For	rm 5500-SF	Short Form Annual Re	•	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury mal Revenue Service	This form is required to be filed u	enefit Plan	nd 4065 of the Employe	P	2	2013
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form i	s Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	Ins	pection
Part I		lentification Information					
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013	
A This ref	turn/report is for:	a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This ref	turn/report is:	the first return/report the	ne 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:	] Form 5558	utomatic extension			DFVC progra	im
		special extension (enter description)	)				
Part II	Basic Plan Inform	nation—enter all requested informati	on				
1a Name	•				1b	Three-digit	
BOXLIGHT 4	401(K) PLAN					plan number (PN) ▶	001
					10	Effective date or	
						01/01	•
2a Plan s	ponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number
BOXLIGHT							27247
					2c	Sponsor's telep	
	TE HWY 300					360-464	
BELFAIR, W	VA 98528				2d		see instructions)
22 Dian a	dministrator's name and			Chapter Address	3h	33431 Administrator's I	
Ja Plan a	oministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	30	Administrators	EIIN
					30	Administrator's	elephone number
					00		•
					00		•
							·
<b>A</b> If the r	name and/or EIN of the n	lan enonsor has changed since the las	t return/report filed fo	or this plan option the			·
		lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the		EIN	·
name			t return/report filed fc	or this plan, enter the	4b		·
name a Spons 5a Total	, EIN, and the plan numb or's name number of participants at	per from the last return/report.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4b	EIN	
name a Spons 5a Total	, EIN, and the plan numb or's name number of participants at	per from the last return/report.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4b 4c	EIN	
name a Spons 5a Total b Total c Numb	, EIN, and the plan numb or's name number of participants at number of participants at er of participants with ac	the beginning of the plan year the end of the plan year count balances as of the end of the pla	in year (defined bene	fit plans do not	4b 4c 5a 5b	EIN	<u>11</u> 15
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Pa	t III Financial Information	-								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear	
а	Total plan assets	7a	4654	5					84495	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	4654	5					84495	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) <sup>-</sup>	Total		
а	Contributions received or receivable from:	80(1)								
	(1) Employers	8a(1) 8a(2)	2358	4						
	(2) Participants     (a) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	1436	6						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					37950	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i							37950	
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	6	de a franciska i list of Disc. Ober	4	11 - O -		41	- 4'		
9a	If the plan provides pension benefits, enter the applicable pension $\ensuremath{2F}\xspace$ 2J	leature co	des nom the List of Plan Chara	acteris		ides in	the instru	cuons	-	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instruc	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		х				
b	Were there any nonexempt transactions with any party-in-interest			Tou		X				
	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					30000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			х				
	or dishonesty?			10d		~				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?	•				Х				
<u> </u>	2520.101-3.)			10h		~				
I	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	lule SF	3 (Form	<b>—</b>		_
	5500) and line 11a below)	· · · · · · · · · · · · · · · · · · ·			·····				Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		T	1	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	e date of	the le Yea		ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.							
