For	m 5500-SF	Bonofit Plan							
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2013			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).									
	enefit Guaranty Corporation	tions to the Form 5500)-SF.						
For calend	Annual Report IC	entification Information al plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
			a multiple employer pl	an (not multiemployer)	2/01/2	a one-partici	aant nian		
	urn/report is for:		he final return/report				bant plan		
	urn/report is:		•	n/report (less than 12 mo	ontho ¹	,			
	L ICCU I			meport (less than 12 mc	onuns,				
C Check box if filing under:						DFVC progra	4111		
Dort II	Basia Blan Inform	special extension (enter description	,						
Part II 1a Name		nation—enter all requested information	lion		1h	Three-digit			
AFL 401K PI	•				10	plan number (PN) ▶	001		
					1c	Effective date o	•		
	ponsor's name and addre HERMETICS OF MIAM	ess; include room or suite number (en , INC.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 65-04	fication Number 51634		
7478 N.W. 5	5 STREET	7478 N.W. 55	STREET		2c	Sponsor's telep 305-59			
MIAMI, FL 3		MIAMI, FL 331			2d	Business code 8113	see instructions)		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN		
		lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN			
	, EIN, and the plan numb or's name	per from the last return/report.			4c	PN			
<u> </u>		the beginning of the plan year			5a		6		
b Total	number of participants at	the end of the plan year			5b		6		
c Numb	er of participants with ac	count balances as of the end of the pl	an year (defined bene	fit plans do not	5c		6		
6a Were	all of the plan's assets of	luring the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No		
b Are yo	bu claiming a waiver of th	ne annual examination and report of a	n independent qualifie	d public accountant (IQF	PA)		X Yes 🗌 No		
		See instructions on waiver eligibility an er line 6a or line 6b, the plan canno					X Yes No		
		plan, is it covered under the PBGC ins					Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.			
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as wel te.							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	dividual signing as plan administrator				
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor		
Preparer's		ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a Total plan assets	7a	26800	0				3328	342
b Total plan liabilities	7b		0					0
C Net plan assets (subtract line 7b from line 7a)	7c	26800	0				3328	342
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:								
(1) Employers	8a(1)	7764						
(2) Participants	8a(2)	1552						
(3) Others (including rollovers)	8a(3)		0	_				
b Other income (loss)	8b	4391	0	_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			672	01
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(0					
e Certain deemed and/or corrective distributions (see instructions)	8e	(0					
f Administrative service providers (salaries, fees, commissions)	8f	(0					
g Other expenses	8g	235	9					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						23	359
i Net income (loss) (subtract line 8h from line 8c)	8i						648	342
j Transfers to (from) the plan (see instructions)	8j		0					
Part IV Plan Characteristics	IJ		•					
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cteristi	c Code	es in ti		0110.	
Part V Compliance Questions	eature codes	from the List of Plan Charac	cteristi	c Code	es in ti			
Part V Compliance Questions 10 During the plan year:			cteristi	c Code	No		Amount	t
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within tl	he time period described in tion Program)	10a					t
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut	tions within th iciary Correc ? (Do not inc	he time period described in tion Program)		Yes	No			t
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest	tions within tl iciary Correc ? (Do not inc	he time period described in tion Program) lude transactions reported	10a		No X			t 1000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within tl iciary Correc ? (Do not inc fidelity bond,	he time period described in tion Program) clude transactions reported	10a 10b	Yes	No X			
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	tions within tl iciary Correc ? (Do not inc fidelity bond, her persons b of the benefi	he time period described in tion Program) clude transactions reported transactions	10a 10b 10c 10d	Yes	No × ×			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within the locary Correction of the benefition of the benefi	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No × × ×			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan	tions within the ciary Correct ? (Do not inc fidelity bond, fidelity bond, fidelity bond, fidelity bond, fidelity bond, fidelity bond, fidelity bond,	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No × × × × × ×			1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 	tions within the liciary Correct of the liciary fidelity bond, fidelity bond, fidelity bond, fidelity bond, fidelity bond, final persons be of the benefit final soft of year end	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No × × × × × ×			1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	tions within the second	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f	Yes	No × × × × × ×			1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.). i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	tions within the locary Correct of the content of the benefit of t	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X			1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within the liciary Correct of Correct	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X	No X X X X X X X			1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)	tions within the liciary Correct of Correct	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Sched	No X X X X X X	(Form	Amount	1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the lociary Correct of the content of the benefit of	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h	X	No X X X X X X	(Form	Amount	1000
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	tions within the liciary Correct of Correct	he time period described in tion Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X	No X X X X X X ule SE	6 (Form	Amount	1000 1214 es X N
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 the receptions to providing the notice applied under 29 CFR 2520.107 e If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within the locary Correct of the content of the benefit of t	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X	No X X X X X X ule SE	6 (Form	Amount	1000 1214 es X N
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the locary Correct of the content of the locary fidelity bond, fider persons be of the benefit of	he time period described in tion Program) slude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i	Yes X	No X X X X X Lule SE 	6 (Form		1000 1214 es X N es X N

C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
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?	Ye	es 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 🗙 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): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

