	rm 5500-SF	Short Form Annual Ret	/ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			е	2013			
	Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration Employee Benefits Security Administration					This Form is Open to Public			
	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500)-SF.	SF.			
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
		7 · · · · · · ·		<u> </u>	2/31/2				
				an (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		e final return/report						
•		an amended return/report a short plan year return/report (less than 12 m			, 				
C Check	box if filing under:		utomatic extension			DFVC program			
Dent II		special extension (enter description)							
Part II 1a Name		nation—enter all requested information	on		1h	Three-digit			
	ICOSTANZO 401(K) PLA	AN			10	plan number			
						(PN) ▶ 001			
					1c Effective date of plan				
22 Dian a	noncor's name and addre	and include room or quite number (omr	lover if for a single i	omployer plop)	0 h	07/01/2002			
	ICOSTANZO	ess; include room or suite number (emp	noyer, il lor a single-	employer plan)	20	Employer Identification Number (EIN) 13-4077764			
	ADWAY STE 105				2c	Sponsor's telephone number 914-968-2323			
YONKERS,	NY 10701-1315				2d	Business code (see instructions) 621210			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	b Administrator's EIN			
					30	Administrator's telephone number			
		lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
· ·	or's name				4c PN				
_		the beginning of the plan year			5a	4			
		the end of the plan year			5b	4			
		count balances as of the end of the pla			5c	4			
		uring the plan year invested in eligible				Yes No			
		e annual examination and report of an							
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot							
-		blan, is it covered under the PBGC insu							
				,					
		incomplete filing of this return/repor							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	05/15/2014	DANIEL F DICOSTAN	ANIEL F DICOSTANZO				
HERE	Signature of plan adn	ninistrator	ator Date Enter name of individ						
SIGN	Filed with authorized/va	lid electronic signature.	05/15/2014	DANIEL F DICOSTAN	ANZO				
HERE	Signature of employe		Date			gning as employer or plan sponsor			
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	oarer's telephone number (optional)			

a Total plan assets 7a 21924 201238 b Total plan labilities 7b 0 0 0 C Net plan assets (subtract ine 7b from ine 7a) 7c 215924 301238 Comme. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 301238 Comme. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 301238 Comme. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 301238 Comme. Expenses, and Transfers for this Plan Year (a) Amount (b) Total 301238 (2) Others (including rolivers) 8a(1) 7417 (c) Enditional State	7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
b Total plan labilities Tb 0 0 C Not plan assets (addract line 7b from line 7a) Tc 215924 301238 Income, Expenses, and Transfers for this Plan Yan (a) Amount (b) Total a Contributions received or necevable from: 8a(f) 7417 (2) Participants 8a(f) 7417 (2) Definer (including rollowers) 8a(f) 0 (3) Others (including rollowers) 8a(f) 0 C Total plan addraft corrective distributions (see instructions) 8c 0 C Total income (add lines 8a(f), 8a(2), 8a(3), and 8b) 8c 0 0 C Catal income addraft corrective distributions (see instructions) 8d 0 0 G Other income does) (subtract line 8 from line 8c) 8i 0 0 I Transfers to (from) the plan (see instructions) 8d 0 0 I Transfers to (from) the plan (see instructions) 8j 0 0 I Transfers to (from) the plan avgat: 30 <td>a Total plan assets</td> <td>7a</td> <td></td> <td></td> <td colspan="3"></td>	a Total plan assets	7a						
c Net plan assets (subtract line 7b from line 7a) 7c 215824 301238 3 Income, Expense, and Transfers for the Plan Year (a) Amount (b) Total 2 Contributions received or received and received or rec	•			0				
Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 7417 (c) Participants 8a(2) 7676 (c) Participants 8a(2) 7676 (c) Orthogonding rollowers, and instructors 8b 770821 C Total income (dellines 8a(1), 8a(2), 8a(3), and 8b) 8c 8c 85914 G Benefits paid (notuding rollowers and instructors) 8d 0 85914 G Benefits paid (notuding rollowers and instructors) 8d 0 85914 G Chetral demend and/or corrective distributions (see instructors). 8d 0 6000 G Other expenses 6g 0 6000 6000 I Tentoreme (loss) (subtract line 8 th from line 8C) 8i 86314 85314 J Transfers for (trom) the pain (see instructors). 8j 0 6000 V Plan Characteristics 8i 8i 85314 B If the pain provides kentaris bandins. 8j 0 8i V Compliance Questions 8i 8i 8i 8i	· · · · · · · · · · · · · · · · · · ·		215924	4	301238			
a Contributions received or receivable from: b Endproves b Endprov	-		(a) Amount		(b) Total			
(1) Participants Ba(2) 7676 (3) Others (including rolevers) Ba(3) 0 (b) Others (including rolevers) Ba(3) 0 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 803 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 803 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 803 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 803 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 0 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 0 (c) Total income (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 0 (c) Compliance (add lines Ba(1), Ba(2), Ba(3), and B0) Bc 0 (c) Cher sciences Bg 0 0 (c) Cher sciences Bi for bin pary sciences Bi 0 (c) Compliance Questions 0 0 0 0 (c) Cher plan proxides pensito						(1)		
