Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Complete an entries in accord	ance with the mstru	Chons to the Form 550	JU-3F.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 11/01/2012		and ending	10/31/2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pa	rticipant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	short plan year retur	n/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter description	n)			
Part II	Basic Plan Info	rmation—enter all requested information	tion			
1a Name	of plan				1b Three-digit	
HORIZON B	EVERAGE COMPANY	OF RHODE ISLAND 401(K) PLAN			plan numbe	
					(PN)	001
					1c Effective da	•
22 Dlan a	nanaaria nama and ada	draga, include record or quite number (em	anlover if for a single	ampleyer plan)	†	2/01/1986
HORIZON B	BEVERAGE COMPAN	dress; include room or suite number (en Y OF RHODE ISLAND, INC.	ipioyer, ii for a single	-employer plan)	' '	entification Number 5-0305565
					2c Sponsor's te	elephone number
121 HOPKIN	NS HILL ROAD					-392-3580
	ENWICH, RI 02817				2d Business co	de (see instructions)
						24800
3a Plan a	dministrator's name an	nd address Same as Plan Sponsor Na	ame Same as Plai	n Sponsor Address	3b Administrate	
	VERAGE COMPANY					5-0305565
NC.		WEST GREENV	VICH, RI 02817			or's telephone number -392-3580
					401	002 0000
4 If the r	name and/or FIN of the	e plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b EIN	
		nber from the last return/report.	ot rotarrinoport mod r	or time plant, enter the	TO LIN	
a Spons	or's name				4c PN	
5a Total r	number of participants	at the beginning of the plan year			- 5a	95
b Total r	number of participants	at the end of the plan year			- 5b	100
		account balances as of the end of the pl	•	•	5c	87
·	•					
		during the plan year invested in eligible the annual examination and report of a				🔼 163 🗌 140
		? (See instructions on waiver eligibility a				. X Yes No
		ther line 6a or line 6b, the plan canno				
Caution: A	penalty for the late of	or incomplete filing of this return/repo	ort will be assessed	unless reasonable car	use is established	
		ner penalties set forth in the instructions				
SB or Sche	edule MB completed an	nd signed by an enrolled actuary, as wel				
belief, it is t	true, correct, and comp	olete.				
SIGN	Filed with authorized/v	valid electronic signature.	04/07/2014	MICHAEL SQUITTIEF	RE	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN						
HERE	Cimmatuma of amountain		Dete	Fatan a ann a at in divid		
Preparer's	Signature of employ	yer/pian sponsor ame, if applicable) and address; include	Date			loyer or plan sponsor one number (optional)
i icpaici S	mame (moduling lilli) II	amo, ii appiicabie <i>j</i> and address, include	TOOM OF SUITE HUMBE	or (optional)	i Toparer 3 telepii	one number (optional)

Form 5500-SF 2012 Page **2**

Par	t III Financial Information		<u> </u>				
	t III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac		1		(h) End of Voor
	Total plan assets	. 7a	(a) Beginning of Yea				(b) End of Year 7624318
	Total plan liabilities	7a 7b	040100) <i>(</i>	-		7024310
	Net plan assets (subtract line 7b from line 7a)	7c	640108	R 7			7624318
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	,,			(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	9458	4			
	(2) Participants	8a(2)	41721	3			
	(3) Others (including rollovers)	8a(3)	1861	2			
b	Other income (loss)	8b	141029	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1940702
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	71299	5			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f	447	'6			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					717471
	Net income (loss) (subtract line 8h from line 8c)	8i					1223231
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a				10a	100	X	Amount
b		? (Do not	include transactions reported	10b		X	
С				10c	X		400000
d	• • •			100			1000000
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		6805
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	3000
	Did the plan have any participant loans? (If "Yes," enter amount a				X		
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	108224
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h			
Dow	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	165 140
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year					12b	
							-

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

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Complete all entries in accordance with the instructions to the Form 5500	J-Sr.
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending	10/31/2013
A This return/report is: a single-employer plan a multiple-employer plan (not multiemployer) the first return/report the final return/report	a one-participant plan
an amended return/report	onths) DFVC program
Part II Basic Plan Information—enter all requested information	
1a Name of plan HORIZON BEVERAGE COMPANY OF RHODE ISLAND 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/01/1986
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HORIZON BEVERAGE COMPANY OF RHODE ISLAND, INC.	2b E mployer Identification Number (EIN) 05-0305565
121 HOPKINS HILL ROAD	2c Sponsor's telephone number 401-392-3580
WEST GREENWICH RI 02817	2d Busine ss code (see instructions) 424800
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address HORIZON BEVERAGE COMPANY OF RHODE ISLAND, INC.	3b Administrator's EIN 05-0305565
121 HOPKINS HILL ROAD WEST GREENWICH RI 02817	3c Administrator's telephone number 401-392-3580
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b EIN
name, EIN, and the plan number from the last return/report. a Sponsor's name	4c PN
5a Total number of participants at the beginning of the plan year	5a 95
b Total number of participants at the end of the plan year	5b 100
 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 	5c 87
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQI under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use	PA) X Yes No No Form 5500.
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report belief, it is true, correct, and complete.	oort, including, if applicable, a Schedule , and to the best of my knowledge and
SIGN MICHAEL SQUITT	TIERE
HERE Signature of plan administrator Date 4414 Enter name of individu	ual signing as plan administrator
SIGN MICHAEL SQUITT	FIERE
HERE Signature of employer/plan sponsor Date 1/4 / Enter name of individual Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	ual signing as employer or plan sponsor Preparer's telephone number (optional)
Freparet a financial minimation, in application, and address, models from or some frames (optional)	- Topison o tologramo number (opitorial)

