For	m 5500-SF	Short Form Annual R		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service		Benefit Plan				2013		
	partment of Labor enefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) the Internal Revenue Code (the Code).				(a) of This Form is Open to Public		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Ins	pection	
Part I	Annual Report Id	Ientification Information				1		
For calenda	ar plan year 2013 or fisc	al plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013		
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-partici	oant plan	
B This ret	urn/report is:	the first return/report	the final return/report					
	· [	an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	)		
C Check	box if filing under:		automatic extension		,	DFVC progra	ım	
		special extension (enter description						
Part II	Basic Plan Inform	<b>nation</b> —enter all requested information	,					
1a Name			luon		1b	Three-digit		
	•	, LLC EMPLOYEES' 401(K) PROFIT	SHARING PLAN AND	TRUST		plan number		
						(PN) 🕨	001	
					1c	Effective date o	•	
	oonsor's name and addr ASSET MANAGEMENT	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identi		
		TE #2200			2c	Sponsor's telep 312-230		
CHICAGO, I	WACKER DRIVE, SUIT L 60606	E #3200			2d		see instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's		
				- <b>F</b>				
		olan sponsor has changed since the la per from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN		
a Sponse	or's name				4c	PN		
5a Total r	number of participants at	t the beginning of the plan year			5a		14	
<b>b</b> Total r	number of participants at	t the end of the plan year			5b		14	
		count balances as of the end of the p	• •	•	50		14	
· · · · ·							14 X Yes No	
<b>b</b> Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (	during the plan year invested in eligible ne annual examination and report of a See instructions on waiver eligibility a ner line 6a or line 6b, the plan canno	In independent qualifie	ed public accountant (IQ	PA)		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/rep	ort will be assessed	unless reasonable cau	ise is	established		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I declare that I have	examined this return/re	port, ir	ncluding, if applic		
SIGN	Filed with authorized/va	ilid electronic signature.						
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sic	ining as emplove	r or plan sponsor	
Preparer's		me, if applicable) and address; include					number (optional)	

7 Plan Assets a	nd Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a Total plan ass	ets	7a	301226	9				37732	62
<b>b</b> Total plan liab	ilities	7b		0					0
c Net plan asse	ts (subtract line 7b from line 7a)	7c	301226	9				37732	62
B Income, Expe	nses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	received or receivable from:	0-(4)	50193	2					
	S		8768						
	aludia a rollovoro)			0					
	cluding rollovers) (loss)		62311	-					
	(add lines 8a(1), 8a(2), 8a(3), and 8b)		02011	<u> </u>				7609	03
-	(including direct rollovers and insurance premiums							1000.	
	lefits)	8d		0					
e Certain deem	ed and/or corrective distributions (see instructions).	8e		0					
f Administrative	service providers (salaries, fees, commissions)	8f	(	0					
g Other expense	es	8g	(	0					
h Total expense	s (add lines 8d, 8e, 8f, and 8g)	8h							0
(	oss) (subtract line 8h from line 8c)							7609	93
j Transfers to (f	rom) the plan (see instructions)	··· 8j		0					
<b>b</b> If the plan pro	ovides welfare benefits, enter the applicable welfare							001	
Part V Comp	liance Questions								
Part V Comp					Yes	No		Amount	:
<ul><li><b>0</b> During the p</li><li><b>a</b> Was there a</li></ul>				10a	Yes	No ×		Amount	:
<ul> <li>During the p</li> <li>Was there a</li> <li>29 CFR 25<sup>-7</sup></li> <li>Were there a</li> </ul>	lan year: failure to transmit to the plan any participant contrib	duciary Correc st? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes			Amount	:
<ul> <li>During the p</li> <li>Was there a 29 CFR 25<sup>7</sup></li> <li>Were there a on line 10a.)</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere	duciary Correc st? (Do not inc	tion Program) lude transactions reported		Yes	Х		Amount	
<ul> <li>During the p</li> <li>Was there a 29 CFR 25<sup>2</sup></li> <li>Were there a on line 10a.)</li> <li>Was the pla</li> <li>Did the plan</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere	duciary Correc st? (Do not inc s fidelity bond,	tion Program) lude transactions reported  that was caused by fraud	10b		Х		Amount	100000