(b) Other Income (loss) Ba(3) 0 b) Other Income (loss) Bb 70821 c) Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 8b 70821 c) Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 8b 0 c) Cratial dement and/or corrective distributions (see instructions) 8c 0 0 c) Cratial dement and/or corrective distributions (see instructions) 8d 0 0 c) Chain dement and/or corrective distributions (see instructions) 8d 0 0 c) Chain dement and/or corrective distributions (see instructions) 8d 0 0 c) Chain dement and/or corrective distributions (see instructions) 8d 0 0 c) Chain demont	(1) Employers	8a(1)						
b) Other induce instances Bb 70821 c Total income (dos) Bc 86 85914 c Total income (dot including direct rollovers and insurance preniums 8d 0 85914 d Benefits pair (including direct rollovers) and insurance preniums 8d 0 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 0 g Other income (loss) subtract line Bh from line Bc) 8d 0 0 g Other income (loss) subtract line Bh from line Bc) 8i 8d5314 0 f Transfers to (from) the plan (see instructions) 8g 0 0 0 art LV Plan Characteristics 3g 0 0 0 0 art V Compliance Questions Vest Pair Characteristic Codes in the instructions: 2 2F 2F 2G 2F 0 X 0 0 During the plan rowides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 2F 2F 2G 2F 2G 2F 2G 2F 2G	(2) Participants	8a(2)		-				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 B cenefits paid (including direct rollovers and insurance preniums to provide benefits) 0 0 C critical income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 0 0 Period in deemed and/or corrective distributions (see instructions) 8d 000 0 G Other expenses 8g 0 0 I And instrative service providers (salaries, fees, commissions) 8f 6000 0 I And expenses 8g 0 0 0 I Transfers for (from) the plan (see instructions) 8i 0 0 Part IV Plan Characteristics 8j 0 0 If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 10a X V Compliance Questions 10a X 10a X O Uring the plan year: Yes No Amount 2b 2c 27 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 10a X 10a X 10a X 10a X 10a X 10a		8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b Other income (loss)	8b	7082	1				
to provide benefits)		8c			859			
C Provide berned and/or corrective distributions (see instructions)		94)				
f Administrative service providers (salaries, fees, commissions)								
Vertinatative protect (pathole, foce, commission) or 0 Other expenses 60 1 Not income (loss) (subtract line 8h from line 8c) 8h 600 1 Transfers to (from) the plan (see instructions) 8i 85314 1 Transfers to (from) the plan (see instructions) 8i 85314 2 Transfers to (from) the plan (see instructions) 8i 85314 2 3 1								
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 600 i Net income (loss) (subtract line 8h from line 8c) 8i 85314 j Transfers to (from) the plan (see instructions) 8j 0 Plan Characteristics 0 0 atrix IV Plan Characteristics 0 b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2tz 2F 2G 2J 2K 30 0 During the plan year: Yes No Amount 0 During the plan oxear Yes No Amount 0 Use the plan covered by a fideity bond? 10a X X 0 Was there a		-						
i Net income (loss) (subtract line 8h from line 8c) 8i 8i 85314 j Transfers to (from) the plan (see instructions) 8j 0 85314 Part IV Plan Characteristics 9j 0 85314 Part IV Plan Characteristics 9j 0 85314 Part IV Plan Characteristics 9j 0 85314 Part IV Compliance Questions 0 0 0 0 During the plan year: Yes No Amount 0 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>600</td>				-		600		
j Transfers to (from) the plan (see instructions)	-	-						
Part IV Plan Characteristics Date If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Zet ZF 26 21 23 33 If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: tart V Compliance Questions O During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		-		0		00014		
a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: tart V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flduciary Correction Program)		8j		0				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X b Were there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions							
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a A b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). 10b X c Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10g X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g X X f Has the plan failed to provide any benefit when due under the plan? 10g X X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10g X X f Has the plan failed to providing the notice applied under 29 CFR 2520.101-3. 10h X X g Did the plan have any participant loans? (If "Yes," see instructions and complete Schedule SB						•		
on line 10a.) 10b ^ C Was the plan covered by a fidelity bond? 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X Image: Common service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10g X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X Image: Common service or other organization that provides the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X i If 1b this a defined benefit plan subject to minimum fundi				Y	es No	Amount		
