F	orm 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan			yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employer			e	2012			
	Department of Labor e Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			This Form is Open to Public Inspection				
	n Benefit Guaranty Corporation	Complete all entries in accorda	ance with the instruc	tions to the Form 550	0-SF.	Inspection			
Part I		lentification Information		and anding 1	0/01/	2012			
	ndar plan year 2012 or fisca				2/31/2				
	return/report is for:			an (not multiemployer)		a one-participant plan			
<b>B</b> This	return/report is:		he final return/report						
_		an amended return/report       a short plan year return/report (less than 12 months)         Form 5558       automatic extension       DFVC program				-			
C Cheo	ck box if filing under:					DFVC program			
		special extension (enter description							
Part I		nation—enter all requested informat	ion						
	ne of plan NATIONAL USA, INC 401F				1b	Three-digit plan number			
	INATIONAL USA, INC 40 Ir	( FLAN				(PN) ▶ 001			
					1c	Effective date of plan			
						01/01/2005			
	n sponsor's name and addr RNATIONAL USA, INC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 13-4059399			
33 W. 33F	RD STREET				2c	Sponsor's telephone number 212-868-5933			
	RK, NY 10001				2d	Business code (see instructions) 541990			
3a Plar	n administrator's name and	address XSame as Plan Sponsor Na	ime Same as Plan	Sponsor Address	3b	Administrator's EIN			
					-	Administrator's telephone number			
		plan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN			
<u> </u>	nsor's name				4c	PN			
_		the beginning of the plan year			5a	10			
		the end of the plan year			5b	10			
		count balances as of the end of the pla	• •	-	5c	10			
<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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
		· · ·							
Under po SB or So	enalties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well ote.	I declare that I have	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.	01/23/2014	DANIEL PANG					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va								
HERE	Signature of employe	Signature of employer/plan sponsor Date Enter name of individ				lual signing as employer or plan sponsor			
Prepare		ne, if applicable) and address; include	room or suite number			parer's telephone number (optional)			

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

7       Pen Assets and Labilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       100097       198019         b Total plan hubblities       7b       1       198019         c Narphan assets (subtractine 7b from fire 7a)       7c       1600967       198019         a Contributions received or receivable from:       8a(1)       8601       1000       100         b Other income (loss)       8a(2)       17008       1000       100         (j) Others (including rollwers)       8a(2)       17008       4003       0         b Other income (loss)       8b       14226       40038       4003       0       100	Part III Financial Information								
b       Total plan labelilies       To       To         c       Met plan assets (subtract line 7b from line 7a)       7c       100087       100087         d       Income, Expense, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       6604         (2) Participants.       8a(2)       17008       0         b       Other income (loss)       8d(3)       0       0         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).       8e       4c038       4c038         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).       8e       4c038       4c038         g       Chertal indome dandor corrective distributions (see instructions).       8d       0       6       6307         g       Other expenses.       6g       0       1000000000000000000000000000000000000	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
c       Nexplan assets (subtract line 7b from line 7a)	a Total plan assets	7a	16098	7			196018		
8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from: (1) Employees	<b>b</b> Total plan liabilities	7b							
a       Contributions received or receivable from:       Ba(1)       Sold         (2)       Participants	C Net plan assets (subtract line 7b from line 7a)	7c	16098	7			196018		
(1)       Employers       8a(2)       17006         (2)       Participants       8a(2)       17006         (3)       Other income (loss)       8b       14626         Charling income (loss)       8b       14626       40338         d       Benefits paid (including totol vers)       8c       3043       40338         d       Benefits paid (including totol vers)       8c       3843       40338         d       Benefits paid (including totol vers)       8d       3843       40338         d       Benefits paid (including totol vers)       8d       3843       40338         f       Administrative service provides (statistics, fees, commissions)       8f       1464       3307         Total expenses       8g       0       3001       3001       3001         Transfers to (torm) the pain (see instructions)       8g       0       3001       3001         Transfers to (torm) the pain (see instructions)       8g       0       3001       3001         Z       <	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) T	Total		
(2) Participants		<b>a</b> (1)	050						
(3) Others (including rollovers)       84(3)       0         (3) Others (including rollovers)       80       14226         (4) Other income (loss)       80       14226         (5) Others (including direct rollovers and insurance premiums       80       0         (5) Others expenses       0       0         (6) Other expenses       80       0         (7) Others expenses       80       0         (8) Other expenses       80       0         (9) Other expenses       81       0         (9) Other expenses       83       0         (9) Other expenses       84       0         (9) Other expenses       84       0         (9) Other expenses       83       0         (9) Other expenses       84       6         (9) Other expenses       84       8         (9) Other expenses       84       0         (9) Other expenses       8       0         (9) Other expenses       9       0									
b       Other income (loss)       8b       14826         c       Total income (loss)       8c					_				
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).       8d       0         e Cartain deemed and/or corrective distributions (see instructions)			14820	6					
to provide benefits)		80			-		40338		
f       Administrative service providers (salaries, fees, commissions)       8f       1464         g       Other expenses.       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       5307         h       Teta expenses (add lines 8d, 8e, 8f, and 8g)       8h       5307         j       Transfers to (from) the plan (see instructions)       8j       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       2T       3D         g       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 line 10a       X       X         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       X         c       Was there a failure to ransmit to the plan any participant contributions within the time period described in on line 10a       X       X         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond		8d	0						
g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       5307         i Net income (toss) (subtract line 8h from line 8c)       8i       35031         j Transfers (tom) the plan (see instructions)       8j       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G       2J       XT       3D         9b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G       2J       XT       3D         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       No       Amount         2 CAP 21 2X (See instructions and DOL's Volumary Fiduciary Correction Program)       10a       X       4         0 buring the plan year:       10a       X       10a       X         c Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b       X       10a       X         c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau       10d       X       10d       X	e Certain deemed and/or corrective distributions (see instructions)	8e	3843	3					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	1464	4					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	g Other expenses	8g	(	0					