<ul> <li>During the p</li> <li>Was there a 29 CFR 25<sup>2</sup></li> <li>Were there a on line 10a.)</li> <li>Was the plan or dishonest</li> <li>Were any fe insurance se</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond? have a loss, whether or not reimbursed by the plan y? es or commissions paid to any brokers, agents, or co ervice, or other organization that provides some or a	duciary Correc st? (Do not inc s fidelity bond, ther persons b Il of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d		× ×		Amount	
<ul> <li>During the p</li> <li>Was there a 29 CFR 25<sup>7</sup></li> <li>Were there a on line 10a.)</li> <li>Was the plan or dishonest</li> <li>Were any fe insurance se instructions.</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond? have a loss, whether or not reimbursed by the plan y? es or commissions paid to any brokers, agents, or co ervice, or other organization that provides some or a	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit	tion Program) lude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		× × ×		Amount	
<ul> <li>During the p</li> <li>Was there a 29 CFR 25<sup>-</sup></li> <li>Were there a on line 10a.)</li> <li>Was the plan or dishonest</li> <li>Were any feinsurance seinstructions.</li> <li>Has the plan</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond? have a loss, whether or not reimbursed by the plan y? es or commissions paid to any brokers, agents, or c ervice, or other organization that provides some or a failed to provide any benefit when due under the p	duciary Correc st? (Do not inc 's fidelity bond, ther persons b Il of the benefit	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f	×	× × × ×		Amount	100000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a 29 CFR 25<sup>7</sup></li> <li>Were there a on line 10a.)</li> <li>Was the plan or dishonest</li> <li>Were any feinsurance seinstructions.</li> <li>Has the plan</li> <li>Did the plan</li> <li>Has the plan</li> <li>Did the plan</li> <li>If this is an in</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond? have a loss, whether or not reimbursed by the plan y? es or commissions paid to any brokers, agents, or c ervice, or other organization that provides some or a hailed to provide any benefit when due under the p have any participant loans? (If "Yes," enter amount ndividual account plan, was there a blackout period	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		× × × ×		Amount	100000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a 29 CFR 25<sup>7</sup></li> <li>Were there a on line 10a.)</li> <li>Was the plan</li> <li>Did the plan or dishonest</li> <li>Were any fe insurance se instructions.</li> <li>Has the plan</li> <li>Did the plan</li> <li>Has the plan</li> <li>If this is an in 2520.101-3.</li> <li>i If 10h was a</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere 	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	× × × × ×		Amount	100000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a 29 CFR 25<sup>7</sup></li> <li>Were there a on line 10a.)</li> <li>Was the plan</li> <li>Did the plan or dishonest</li> <li>Were any fe insurance se instructions.</li> <li>Has the plan</li> <li>Has the plan</li> <li>Did the plan</li> <li>If this is an in 2520.101-3.</li> <li>If 10h was a exceptions to</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond? have a loss, whether or not reimbursed by the plan y? es or commissions paid to any brokers, agents, or c ervice, or other organization that provides some or a failed to provide any benefit when due under the p have any participant loans? (If "Yes," enter amount ndividual account plan, was there a blackout period some of "Yes," check the box if you either provided providing the notice applied under 29 CFR 2520.1	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g	×	× × × × ×		Amount	100000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a</li> <li>29 CFR 25<sup>-</sup></li> <li>Were there a</li> <li>on line 10a.)</li> <li>Was the plan</li> <li>d Did the plan</li> <li>or dishonest</li> <li>Were any feinsurance seinstructions.</li> <li>f Has the plan</li> <li>g Did the plan</li> <li>h If this is an in 2520.101-3.</li> <li>i If 10h was a exceptions to the exceptions to the exceptions to the exception to the ex</li></ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere 	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n 01-3 ments? (If "Yes	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SE			