	lan Assets and Liabilities		(a) Beginning of Yea	г		(b)	End of Ye	ear
-	otal plan assets	7a	640	108	7			7624318
	otal plan liabilities	7b						
	let plan assets (subtract line 7b from line 7a)	7c	640	108	7			7624318
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a (Contributions received or receivable from: 1) Employers	8a(1)	9	9458	4		W- 241-241	
(2) Participants	8a(2)	41	1721	3			
-	3) Others (including rollovers)	8a(3)		1861	2			
b (Other income (loss)	8b	141	1029	3			
C	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						194070
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	7:	1299	5			
	Certain deemed and/or corrective distributions (see instructions)	8e			-			
f	Administrative service providers (salaries, fees, commissions)	8f		447	6			
g	Other expenses	8g			+			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+			71747
	Net income (loss) (subtract line 8h from line 8c)	8i			_			122323
j	Transfers to (from) the plan (see instructions)	8j						
Par	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	teature and a	form the List of Disc Cham		# - C-	day to the t		-
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the in	structions:	
Part	V Compliance Questions							
Part 10	During the plan year:				Yes	No	Amo	ount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide.	uciary Correc	tion Program)	10a	Yes	No X	Amo	ount
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct? (Do not inc	lude transactions reported	10a		10000	Amo	2
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Correct? (Do not inc	tion Program)lude transactions reported		Yes	х	Amo	2
a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Po not inc	lude transactions reported that was caused by fraud	10b		х	Amo	2
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.)	riciary Correction (Do not incomplete incomp	tion Program)	10b 10c		x x	Amo	100000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 off insurance service or other organization that provides some or all or transactions.	riciary Correction (Do not incomplete incomp	tion Program)	10b 10c 10d	х	x x	Amo	100000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 off insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the plan is the plan failed to provide any benefit when due under the plantage of the p	fidelity bond, ner persons bof the benefits	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	х	x x	Amo	100000
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bond, ner persons bof the benefits n? (See instruction?	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	x	x x	Amo	100000
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all districtions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period?	fidelity bond, ner persons bof the benefits n? (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g	x	x x x	Amo	100000
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b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond, firer persons both the benefits fis of year end (See instruction) finer required notes and the requ	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X X	x x x x x		100000
a b c d e f g h i Part	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bond, fidelity bond, firer persons bof the benefits fixer instructions of year end (See instruction) fixer required in 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	x x x x x		100000
a b c d e f g h i Part	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity bond, fidelity bond, firer persons both the benefits fits of year end (See instruction of the required in the require	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X X Lule SB (Fo	m	100000 680 10822 Yes No
10 a b c d e f g h i Part 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied to the minimum funding exceptions.	fidelity bond, fidelity bond, firer persons bothe benefits fits of year end fice instruction finer required notes and the required notes and the required notes are the required notes and the required notes are the requirement, as applicable	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection :	X X X X X Aulule SB (Fo	m	100000 680 10822
10 a b c d e f g h i Part 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding	fidelity bond, fidelity bond, firer persons both the benefits finer persons both the persons both the benefits finer persons both the persons both the persons benefits finer persons both the persons both the persons benefits finer persons both the persons between the persons both the persons both the persons both the persons both the p	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schection :	X X X X X Aulue SB (Fo	m	1000000 6800 10822-

1	Albert I				
	2c				
	2d				
		Yes		No	N/A
		.17.			
	Y	'es X	No		
	3a				
der the con	trol			Yes	X No
plan(s) to					
13c(2) EI	N(s)		13c(3)	PN(s)
14	b Tr	rust's El	N		
	ander the cone plan(s) to	13a Inder the control Index plan(s) to Index plan(s) to	Yes X 13a Inder the control Paper plan(s) to 13c(2) EIN(s)	Yes X No 13a Inder the control e plan(s) to	Yes No Yes X No 13a Inder the control Yes Plan(s) to 13c(2) EIN(s) 13c(3)

⊕X.