Form 5500-SF		Short Form Annual Return/Report of Small Employ				OMB Nos. 1210-0 1210-0			
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 Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 55						Inspection 00-SF.			
Part I Annual Report Identification Information									
For calen	dar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
B This re	eturn/report is:	the first return/report t	he final return/report						
		an amended return/report a	/report (less than 12 mc	·					
C Check	t box if filing under:	Form 5558 a	automatic extension		DFVC program				
		special extension (enter description)							
Part II	Basic Plan Inform	mation—enter all requested information	ion						
1a Name					1b	Three-digit plan number			
THE PRIN	TING NETWORK, INC. 40	1K PLAN				(PN) ►	001		
					1c	Effective date or	f plan		
						01/01/	/2011		
	sponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 61-1213802			
2680 TECH	HNOLOGY DRIVE				2c	Sponsor's telep 502-89			
	E, KY 40299				2d	Business code (see instructions) 323100			
3a Plan	administrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
		_	—		<u> </u>	3c Administrator's telephone number			
nam	 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 								
a Sponsor's name 5a Total number of participants at the beginning of the plan year					40 5a	PN21			
b Total number of participants at the end of the plan year					5a 5b	21			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not					50				
					5c		21		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
		ne annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No		
		er line 6a or line 6b, the plan cannot							
C If the	plan is a defined benefit p	plan, is it covered under the PBGC inst	urance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution:	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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	iled with authorized/valid electronic signature. 06/12/2014 JOAN FLAHERTY							
HERE	Signature of plan adm	nistrator Date Enter name of indi		Enter name of individu	idual signing as plan administrator				
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual signing as employer or plan sponsor				
Preparer's	s name (including firm nan	me, if applicable) and address; include	room or suite number	(optional)	Prep	arer's telephone	number (optional)		

a Contributions received or receivable from: 8a(1) 27692 (1) Employers 8a(2) 73156 (2) Participants 8a(3) 0 b Others (including rollowers) 8b 51560 c Total income (idos) 6c 152408 g Other symmetry 8d 0 j Transfers to (from) the pain (see instructions) 8i 147043 j Tanafers to (from) the pain (see instructions) 8j 0 Part IV Plan Characteristics 8i 0 g If the pain provides pension benefits, enter the applicable weflare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 22 22 23 1 30 0 10a X 0 Unring the plan year:	7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of	Year
C Net plan assets (subtract line 75 from line 7a) 7c 218186 986223 3 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or received form: 8a(1) 27692 (b) Total 2 Carbitributions received or received form: 8a(2) 731565 (c) (2) Participants. 8a(2) 731565 (c) (c) 2 Carbitributions received or received instructions) 8b 51560 (c) D Other income (cas) 6c (c)	a Total plan assets	. 7a	21818	6			365229
S Income, Expenses, and Transfers for this Plan Year Image: Spenses (and Transfers for this Plan Year Image: Spens	b Total plan liabilities	7b					
a Contributions received or receivable from: 8a(1) 27092 (2) Participants. 8a(2) 73156 (3) Others (including radiovers). 8a(3) 0 (3) Others (including radiovers). 8a(3) 0 (3) Others (including radiovers). 8a(3) 0 (4) Others (including radiovers). 8d 0 (5) Others (including direct rolicers and insurance previums to provide barelis). 8d 0 (7) Employee some controls (statistics, field, statistics, field, sta	C Net plan assets (subtract line 7b from line 7a)	7c	21818	6			365229