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a 29 CFR 25'</li> <li>Were there a on line 10a.)</li> <li>Was the plan</li> <li>Did the plan or dishonest</li> <li>Were any fe insurance se instructions.</li> <li>Has the plan</li> <li>Has the plan</li> <li>If this is an in 2520.101-3.</li> <li>If 10h was a exceptions to</li> <li>art VI</li> <li>Pensi</li> <li>Is this a defin 5500) and lin</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond? have a loss, whether or not reimbursed by the plan y? es or commissions paid to any brokers, agents, or c ervice, or other organization that provides some or a have any participant loans? (If "Yes," enter amount ndividual account plan, was there a blackout period mewered "Yes," check the box if you either provided providing the notice applied under 29 CFR 2520.1 <b>on Funding Compliance</b> ned benefit plan subject to minimum funding require	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n 01-3	tion Program) lude transactions reported that was caused by fraud and that was caused by fraud and the plan? (See by an insurance carrier, ts under the plan? (See by an insurance carrier, ts under the plan?)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SE			100000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a</li> <li>29 CFR 25<sup>2</sup></li> <li>Were there a</li> <li>on line 10a.)</li> <li>Was the plan</li> <li>d Did the plan</li> <li>or dishonest</li> <li>Were any ferinsurance serinstructions.</li> <li>f Has the plan</li> <li>g Did the plan</li> <li>h If this is an in 2520.101-3.</li> <li>i If 10h was a exceptions to the exceptions to the exceptions to the exception of the</li></ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intered n covered by a fidelity bond?	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n 01-3 ments? (If "Yes from Schedule	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SE			100000 1000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a 29 CFR 25'</li> <li>Were there a on line 10a.)</li> <li>Was the plan</li> <li>Did the plan or dishonest</li> <li>Were any fe insurance se instructions.</li> <li>Has the plan</li> <li>Did the plan</li> <li>If this is an in 2520.101-3.</li> <li>If 10h was a exceptions to</li> <li>Part VI</li> <li>Pensi</li> <li>Is this a defin 5500) and lin</li> <li>Is this a defin</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intere n covered by a fidelity bond?	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n 01-3 ments? (If "Yes from Schedule ag requirements	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See ).) ons and 29 CFR otice or one of the s," see instructions and com e SB (Form 5500) line 39 s of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X ule SE		Ye	100000 1000
<ul> <li>During the p</li> <li>During the p</li> <li>Was there a 29 CFR 25'</li> <li>Were there a on line 10a.)</li> <li>Was the plan</li> <li>Did the plan or dishonest</li> <li>Were any feinsurance seinstructions.</li> <li>Has the plan</li> <li>Has the plan</li> <li>Did the plan</li> <li>If this is an in 2520.101-3.</li> <li>If 10h was a exceptions to</li> <li>Part VI Pensi</li> <li>Is this a defining</li> <li>5500) and lining</li> <li>Is this a defining</li> <li>Sthis a defining</li> <li>If a waiver of</li> </ul>	lan year: failure to transmit to the plan any participant contrib 10.3-102? (See instructions and DOL's Voluntary Fi any nonexempt transactions with any party-in-intered n covered by a fidelity bond?	duciary Correc st? (Do not inc s fidelity bond, ther persons b II of the benefit an? as of year end ? (See instructi the required n 01-3 ments? (If "Yes from Schedule g requirement: w, as applicabl eing amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i plete \$	X X Sched	X X X X X ule SE	ERISA?	Ye	100000 1000 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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

	Form 5500-SF	Short Form Annual Re	turn/Report c	of Small Employ			OMB Nos. 1210-0110		
	Department of the Treasury	Benefit Plan							
	Internal Revenue Service	This form is required to be filed							
	Department of Labor ployee Benefits Security Administration	ection 6057(b) and 6058 Code).	(a) of	This Form is Open to Public					
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
8 8 8 4		dentification Information	01 /01 /001 0			101 10010			
_	calendar plan year 2013 or fisc		01/01/2013	and ending	12 	2/31/2013	· · ·		
				lan (not multiemployer)	L	a one-partici	pant plan		
D	This return/report is:		he final return/report						
~		5 5 8		rn/report (less than 12 m	ionths) F	_			
C	Check box if filing under:	닉 니	utomatic extension		L	DFVC progra	am		
1		special extension (enter description		-					
12	Name of plan	mation enter all requested inform	nation	· · · · · · · · · · · · · · · · · · ·	1h	Three-digit	1		
Ta	·					plan number			
	Concord Asset Manage	ement, LLC Employees' 401(	k) Profit Shan	ring Plan and		(PN) ►	001		
						Effective date of 01/01/1989			
2a	Plan sponsor's name and add Concord Asset Manage	iress; include room or suite number (er ement,LLC	nployer, if for a single	e-employer plan)	2b		tification Number		