c Was the plan towered by a indenty boild? inc inc inc d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ind ind ind ind e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) inde inde inde inde f Has the plan failed to provide any benefit when due under the plan? inde inde <td>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</td> <td>ciary Correc</td> <td>tion Program)</td> <td></td> <td></td> <td>Amount</td>	a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure	ciary Correc	tion Program)			Amount		
or dishonesty? 10d e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 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 of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. art VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Extern the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a It a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 11a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? 	ciary Correc ? (Do not inc	tion Program) lude transactions reported	10a	X X	Amount		
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i V	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.). 	ciary Correc ? (Do not inc	tion Program)	10a 10b	X X	Amount		
Image the plan hale to provide any benefit when due under the plan in iteration in the plan in	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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 fidelity for the plan have a loss. 	ciary Correc ? (Do not inc fidelity bond	tion Program) Iude transactions reported 	10a 10b 10c	X X X	Amount		
i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all comparison. 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	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	X X X X X	Amount		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X art VI Pension Funding Compliance 10i Yes 10i 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Yes 1 Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 11a 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X 1 Is this a defined contribution glan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X 1 Is this a defined contribution glan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X 1 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e	x x x x x x	Amount		
 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi n?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	X X X X X X X X	Amount		
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c 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? (See instruction?) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	X X X X X X X X X X X	Amount		
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c 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.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	X X X X X X X X X X X	Amount		
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) 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 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	X X X X X X X X X X X	Amount		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c 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 a this a defined benefit plan subject to minimum funding requirement 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct ne required n I-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X X	3 (Form		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c 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 Yart VI Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct le required n I-3	tion Program) dude transactions reported , that was caused by fraud or an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X x x	3 (Form		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c 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 is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year enc See instruct ne required n I-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X X X X X X X X X X	3 (Form		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi an? s of year end See instruct be required n I-3 ents? (If "Ye com Schedule requirement	tion Program) dude transactions reported that was caused by fraud that was caused by fraud the plan? (See	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X X X X X X X X X X	3 (Form		
	 a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue 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 f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c 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.)	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct le required n I-3 ents? (If "Ye om Schedule requirement as applicab g amortized	tion Program) lude transactions reported , that was caused by fraud or an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10d 10d 10d 10d 10d 10d 10d 10g 10h 10i plete or sections, a	X X X X X X X X X X X X X X X I I I I I	3 (Form		

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	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 c of the PBGC?	ontrol		Yes X No				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13				13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust								