Form 5500-SF		Short Form Annual Return/Report of Small Employe			vee	<b>e</b> OMB Nos. 1210 1210			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe					012		
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).		s Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					Inspection				
Part I		entification Information				1			
For cale	ndar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 12	2/31/2	2012			
A This	return/report is for:	🖌 a single-employer plan 🛛 🗌 a	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
<b>B</b> This	return/report is:		ne final return/report						
C Cheo	ck box if filing under:	Form 5558 automatic extension DFVC program					m		
		special extension (enter description)							
Part I		nation—enter all requested informati	on	Γ	41				
	ne of plan S SPORTS BAR AND GRIL	L I 401 K PROFIT SHARING PLAN TF	RUST		10	Three-digit plan number (PN) ▶	001		
				-	1c	Effective date of 01/01/	•		
	n sponsor's name and addre 'S SPORTS BAR AND GRI	ess; include room or suite number (emp LL	ployer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 26-43			
1899 GEN	VESEE ST				2c	Sponsor's telephone number 315-735-5153			
UTICA, N	Y 13501-5614				2d		Business code (see instructions) 812990		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN			
<b>3c</b> Administrator's telephone number							elephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the				r this plan, enter the	4b	<b>b</b> EIN			
	ne, EIN, and the plan numb nsor's name <u>SHORTYS SP</u>	Per from the last return/report.			<b>4c</b> PN				
		the beginning of the plan year			5a				
<b>b</b> Tot	al number of participants at	the end of the plan year			5b				
C Nur	mber of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not	_				
					5c		3		
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> <li>independent qualified public accountant (IQPA)</li> </ul>									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	12/11/2013	SHORTY S SPORTS E	SPORTS BAR AND GRILL				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	er name of individual signing as plan administrator				
SIGN									
HERE	Signature of employe		Date	Enter name of individu					
Prepare	r's name (including firm nar	ne, if applicable) and address; include	room or suite number	· (optional)	Prep	parer's telephone	number (optional)		

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

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7       Plan Assets and Labilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       24405       60574         b Total plan isabilities       7b       0       0         c Norme, Express, and Tradeotities for this Plan Year       (a) Amount       (b) Total       50574         a Contributions received or reservable from       8d(1)       3296       50574         b Other income (loss)       8d(2)       10217       50         (c) Detros (income (loss)       8d(2)       0       5064         C Total income (add lines 8d(1), 842), 843), and 8b)       8d(2)       0       5064         C Total income (add lines 8d(1), 842), 843), and 8b)       8d       0       5064         C Total income (add lines 8d(1), 842), 843), and 8b)       8d       0       5064         G Other spenses       8d       0       0       506       50074         G Other spenses       8d(1)       0       0       500       50074         G Other spenses       8d(1)       0       0       500       500       500       500       500       500       500       500       500       500       500       500       500       500       500       500       500<	Part III Financial Information							
a Total plan sastes       7a       24405       50774         b Total plan isbilities       7b       0       0       0         C Net plan sastes (subtract line 7b tom line 7a)       7c       24405       50774         8 Income, Expenses, and Transfers for the Flan Yoar       (a) Amount       (b) Total       50774         3 Controllounce received in recordults form       64(1)       32386       50774         (c) Participants       64(2)       10277       50       5074         (c) Others (including rollowers)       58(3)       0       5054       20115         (c) Others (including rollowers)       58(3)       0       5054       20115         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       0       5054       20115         (c) Extrain deemed andor corrective distributions (see instructions)       8e       0       0       50         (c) Atministration science (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       0       0       0         (c) Atministration science (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       0       0       0         (c) Atministration science (add lines 8a(1), 8a(2), 8a(3), and 8b)       8d       0       0       0         (c) Atministration science (add lines 8a(1), 8a(3), 8a(3),	7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
C       Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a					50574	
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       9a(1)       3209       3209         (2)       Participants       6a(2)       11217       3209         (3)       Others (including rolevers)       6a(3)       0       2010         (1)       Enclosures       6a(3)       0       2010         (2)       Participants       6a(3)       0       2010         (2)       Decisit including rolevers)       6a       3000       20106         (3)       Other income (add ines 6a(1)), 6a(2), 6a(3), and 80)       6c       20106       20106         (4)       Berneting facil (including rolevers)       6a       0       20106       20106         (4)       Berneting facil (including rolevers)       6a       0       0       20106         (3)       Other expenses       6g       0       0       20108       20108         (4)       Plan Characteristics       6g       0       0       20108       20108       20108       20108       20108       20108       20108       20108       20108       20108       20108       20108       20108       20108	<b>b</b> Total plan liabilities	7b		0			0	
a       Contributions received or receivable from:       ad(r)       3209         (2)       Participants.       8a(2)       19217         (3)       Others (including ordiovers)       8a(3)       0         (4)       Dother including ordiovers)       8a(3)       0         (5)       Others (including ordiovers)       8a(3)       0         (6)       Other including ordiovers and insurance premiums       8d       0         (7)       Dother including ordiovers (salarise, fees, commissions)       8e       0         (7)       Other including ordiovers (salarise, fees, commissions)       8e       0         (7)       Other including ordiovers (salarise, fees, commissions)       8e       0         (7)       Other expresses       8g       0       0         (7)       Def Characteristics       9g       0       0         (8)       0       0       0       0       0         (9)       0       Def Characteristic Codes in the instructions:       2g       2g <t< td=""><td>C Net plan assets (subtract line 7b from line 7a)</td><td>7c</td><td>2440</td><td>5</td><td></td><td></td><td>50574</td></t<>	C Net plan assets (subtract line 7b from line 7a)	7c	2440	5			50574	
(1)       Employers       8a(1)       3298         (2)       Participants       8a(2)       19217         (3)       Other income (loss)       8a(3)       0         (4)       Dempting participants       8b       3654         (5)       Other income (loss)       8b       3654         (6)       Dempting participants       8c       0         (7)       Dempting participants       8d       0         (7)       Dempting participants       8d       0         (7)       Dempting participants       8d       0         (8)       Other sepses       8g       0         (9)       Other sepses       8g       0       0         (10)       It has been instructions)       8g       0       0         (20)       Other sepses       8g       0       0       0         (20)       It has parses (add lines 6d, 8e, 8l, and 8g)       8g       0       0       0         (20)       Demptince Class (subtract line 8h from line 8c)       8i       0       0       0         (21)       24       21       24       21       24       24       24       24       24       24       24	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participants       8a(2)       19217         (3) Others (including rolevers)       8a(3)       0         (3) Others (including rolevers)       8a(3)       0         (3) Others (including rolevers)       8a(3)       0         (4) Dother income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       3854         (5) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e       0         (6) Cartain deemed andor corrective distributions (see instructions)       8e       0         (7) Other expenses       6e       0       0         (7) Other expenses       6e, 8f, and 8g)       0       0         (7) Other expenses       8g       0       0       0         (7) Other expenses       8g       0       0       0         (7) Transfers to (from) the plan (see instructions)       gj       0       0       0         (7) Flan Characteristics       9g       0       0       0       0         (7) Compliance Questions       10       10 fuel plan provides perison benefits, north the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2G 2J 2K 2T 3D 3H       9       0       X         (8) Uther plan system       10 plan ayp aptricipatit contributions within the time perind described	a Contributions received or receivable from:							
(a) Others (including rolevers)       8a(3)       0         (b) Other income (loss)       8b       3654         (c) Total income (loss)       8c       26169         (c) Total income (loss)       8c       0         (c) Total income (loss)       8c       0         (c) Total income (loss)       8c       0         (c) Total income (loss)       8d       0         (c) Total income (loss)       8d       0         (c) Other segmes       8g       0         (c) Other segmes       8g       0         (c) Transfers (inform) the plan (loss (lastifications)       8i       0         (c) Transfers (inform) the plan (loss (lastifications)       8g       0         (c) Transfers (inform) the plan (loss (lastifications)       8g       0         (c) Transfers (inform) the plan (loss (lastifications)       8g       0         (c) Transfers (inform) the plan (loss (lastifications)       6g       0         (c) Transfers (lastifications)       0       1         (c) Transfers (lastifications)       0       4         (c) Transfers (lastifications)       0       4         (c) Transfers (lastifications)       0       4         (c) Transfers (lastin (lastifications)       0		, ć			_			
b       Other income (loss)       Bb       3854         c       Total income (loss)       82(3), and 8b)       8c       26169         d       Benefits paid (including direct tollowers and insurance premiums and provide benefits)       0       26169         d       Denter spenses.       8d       0								
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-	8a(3)		-				
d Benefits paid (including direct rollovers and insurance premiums to provide hemefits)		8b	365	4	_			
to provide benefits)       No.       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (statines, [see, commissions)		8c			_		26169	
e Certain deemed and/or corrective distributions (see instructions) 8 0   f Administrative service providers (salaries, fee, commissions)		8d		0				
f       Administrative service providers (salaries, fees, commissions)								
g       Other expenses	-			-				
h       Total expenses (add lines 8d, 8e, 8f, and 8g)				0				
i       Net income (loss) (subtract line 8h from line 8c)	· · · · · · · · · · · · · · · · · · ·			-			0	
j       Transfers to (from) the plan (see instructions)       Bj       0         Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       ZE (2 2) ZX Z 30 3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.)       Yes       No       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.)       Yes       No       Amount         c       Was the plan covered by a fidelity bond?       10b       X       20       CFZ       20       X       20         d       Did the plan have alos, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       20         d       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10d       X       20         d       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10d       X <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2£       2G       2J       2X       2T       3D       3H         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3102? (See instructions and DOL's Voluntary Fluciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       X       20         c       Was the plan covered by a fidelity bond?       10c       X       21         c       Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoneaty?       10d       X       21         f       Has the plan have any participant loan? (If "Yes," enter amount as of year end).       10g       X       21         g       Did the plan have any participant boax? (If "Yes," enter amount as of year end).       10g       X				0			20100	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2G       2J       2K       2T       3D       3H         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on line 10a.       X       X         c       Was the plan onexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.       10b       X       20         c       Was the plan neve a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       21         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? [See instructions].       10d       X       22         f       Has the plan failed to provide any benefit when due under the quare and).       10g       X       25         f       Has the plan failed to provide any benefit when due under the quare and).       10g<		oj		0				
10       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       2         c       Was the plan covered by a fidelity bond?       10c       X       2       2         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       2       2         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       2         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       2         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10d       X       2         li       If 10h was answered "Yes," check the box if you either provi	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	e instructions:	
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL'S Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       21         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       21         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       21         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       22         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         i       If 10a was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10d       X       10d       X       10d       X       10d       X       10d       X       10d       10d       10d       10d       1					Vee	Na	•	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       21         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?       10d       X       21         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       21         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       21         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10t         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       10t         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       10i         i       Is this a defined benefit plan subject to minimum funding requirements? (If "Ye		tiana within th	a time naried described in		Yes	NO	Amount	
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10a		Х		
a       Index       Ind				10b		x		
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: See instructions.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.).       10g       X       Image: See instructions and 29 CFR       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       10h       X       Image: See instructions and 29 CFR       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       Image: See instructions and complete Schedule SB (Form       Image: See instructions and complete	<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		20000	
e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: Second				10d		x	2000	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all c	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See				x		
b       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         Part VI       Pension Funding Compliance       10i       Image: Compliance in the state of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       Image: Complete in the state of the exceptions and complete Schedule SB (Form 5500) and line 11a below).         11a       Enter the amount from Schedule SB line 39.       Image: Complete in the state of the entition plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Image: Complete in the state of the enter ruling granting the waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: Complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Has the plan failed to provide any benefit when due under the plan?							
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X         Part VI       Pension Funding Compliance       10i       Ves       Ves         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Ves       Ves         11a       Enter the amount from Schedule SB line 39       11a       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ves       Ves         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       12t       12t	I has the plan railed to provide any benefit when due under the plan	1?		10f		Х		
<ul> <li>i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3</li></ul>				-				
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount as</li><li>h If this is an individual account plan, was there a blackout period? (</li></ul>	s of year end	) ons and 29 CFR	10g		X		
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the second sec</li></ul>	s of year end See instruction	) ons and 29 CFR otice or one of the	10g 10h		X		
11a       Inter the amount from Schedule SB line 39	<ul> <li>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.)</li> <li>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</li> </ul>	s of year end See instruction	) ons and 29 CFR otice or one of the	10g 10h		X		
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Month Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       It at	<ul> <li>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.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	s of year end See instruction ne required no 1-3 ents? (If "Yes	) ons and 29 CFR otice or one of the ," see instructions and com	10g 10h 10i	Schec	X X	(Form	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	s of year end See instruction ne required no 1-3 ents? (If "Yes	) ons and 29 CFR otice or one of the 	10g 10h 10i	·····	X X	(Form	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>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.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	s of year end See instruction ne required no 1-3 ents? (If "Yes	) ons and 29 CFR otice or one of the ," see instructions and com	10g 10h 10i plete		X X lule SB (	Yes X No	
	<ul> <li>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.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	s of year end See instruction ne required no 1-3 ents? (If "Yes requirements	) ons and 29 CFR otice or one of the  ," see instructions and com of section 412 of the Code	10g 10h 10i plete		X X lule SB (	Yes X No	
b Enter the minimum required contribution for this plan year	<ul> <li>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.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	s of year end See instruction ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized	) ons and 29 CFR otice or one of the  ," see instructions and com cof section 412 of the Code e.) n this plan year, see instruction	10g 10h 10i plete or se	ction (	X X lule SB ( 11a 302 of E	RISA? Yes X No	
	<ul> <li>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.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.</li> </ul>	s of year end See instruction ne required no 1-3 ents? (If "Yes requirements as applicable ng amortized	) ons and 29 CFR otice or one of the 	10g 10h 10i plete or se	ction (	X X lule SB ( 11a 302 of E	RISA? Yes X 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		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	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		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under 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) 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