h	Enter the minimum required contribution for this plan year					12b				

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	<b>14b</b> Tru	ust's EIN	

Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					90		CMEINOK 1210-01 1210-00	
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Section	Department of Later to Scholtz Security Acceleration	Retirement Income Security A		persion 6057(b) and 6056				
بالج المحادث	in Decell Generally Corporation	- Complete all entries in ac		-		tr	apection	
Part	I Annual Report I	dentification Information						
	endar pien year 2013 or fier		01/01/2013	and ending	12	/31/2013		
1 104	i netiantinisport is for:	x a single-amployer plan	a multiple employer	plan (not multianiployer)	ſ	a one-partici	pant plan	
3 This	return/report le:	the first return/report	T the ficial return/report	k	•••	-		
		an amended return/report	🗍 a short plini yaar nab	unvisioni doce then 12 m	antia)			
Che	sik box if filing under:	Form 6556	ncianatic sciencion		Г	BEVC progra	207	
epieciai) expension (enter description)						•		
Part	Basic Plan Info	mation enter all requeried i	ที่สุดการระกา					
a N	and of plan					nee-digit		
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	an sponsor's name and add OXLIGHT	iness; include coom or suite mumb	er (employer, if for a sing)	e employnt plan)		FIN) 26-45		
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la P	lan administrator's name en	d address 🔀 Same as Plan Spo	onsor Name 🛄 Same as	Plan Sponsor Address	3b /	deministrator's	EIN	
	the name and/or EIN of the	plan sponsor has changed since i	the last rotun/report filed	for the plan, onlar the	45 1	EIN		
\$ H		ber from the last return/report.				) ) ) )		
n	ene. ElN, and the plan num ponsor's name				40 E	-14		
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a S a S a Tri b Tri c N <sup>1</sup> a V b A b A b A b A b A b A c If Caudi Caudi Caudi HER SIGP HER	pensor's name blai number of participants a stal number of participants a unber of participants with a smplate It's Hami- lare all of the plan's assets to you claiming a waiver of i new 29 CFR 2520.104-497 you answared "No" to all the plan is a defined benefit on: A parathy for the late of penalties of perjury and off Schedule MB completed as it is TOB, completed as	at the beginning of the plan year at the end of the plan year incount balances as of the end of a convention of the plan year invested in el- the annual examination and report (See instructions on waiver sigis) her line its or line itb, the plan of t plans is it covered under the PRG or incomplete filling of this neturn her ponsities set forth in the instru- nd signed by an enrolled actuary, o less.	Phe plen year (defined isor gible assets? (See easing t of an independent qualifility and conditions.) annot use Form 5500-S1 iC insurance program (see m/report will be assessed clions, I dectars that I han as well as the elactoritic v S 13 9 114 Date	refit plans do not clime.) ind public accountant (KDF Fand must instead use it e ERISA section 4021)? d unless reasonable can a examined this returning scatter of this returning of this returning of individual Enter name of individual	5a 5b 5c 4) corm 64 corm 64 corn fac and to region stationer	b0, Yes h stabilished stabilished stabilished g as plan siders g as employer	15 12 X Yes NA X Yes NA c Not determing soble, a Schedule y knowings and wistrater or plan sponsor	
a S a S b Ti b Ti c Ni a W b A b A b A b A b A c S c S c S c S c S c S c S c S	pensor's name blai number of participants a stal number of participants a unber of participants with a smplate It's Hami- lare all of the plan's assets to you claiming a waiver of i new 29 CFR 2520.104-497 you answared "No" to all the plan is a defined benefit on: A parathy for the late of penalties of perjury and off Schedule MB completed as it is TOB, completed as	It the beginning of the plan year at the beginning of the plan year at the end of the plan year incount belances as of the end of t commission incoming the plan year invested in el- the annual escaramenton and report (See incructions on waiver sigis) for the fit or time 4b, the plan of t plans is a coveried under the PBG or incomplete filling of this return the planation set forth in the instru- nd signed by an enrotled actuary, a plate.	Phe plen year (defined isor gible assets? (See easing t of an independent qualifility and conditions.) annot use Form 5500-S1 iC insurance program (see m/report will be assessed clions, I dectars that I han as well as the elactoritic v S 13 9 114 Date	refit plans do not clime.) ind public accountant (KDF Fand must instead use it e ERISA section 4021)? d unless reasonable can a examined this returning scatter of this returning of this returning of individual Enter name of individual	5a 5b 5c 4) corm 64 corm 64 corn fac and to region stationer	b0, Yes h stabilished stabilished stabilished g as plan siders g as employer	15 12 X Yes No x Yes No o Not determine soble, a Schedule r knowiedge and wisbater	

Form 5500-SF 2013

Page 2

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- 1 <b>- 49</b> .5 k	III Financial Information							
7 8	an Assats and Lizbrines		(s) Beginning of Year		T		(b) End a	t Year
a Ye	nai plan assets	7a	46,54	15				64,495
b Te	dal plan Kabilities	71						
	et plan sesets (subtract line 7b from line 7a)	76	45.54	15				84,495
8 31	come, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 71	latal
	contributions received or receivable from:	'8a(1)			1			
	) Employets	8a(7)	23,55		+			
	Others (including inflovers)	8={3}	·····		+	********		
	her income (loss)	6b	14,36	6	+			
	nal income (add lines 6a(1), Ba(2), 83(3), and 8bj	Sc			+			37,950
6 h	Shefils paid (including detect rollowers and insurance premiums provide benefits)	80						
	ertain deemed antifor corrective distributions (see instructions) 🔔	₿a.						
f A	ciministrative service providers (salaries, tees, commissions)	fis						
<u>g</u> _0	ther expenses	89			1			
<u>h 10</u>	nial expenses (add lines 8d, 8e, 6f, and 8g)	Bh						
I N	et income (lass) (subtract line Bh from line 8c)	81						37,950
1 70	ansfers to (from) the plan (see instructions)	81			<u> </u>			
Part	IV Plan Characteristics							
9a i(	lhe plan provides pension benefits, enter the applicable pension fo 28 23	ature codes	from the List of Plan Characte	nianc	Code	a in the	instructio	หาส:
b a	the plan provides welfare benefits, wher the applicable welfare fea	ture codes i	hom the List of Plan Character	istic (	Cudas	ia the i	instruction	157
Part	V Compliance Questions					********		
	During the plan year:				Yes	No		Amount
8	Alterna florena a karita and ha barra da barra da							
	Was there a failure to transmit to the plan any perticipant contribut	ions within a	ive sime period described in				***********	
b	25 CFR 2510.3-1027 (See instructions and DOL's Voluntary Ficture Ware there any nonexempt transactions with any perty-in-interest?	tary Conect (Do not inc	ker Program)	10#		x	******	·······
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Ficture Ware there any nonexempt transactions with any party-in-interest on line 10a.)	tary Coneci ? (Do not inc	ion Friegram) #Ide transacuons reported	105		x x		
d 	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fictor Ware there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidekty bond? Did the plan have a loss, whether or not reimbursed by the plants	tery Conect ? (Do not in:	ion Program) Like transactions reported	10b 10c	.X	x		38,009
b c d	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fictor Ware there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a floakly bond? Did the plan have a loos, whether or not reimbursed by the plana t or dishonesty?	iary Coneci ? (Do not in: Sdelity bond	ion Program) Like transactions reported 	105	<u>x</u>			
d d d	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Ficture Ware there any nonexempt transactions with any perty-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 planta to or dishonesty? Were any fees or commissions paid to any brokers, agents, or other instructe service, or other grant/zation that provides some or all	iary Correct ? (Do not inc idelity bond er persons t	ion Program)	10b 10c	<u>x</u>	x		
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b c d f	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Ficture Wars there any nonexempt transactions with any perty-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's of distonestly? Were any fees or commissions paid to any brokers, agents, or othe instructions a service, or other organization that provides some or all of instructions a Heis the plan failed to provide any benefit when ous under the plan	tary Context P (Do not inc Sidelity bond er persons t of the benefit o <sup>2</sup>	ion Program) skille transactions reported , that wen caused by frank , that wen caused by frank	10b 10c 10d 10e 10f	×	x x x x		
b c d f f	29 CFR 2510.3-1027 (See instructions and OOL's Voluntary Ficture Ware there any nonexempt transactions with any perty-in-interest on line 10a.) Was the plan covered by a fidekly bond? Did the plan covered by a fidekly bond? Did the plan covered by a fidekly bond? Were any face or commissions paid to any brokers, agents, or oth instructions to other organization that provides some or she instructions of the plan tailed to provide any benefit when our under the plan Did the plan have any participant form? (If "Yes," enter amount as if this is an individual account plan, was there a blackast perior? (I	tery Content (Up not inc Ndefity bond er persons to if the benefit pro- if the benefit pro- if year end See instant	ion Program)	105 10c 10d 10d 106 10f	<u> </u>	X X X X X		
b C d d f f h	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Ficture Ware there any nonexempt transactions with any perty-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reinbursed by the plan to or distonestly? Were any fees or commissions paid to any brokers, agents, or other instructes service, or other organization that provides some or all or instructions } Hits the plan have any participant formo? (If "Yes," even amount as if this is an individual account plan, was there a blackout period? ( 2520, 101-3.)	tery Content (Uo not inc sidelity bond er persons t of the benefit of year enc See instruct	ion Program)	10b 10c 10d 10d 10d 10f 10g 10h		x x x x		