j       Transfers to (from) the plan (see instructions)       gj       0         Part V       Plan Characteristics       gj       0         3a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	h Total expenses (add lines 8d, 8e, 8f, and 8g)						5307		
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:         2E       2F       2G       2J       2K       2T       3D         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 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       ×         c       Was the plan covered by a fidelity bond?       10c       ×       10d       ×         c       Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?       10d       ×       10d       ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end).       10g       ×       2         f       Has the plan failed to provide any benefit when due under the plan?       10d	i Net income (loss) (subtract line 8h from line 8c)	8i					35031		
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:         2E       2F       2G       2J       2K       2T       3D         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 29 CFR 2510.3102? (See instructions and DOL's Voluntary Fluciany Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       X          c       Was the plan covered by a fidelity bond?       10c       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          f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 250.011-3)       10g       X          f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 250.101-3)<	j Transfers to (from) the plan (see instructions)	8j		0					
2E       2F       2G       2J       2K       2T       3D         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 25 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 lave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       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.)       10d       X       Ide       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.).       10g       X       Ide       X         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR       10i       X       Ide       X         g       Did the plan have an	Part IV Plan Characteristics								
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 20 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       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       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       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.)       10d       X       2         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         f       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10d       X       2         extru trip       Pension Funding Compliance       10i       X       2       2         11       It has a defined benefit plan subject to minimum funding requirements? (	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	teristi	c Codes	in the instruct	tions:		
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       10c       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       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.)       10f       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       2         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         f       Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10g       X       2         f       Has the plan faule to subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part V Compliance Questions								
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         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 have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         f       Has the plan failed to provide any benefit when due under the plan?       10h       X       2         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         f       Has the plan failed to provide any benefit when due under the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       2         f       I	10 During the state second				Vec		•		
on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       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.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: Service or other organization that provides some or all of the benefits under the plan? (See instructions.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Service or other organization that provides the required notice or one of the exceptions to providing the notice applied under 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         ii       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Set Generation 30: of ERISA?       Image: Set		tions within th	be time period described in		Yes N	lo	Amount		
Image and expression of the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Image and the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver.	a Was there a failure to transmit to the plan any participant contribut			10a			Amount		
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       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       X       2         Part VI       Pension Funding Compliance       10i       X       2       2         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)       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?       Yes p       11a       11a         12<	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	ciary Correct ? (Do not incl	tion Program)		)	(	Amount		
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	iciary Correct ? (Do not inc	tion Program)	10b		(	Amount		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	iciary Correct ? (Do not inc fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b 10c			Amount		
h       If this is an individual account plan, was there a blackout period? (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	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the provides some or all of t</li></ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d			Amount		
h       If this is an individual account plan, was there a blackout period? (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	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> </ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e			Amount		
exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f					
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)       Yes         11a       Enter the amount from Schedule SB line 39       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?       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 rulin 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.       12	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instructi	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				
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>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				
11a       Enter the amount from Schedule SB line 39	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <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> </ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		Amount		
(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 rulin granting the waiver.         Month       Day         Year       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3 ents? (If "Yes	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	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	<	23654		
(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 rulin granting the waiver.	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	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	>       >       >       >       >       >       >       >       >       >       Schedule	<	23654		
<b>a</b> 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 rulin 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.       1000	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required not 1-3 ents? (If "Yes	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 Schedule	<	23654		
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b Enter the minimum required contribution for this plan year	<ul> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3	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 0r se 	>>       >> <td>SB (Form a of ERISA?</td> <td>23654</td>	SB (Form a of ERISA?	23654		
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	•					
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				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.)					
13c(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