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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pensi	on Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF.		peotion
Part	I Annual Report I	dentification Information					
For cale	endar plan year 2013 or fis	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
	s return/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Che	eck box if filing under:	Form 5558 special extension (enter description)	automatic extension			DFVC progra	am
David	U Desis Dies Inter						
Part		rmation—enter all requested inform	mation		41-		1
	me of plan	DC 404/I/) DLANI			10	Three-digit plan number	
JEFFRE	Y MCKEAN ARCHITECT, I	PC 401(K) PLAN				(PN) ▶	001
					1c	Effective date o	f plan
						06/01	•
	in sponsor's name and add Y MCKEAN ARCHITECT,	dress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 16-16	fication Number
225 BDC	DADWAY, SUITE 3005				2c	Sponsor's telep	
NEW YO	PRK, NY 10007				2d	Business code ((see instructions)
3a Pla	n administrator's name an	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If t	he name and/or EIN of the	plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN	
na	me, EIN, and the plan num	nber from the last return/report.					
	onsor's name				4c	PN	
5a To	tal number of participants	at the beginning of the plan year			5a		10
b To	tal number of participants	at the end of the plan year			5b		5
		account balances as of the end of the		•	5c		5
6a w	ere all of the plan's assets	during the plan year invested in eligi	ible assets? (See instruc	tions.)			X Yes No
		the annual examination and report of					
		(See instructions on waiver eligibility					X Yes No
		ther line 6a or line 6b, the plan can			_		1
C If t	he plan is a defined benefi	t plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .		Yes No	Not determined
Cautio	n: A penalty for the late o	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	se is	established.	
SB or S		ner penalties set forth in the instruction d signed by an enrolled actuary, as wellete					
				I			
SIGN	Filed with authorized/\	/alid electronic signature.					
HERE	Signature of plan ac	lministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN							
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
-	er's name (including firm na	ame, if applicable) and address; inclu	ide room or suite number				number (optional)
	MINETZKY, PH.D. ON ACTUARIES, LLC					201-530	0-0666
	TLAND AVENUE						
	CK, NJ 07666			-			

Form 5500-SF 2013 Page **2**

Por	rt III Financial Information									
Pa			()5 : : ()							
	Plan Assets and Liabilities	- -	(a) Beginning of Yea		-		(b) End		ear 18782)
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b		0	-				10702	
	Net plan assets (subtract line 7b from line 7a)	76 7c	13107		-			1	18782	
8	Income, Expenses, and Transfers for this Plan Year	76			-		(b)		10702	
	Contributions received or receivable from:		(a) Amount				(a)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	171	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1711	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1273	2						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	127	5						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14007	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-12296	6
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				10000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
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)							\prod	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,				33.7					
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 instruc		, and e	enter tl Dav	ne date of	the le Yea		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zuy		. 00		
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -		1
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С	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?	Y	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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accounts to the complete all entries are all entries and the complete all entries are all entrie	rdance with the instruction	ons to the Form 5500	SF.		
Part Annual Report Identification Information					
or calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/3	31/2013	
A This return/report is for: a single-employer plan	a multiple-employer plar	(not multiemployer)	∐ :	a one-particip	ant plan
This return/report is:	the final return/report				
an amended return/report	a short plan year return/	report (less than 12 mc	_		
Check box if filing under: Form 5558	automatic extension			DFVC prograi	m
special extension (enter descripti	ion)				
Part II Basic Plan Information enter all requested info	ormation				
1a Name of plan				ree-digit an number	
Jeffrey McKean Architect, PC 401(k) Plan				N) ►	001
belling monday to the total			1c Eff	fective date o	f plan
				5/01/2006	
Plan sponsor's name and address; include room or suite number Jeffrey McKean Architect, PC	(employer, if for a single-e	mployer plan)		nployer Identi IN) 16-16'	fication Number 73877
1018 DRONTS	AY THED :	tropoR		onsor's telep 212) 964-2	
_225 Broadway, Suite 3005 HUM BROADW	NAT , IVITAL	, ,	2d Bu	siness code	(see instructions)
US New York NY 10007 666			54	11310	
3a Plan administrator's name and address X Same as Plan Spons	sor Name 🔲 Same as Pl	an Sponsor Address	3b Ad	ministrator's	EIN
			3c Ad	lministrator's	telephone number
	the end of the control of				
4 If the name and/or EIN of the plan sponsor has changed since th	e last return/report filed fo	r this plan, enter the	4b E	.N	
name, EIN, and the plan number from the last return/report.			4c Pi	M	
a Sponsor's name			5a		10
Total number of participants at the beginning of the plan yearTotal number of participants at the end of the plan year			5b		5
	e nian vear (defined benef	it plans do not			
C Number of participants with account balances as of the end of the complete this item)			5c		5
6a Were all of the plan's assets during the plan year invested in elig	ible assets? (See instructi	ons.)			X Yes ∟ ിറ
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	of an independent qualified ty and conditions.)	public accountant (IQ	PA) ••••••		XYes No
If you answered "No" to either line 6a or line 6b, the plan ca	nnot use Form 5500-SF a	nd must instead use	Form <u>55</u>	500.	_
c If the plan is a defined benefit plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)?		JYes ∐N	o Not determined
Caution: A penalty for the late or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is e	stablished.	
Under penalties of periusy and other penalties set forth in the instruc	tions. I declare that I have	examined this return/re	eport, inc	cluding, if app	licable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/repo	rt, and to	the best of n	ny knowledge and
belief, it is true, correct/and complete.	J. J. J. L. L.				
SIGN X	X4/30/14	JEFFREY MCKEAN			
HERE Signature of All Administrator	Date (Enter name of individu	al signin	g as plan adn	ninistrator
SIGN SIGN	X 4/30/14	JEFFREY MCKEAN			
HERE Signature of employer/plan sponsor	Date	Enter name of individu			
Preparer's name (including firm name, if applicable) and address; in	clude room or suite numbe	er (optional)	Prepar	er's telephon	e number (optional)
Lee Kaminetzky, Ph.D.			(2	01) 530-0	666
Pension Actuaries, LLC					
584 Rutland Avenue					
US Teaneck NJ 07666					

274	irt III Financial Information		(a) Designing of Veer		T		(b) End o	of Voor
7_	Plan Assets and Liabilities	_	(a) Beginning of Year				(D) ENG (
	Total plan assets	7a	131,07	0				118,782
<u>b</u>	Total plan liabilities	7b 7c	131,07		 		.,	118,782
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	76	(a) Amount	•			(b) T	
	Contributions received or receivable from:		(a) Alloune		200000		(4)	
	(1) Employers	8a(1)		0			7-48	
	(2) Participants	8a(2)		0				100 market database
_	(3) Others (including rollovers)	8a(3)		0				
<u>b</u>	Other income (loss)	8b	1,71	.1				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		4 y s	16900655	280008066		1,711
d	to provide benefits)	8d	12,73	32	1000		100	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	1,27	/5				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14,007
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i	Address Co.					(12,296)
<u>i</u>	Transfers to (from) the plan (see instructions)	. 8j		0				
Pa	art IV Plan Characteristics							1 .
9a	If the plan provides pension benefits, enter the applicable pension for the second sec	eature cod	es from the List of Plan Charact	teristi	c Code	es in t	he instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Codes	s in th	e instruction	ons:
Pa	art V Compliance Questions							4. A 4.00 - A
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu	itions withi	the a time a second along a discount					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х		·
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre t? (Do not	ection Program)include transactions reported	10a 10b		x		
	Were there any nonexempt transactions with any party-in-interest	ciary Corre	include transactions reported		х			10,000
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Corre	include transactions reported	10b	х			10,000
	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?	ciary Corre	include transactions reported and, that was caused by fraud us by an insurance carrier, efits under the plan? (See	10b 10c	x	х		10,000
	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 ot insurance service, or other organization that provides some or all instructions.)	fidelity bo	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d	х	x		10,000
	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 ot 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 p	ciary Corre	include transactions reported and, that was caused by fraud as by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e 10f	x	x x x		10,000
	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?	fidelity bo her person of the ben as of year o	include transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e 10f 10g		x x x		10,000
	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bo her person of the ben as of year of (See instru	include transactions reported and, that was caused by fraud as by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e 10f		x x x		10,000
	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at 1 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	fidelity bo her person of the ben as of year of (See instru	include transactions reported and, that was caused by fraud as by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e 10f 10g		x x x		10,000
	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at 1 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 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer	fidelity bo her person of the ben (See instruction) her require 11-3	include transactions reported	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	x x x x		
6 Far 11	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lift 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 2520.101. Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ciary Correct? (Do not the person of the ben case of year of (See instruction of the require places) (If the require places) (include transactions reported include transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h	Sched	x x x x		
6 Far 11	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at 1 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 2520.101. If this is a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ciary Correct? (Do not fidelity bother person of the benchmars of year of the require the require the require from Scher	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X August State S	***************	. ☐ Yes ☒ No
6 Fa 11	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lift 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 2520.101. If this is a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the string and the plan subject to the minimum funding the plan subject to the minimum	ciary Correct? (Do not of the benchman?	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X August Students	***************	. ☐ Yes ☒ No
	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lift 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 2520.101. If this is a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ciary Correct? (Do not the person of the benchman?	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) auctions and 29 CFR d notice or one of the arryes," see instructions and com auctions and com auction	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	X X X X Aule S A	ERISA?	Yes X No
	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at 1 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 2520.101. Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) The thin is a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below at life a waiver of the minimum funding standard for a prior year is be	ciary Correct? (Do not the person of the benchmar) (See instructure in 1-3 (If from Scheeling amortization amontization amontization amontization amortization am	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	X X X X Aule S A	ERISA?	Yes X No
C C C C C C C C C C	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 ot insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lift 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 2520.101. If this is a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year is 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is be granting the waiver	ciary Correct? (Do not the control of the bench case of year of the require the requirements? (If the control of the control o	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the "Yes," see instructions and com dule SB (Form 5500) line 39 ents of section 412 of the Code cable.) zed in this plan year, see instructions and series of section 412 of the Code cable.)	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	X X X X Aule S A	ERISA?	Yes X No