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b c d f f g h i Part	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fisture Wars there any nonexempt transactions with any perty-in-interest on line 103.) Was the plan covered by a fidelity bond? Did the plan covered by a fidelity bond? Wars any fees or commissions paid to any brokers, agents, or othe instructions ) Wars any fees or commissions paid to any brokers, agents, or othe instructions ) Hiss the plan failed to provide any brokers on a context into plan failed the plan failed to provide any brokers (in Yes, "enter amount as if this is an individual account plan, was there a blackout period? ( 2520, 101-3.) If 10h was answered "Yes," check the bor if you either provided the exceptions to providing the netice applied under 28 CFR 2520, 101 VI Pension Funding Compliance	tery Content ? (Do not inv indelity bond er persons t of the benefit ? of year ens See instruct e required n -3	ion Program) skille transactions reported , that wes caused by frank , that we ca	10b 10c 10d 10d 10d 10d 10d 10d		X X X X X X	Eorm	30,009
b c d f f g h i Part 11	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fisture         Ware there any nonexempt transactions with any perty-in-interest?         Was the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Ware any task covered by a fidelity bond?         Ware any task covered by a fidelity bond?         Ware any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions }         Hiss the plan failed to provide any benefit when our order the plan.         Did the plan have any participant foare? (If "Yes," enter amount as if this is an individual account plan, was there a blackoul period? (2520, 101-3.)         If 10h was answered "Yes," check the burit you either provided th exceptions to providing the netice applied under 28 CFR 2520, 101         Vial Pension Funding Compliance         Is the a defined benefit plan subject to minimum funding requirements 5500 and line 11a below)	tery Content ? (Do not inc Ndelity bond er persons t of the benefit ? See Instruct e required n -3 ants? (II "Ye	ion Program)	10b 10c 10d 10d 10d 10f 18g 18h 16i		X X X X X X	Form	
b c d f f g h i Part 11a	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fisture         Wars there any nonexempt transactions with any perty-in-interest on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Did the plan towered by a fidelity bond?         Wars any fees or commissions paid to any brokers, agents, or othe instructions a service, or other organization that provides some or all or instructions a service, or other organization that provides some or all or instructions a service.         Hits the plan failed to provide any benefit when due under the plan bid the plan have any participant formo? (If "Yes," enser amount as if this is an individual account plan, was there a blackout period? ( 2520, 101-3.)         If 10h was answered "Yes," check the bor if you either provided th exceptions to providing the netice applied under 28 CFR 2520, 101 VI Pension Functing Compliance         Is 61s a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	tery Content ? (Do not inc indelity bond er persons t of the benefit ? of year ens See Instruct e required n -3 ants? (II "Ye ants? (II "Ye	ion Program) skille transactions reported (that wes caused by frank) (that wes caused by frank) by an insurance carrier, to under the plan? (See 1.) ons and 29 CFR. Solice or one of the S," see instructions and comple SB (Form 6500) are 30	10b 10c 10d 10d 10d 10d 10g 10h 10h		x x x x x		30,000
b c d f f g h i Part 11 11a	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fisture Ware there any nonexempt transactions with any perty-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 plants or distoneety? Ware any fees or commissions paid to any brokers, agents, or othe instructions } Here plan have a loss, whether or not reimbursed by the plants to or distoneety? Ware any fees or commissions paid to any brokers, agents, or othe instructions } Here plan have any participant formo? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2 2520, 101-3.) If 10h was answered "Yes," check the boar if you either provided the exceptions to providing the notice applied under 28 CFR 2520, 101 VI Pension Funding Compliance is sits a defined benefit plan subject to minimum funding requirems 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for is this a defined contribution plan subject to the minimum funding re-	tery Content (Lio not inv indelity bond er persons i of the benefit of year env See instruct e required n -3 ants? (II "Year xm Schedule equirement	ion Program) skille transactions reported kille transactions reported , that wes caused by franci y an insurance carrier, ts under the plan? (See 1.) ons and 29 CFR. olice or one of the 6,* 688 instructions and comple SB (Form 6600) See 30 	10b 10c 10d 10d 10d 10d 10g 10h 10h		x x x x x		30,009
b c d f f g h i l l l l l l l l l l l l l l l l l l	25 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fisture         Wars there any nonexempt transactions with any perty-in-interest on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Wars any fees or commissions paid to any brokers, agents, or othe instructions ;         Wars any fees or commissions paid to any brokers, agents, or othe instructions ;         Hiss the plan failed to provide any brokers (agents, or othe instructions )         Hiss the plan failed to provide any brokers (agents, or othe instructions )         Hiss the plan failed to provide any brokers (agents)         Did the plan have any participant forms? (If "Yes," enser amount as if this is an individual account plan, was there a blackout period? ( 2520, 191-3.)         If 10h was answered "Yes," check the bor if you either provided th exceptions to providing the notice applied under 28 CFR 2520, 101 VI Pension Funding Compliance         Is 81s a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year for is this a defined contribution plan subject to the minimum funding r (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.         Find water of the minimum funding standard for e prior year to be the minimum funding standard for e prior year to be	tery Content (Lio not inc indelity bond er persons to of year en- sof year en- year en- sof year en- sof y	ion Program) skille transactions reported kille transactions reported , linel wes caused by frankl by an insurance carrier, to under the plan? (See 1.) ons and 29 CFR. office or one of the 6,* see instructions and compl s BB (Form 6500) and 30	10b 10c 10d 10d 10b 10b 10b 10b 10b	ichedu	X X X X X X X X X X X X X X X X X X X	ISA?	30,000
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b c d f f g h i l Part 11 12 i s i f f g h i i	25 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fisture         Wars there any nonexempt transactions with any perty-in-interest on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Did the plan covered by a fidelity bond?         Wars any fees or commissions paid to any brokers, agents, or othe instructions ;         Wars any fees or commissions paid to any brokers, agents, or othe instructions ;         Hiss the plan failed to provide any brokers (agents, or othe instructions )         Hiss the plan failed to provide any brokers (agents, or othe instructions )         Hiss the plan failed to provide any brokers (agents)         Did the plan have any participant forms? (If "Yes," enser amount as if this is an individual account plan, was there a blackout period? ( 2520, 191-3.)         If 10h was answered "Yes," check the bor if you either provided th exceptions to providing the notice applied under 28 CFR 2520, 101 VI Pension Funding Compliance         Is 81s a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year for is this a defined contribution plan subject to the minimum funding r (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.         Find water of the minimum funding standard for e prior year to be the minimum funding standard for e prior year to be	tery Content (Lio not inc indelity bond er persons to of the benefit of year enc sof year enc sof year enc sof year enc or sone fristnact e required in -3 antis? (II "Ye as applicable g amortized MB2 (Form	ion Program) skille transactions reported kind was caused by frankl , that was caused by frankl by an insurance carrier, to under the plan? (See 1.) ons and 29 CFR. dice or one of the S," see instructions and compl s of section 412 of this Code of (6.) in this plan year, see itstruction More 1900), and skip to time 13.	10b 10c 10d 10d 10b 10b 10b 10b 10b	istedu	X X X X X X X X X X X X X X X X X X X	ISA?	30,000

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 12d nestable amount) manual subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d	<ul> <li>of the PBLC7</li></ul>		FUX03333	[[	Yes X No
Construct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a state of a	If "Yes." enter the emount of any plan assets that reverted to the employer this year		13a	xs KINA	3
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	art VII Plan Terminations and Transfers of Assets		<u> </u>	Yea [	<u>] No [] N/A</u>
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