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Form 5500-SF	Short Form Annual			يەرىپ بىر ^{ىن} ئۇيمىر	na mirata	OMB Not 1210-0110 1210-0089
Department of the Treasury Internet Revenue Service	This form is required to be f	Benefit Pla:		เลือให้เรื≘่วว#	èe i	2013
Department of Labor Employee Banetits Security Administration	Retirement Income Security Act	of 1974 (ERISA), an nat Revenue Code :	nd section:	1057((1 mm/ 66.5	Star of #	Phin Frances Classes on Containe Inseastion
Pension Benefit Gueranty Corporation	+ Company of an interior				un un 👔	1153-C+++++)
Part Annual Report	dentification Information	···.··	<u> </u>			
or calendar p an year 2013 or fis	ca' p'an year beginning 01/01/2	013		and er dorig	12/31/2013	
This return/report is for:	🗙 a single employer pish	a multiple emplo	yer plan (r.)	'Louit(employer)	[]a	one-participant plan
3. This return/report is:	the first return/report	the final return/n	•			· . ·
, <u>.</u>	an amended return/report	a chort plan year		1 (1858 10 8/1 1/2 17		
Check box if filing under:	Form 5558	automatic extens	sion		c)FVC program
· · · · · · · · · · · · · · · · · · ·	special extension (enter descrip	tion)				
Part II Basic Plan Infor	mation enter a" requested info	mation			· · · ·	
a Name of plan					16 1hm	ee-dīgit
L 401K PLAN					1	number
·					(**N	
		. •			JC Ette	ctive date of plan 08/01/1992
a Plan sponsor's name and add	Iress; include room or suite number	(employer, if for a s	ingle-ampi	./er piat∋)	1 .	ployer identification Number n 65-0451634
				ta tete	(E3)	· · · · · · · · · · · · · · · · · · ·
	·				2C 2pc	meor's telephone number 305-592-8958
178 N.W. 65 STREET IAMI, FL.33166	7478 N.W. MIAMI, FL	. 55 STREET	:		24 5	iness code (see instructions)
					2d Bas	811310
	d address XSame as Pien Sponso	zNeme Deme a	Pinn Coo	sor Address	35	unistrator's E-N
	a fooress Mosure as clerr oboriso		в гал эро:	SOF ALL MYSS		tenadade a Cura
	· · ·				3c Adm	ninistrator's telephone number
						•
					· ·	
		· · ·		a Managanan kata kata dari sa kata kata		·
	plan sponsor has changed since th	e last return/report i	filed for this :	olan, entorstælle	4b EIN	[
a Sponsor's name	nber from the last return/report	• .	:		4C PN	
	at the beginning of the plan year		 :		{	
		· · · · · · · · · · · · · · · · · · ·	•••••	*********	·	. '
b Total number of participants					5b	
C Number of participants with a	iccount balances as of the end of th	e plan year (defined	l benefit piz-	is do not	5c	
					سن المنصح الله	
	during the plan year invested in eli					X Yes No
	the annual examination and report (See instructions on wriver eligibili			TO BODGUIRY TO US	ura)	Yes N
	ther live to ealling bb, the plan on			ويغفرون بالجهير		
•	t plan, is it covered under the PBGC					
					<u> </u>	
Caution: A pensit	<u></u>		<u></u>	······	;	
Inder penalties of perjury and oth	er penalties set forth in the instructi designed by an enrolled actuary, as	ons, declare that '	have exam	ed the return of	aport, includ	ling, il app'icable, a Schadule
belief, it is true, correct, and comp	overgener by an enroried actuary, as	weres me erection	ine version (THR LG GUPT \$70	nt,aancito n	e best of my knowledge and
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sign <u>allet</u>		1714	114			
Signature of Name	A.,	Date	Ent	nony che sui	ດ້ມສ. ຣາອກແມ	se plan administrator
SIGN	-					
IERE Signaturi	•			دهای وربی هو و میشود. مربع		····
	ame, if applicable) and address; inc	Date	umber /ont			as employer or plan sponsor 's telephone number (opponal)
and a contraction of the second states of the secon	and a shirt and a set a share and a set			,	, open of	o receptione number (oppose.)
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or Paperwork Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Form	5500-SF.			Form 6500-SF (201)
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Page 2

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Yea	r		_	(b) End of Year			
a Total plan assets	7a	268000			332842				
b Total plan liabilities	7b		0		0				
C Net plan assets (subtract line 7b from line 7a)	7c	26800	268000			332842			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a Contributions received or receivable from: (1) Employers	8a(1)	7764	7764						
(2) Participants	8a(2)	1552	15527						
(3) Others (including rollovers)	8a(3)		0	R.					
b Other income (loss)	8b	4391							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				67201				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		<u>م</u>	20					
e Certain deemed and/or corrective distributions (see instructions)	8e		<u> </u>	24992 26392					
f Administrative service providers (salaries, fees, commissions)	8f		0						
g Other expenses	8g	235	9						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			200 C		2359			
i Net income (loss) (subtract line 8h from line 8c)	8i					64842			
j Transfers to (from) the plan (see instructions)			0						
Part IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·		100,000		<u> </u>			
b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare ference of the plan provides welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in tl	ne instructions:			
10 During the plan year:		······	1	Yes	No	Amount			
a Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in		103		Anount			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest			10a		X				
on line 10a.)			10b		X				
c Was the plan covered by a fidelity bond?			10c	Х		1000			
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x				
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х		1214			
h If this is an individual account plan, was there a blackout period? (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)	ents? (If "	Yes," see instructions and com	plete	Sche	dule SE	3 (Form			
11a Enter the unpaid minimum required contribution for current year fr					11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? Yes X N			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
(in the protection of the prot			otione	and	enter th	he date of the letter ruling			
a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.			th		Day				
a If a waiver of the minimum funding standard for a prior year is beir			th		_				

Form 5500-SF 2013

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Page 3 - 1

<u> </u>	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			
e	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 🛛	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 🛛	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.)				
1	3c(1) Name of plan(s): 1	3c(2) E	EIN(s)	13c(3) P	N(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b 1	Trust's Ell	N	