terminations and Transfers of Assets		•		
13a Has	a resolution to terminate the plan been adopted in any plan year?	*******************	Ye	s X No	
	'es," enter the amount of any plan assets that reverted to the employer this year		13a		
b Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	ught under the co	nirol		Yes X No
C If du	rring this plan year, any assets or liabilitles were transferred from this plan to another plan(s), ider ch assets or liabilities were transferred. (See instructions.)	ilify the plan(s) to			
13c(1)	Name of plan(s):	13c	(2) EIN(s	s) 1	3c(3) PN(s)
Part VIII	Trust Information (antique)				
	Trust Information (optional)				
14a Name	of Irus!	1	14b Tr	usi's EIN	
		- 1			