						Sponsor's telep (312) 236-	phone number		
	150 South Wacker Dri						(see instructions)		
	Chicago Plan administrator's name and	IL 60606 d address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	L	Administrator's	FIN		
						/			
					3c	Administrator's	telephone number		
							•		
4			et actuar (accout file d		46		· · · . ·		
4		plan sponsor has changed since the la ber from the last return/report.	ist return/report filed	for this plan, enter the	4b	EIN			
a	Sponsor's name				4c	PN			
5a		t the beginning of the plan year			5a		14		
b		t the end of the plan year			5b		14		
С		ccount balances as of the end of the pl			5c		14		
6a		during the plan year invested in eligible					XYes No		
b		he annual examination and report of a		ed public accountant (IQ	PA)				
		(See instructions on waiver eligibility a					XYes No		
	-	ner line 6a or line 6b, the plan canno							
с —	······	plan, is it covered under the PBGC in	······································	· · · · · · · · · · · · · · · · · · ·			o Not determined		
_		or incomplete filing of this return/rep							
S	nder penalties of perjury and oth B or Schedule MB completed an elie <u>f, it is t</u> rue, co <b>r</b> rect, and comp	her penalties set forth in the instruction ad signed by an enrolled actuary, as we	s, I declare that I hav ell as the electronic v	ersion of this return/repo	eport, ii rt, and	to the best of n	licable, a Schedule ny knowledge and		
	VIL V D	**	13/13/	Michael Herst					
						lual signing as plan administrator			
		Vistrator .	2/13/14	Michael Herst	ar əigin	ang ao pian aan			
	Signature of employer/		Date	Enter name of individu	al signi	ing as employe	r or plan sponsor		
		ame, if applicable) and address; includ		· · · · · · · · · · · · · · · · · · ·			e number (optional)		
ľ		., , , , , , , , , , , , , , , , , , ,		· · ·		•			
					de-				
ľ									
F	or Paperwork Reduction Act N	Notice and OMB Control Numbers, s	ee the instructions	for Form 5500-SF.			Form 5500-SF (2013) v.130118		

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	Financial Information								
7	Plan Assets and Liabilities			r			(b) End of Year		
a	Fotal plan assets	7a	3,012,20	59	9		3,773,262		
b ·	Fotal plan liabilities	7b		0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	3,012,20	59		3,773,262			
	ncome, Expenses, and Transfers for this Plan Year	nagaran sun sun sun sun sun sun sun sun sun su	(a) Amount		(b) Total				
	Contributions received or receivable from:	0-(4)	50,19	12					
	1) Employers     2) Participants	8a(1) 8a(2)	87,68	- 66					
	3) Others (including rollovers)	8a(3)	07,00	0					
-	Other income (loss)	8b	623,11	-			an baran an a		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	025,11				760,993		
d	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	en se la la contra de la contra d	0			700,995		
<b>e</b> (	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g.		0					
<u>h</u> .	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	alla and the state of the				0		
i	Net income (loss) (subtract line 8h from line 8c)	8i					760,993		
j	Fransfers to (from) the plan (see instructions)	8j		0					
120	Plan Characteristics								
b	<ul> <li>9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:</li> <li>2A 2E 2F 2H 2J 2K 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>								
			Compliance Questions						
10									
	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ciary Corre	ction Program)	10a	Yes	No X	Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ciary Corre ? (Do not i	ction Program)	10a 10b	Yes		Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Corre ? (Do not i	ction Program)		Yes	x	Amount 1,000,000		
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not in fidelity bor	ction Program) nclude transactions reported 	10b		x			
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidur Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ciary Corre ? (Do not in fidelity bor ner persons of the bene	ction Program) include transactions reported and, that was caused by fraud s by an insurance carrier, affits under the plan? (See	10b 10c		x x			
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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			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	□ N/A
- 	Plan Terminations and Transfers of Assets				<u></u>
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		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 control of the PBGC?	ontrol		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.)	D			
1	I3c(1) Name of plan(s): 13c	:(2) EIN	(S)	13c(3	3) PN(s)
	Trust Information (optional)				

14a Name of trust	14b Trust's EIN