(1) Employers 8a(1) 27082 (2) Participants 8a(2) 73156 (3) Others (including rollovers) 8a(3) 0 5) Other income (dead) inces 8a(1), 8a(2), 8a(3), and 8b) 8c 152408 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 152408 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 C Cartain demaid and/or corrective distributions (see instructions). 8d 0 G Chartain demaid and/or corrective distributions (see instructions). 8d 0 G Chartain demaid and/or corrective distributions (see instructions). 8d 0 G Other expenses 8g 0 147043 Transfers to (from) the plan structions). 8j 0 147043 Tart V Pan Characteristics 2A 2A 2A 2A 2A 30 D Uring the plan yonides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2A 2A 3D 10a X 2 D During the	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
(1) Participants 94(2) 73156 (3) Others (including rollowers) 94(3) 0 (4) Description 84(3) 0 152408 (5) Genetifs, and (including direct rollowers and insurance premums to provide benefits, service provides residue service provides prevision ben from line 80, 80, 81, and 80, 81 5355 (2) Other income (add lines 8d, 8d, 8d, and 8g) 8d 0 5365 (3) Other income (add lines 8d, 8d, 8d, and 8g) 8d 0 5365 (3) Other income (add lines 8d,			0700				
(a) Other Income (loss) Ba(3) 0 b) Other Income (loss) Bb 61550 c) Total Income (loss) Bb 61560 c) Total Income (loss) Bb 61560 c) Benefits paid (including direct followers and Insurance premiums Bd 0 c) Certain deemed and/cr corrective distributions (see instructions) Be 0 c) Chain deemed and/cr corrective distributions (see instructions) Bf 5365 g) Other expenses (add lines 8d, 8e, 6f, and 8g) Bh 6383 0 f) Antinistrative service providers (salaries, fees, commissions) Bf 5365 9 g) Other expenses (add lines 8d, 8e, 6f, and 8g) Bh 63266 147043 j) Transfers to ffrom the plan (see instructions) Bg 0 147043 j) Transfers to fform the plan (see instructions) Bg 0 147043 j) Transfers to fform the plan (see instructions) Bg 0 147043 j) Transfers to fform the plan see instructions: 2A 2E 2 2 2 3 2 3 20 150 161 147043 j) Outing the plan yaer: Interplan any participant contributions within the fire pan provides weffare benefits. 160 X		, í					
(b) Other income (loss) Bb 51560 C Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 152408 C Total income (add lines Ba(1), Ba(2), Ba(3), and Bb) Bc 0 Ib provide benefits) Bt 5355 G therin deemed and/or corrective distributions (see instructions) Bc 0 F Administrative service provides (salaries, fees, commissions) Bt 5365 g Other expenses Bg 0 5385 g Other provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2O 2J 2T 3D Tart IV Plan Characteristics 30 147043 B 10 147043 147043 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2O 2J 2T 3D art V Compliance Questions 10a X 0 During the plan spar: Yes No Amount 28 CF 2510.3-1027 (See instructions and DOL's Volutrary Floudary Correction Program) 10a X 0 During the plan any participant contributions within the time period described in 22 CFR 2510.3-1027 (See instructions and DOL's Volut							
Control Control Sc 162408 Control Control Sc 162408 Control Control Sc 162408 Control Control Sc 0 Control Control Sc 0 Sc Control Control Sc Sc 0 Sc Control Control Control Sc 0 Sc Sc Control Control Sc Control Sc 0 Control Sc							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			51560	J			
Bd 0 e Certain deemed and/or corrective distributions (see instructions)		8c					152408
e Certain deemed and/or corrective distributions (see instructions)		8d	0				
f Administrative service providers (salaries, fees, commissions) 8f 6385 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 5385 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 5385 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 5385 j Transfers to (from) the plan (see instructions) 8j 0 147043 Part IV Plan Characteristics 9 0 147043 Bal If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D 0 D Uning the plan year: Yes No Amount a Was there any nonexempt transactions with any participant contributions within the time period described in 129 2(FR 2510.3.1027) (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 10b X c Was there alone corresting a fidelity bond? 10c X 10c X 10c X	· · ·		()			
g Other expenses 8g 0 h Total expenses 8h 5365 i Net income (loss) (subtract line 8h from line 8c) 8h 5365 j Transfers to (from) the plan (see instructions) 8i 147043 j Transfers to (from) the plan (see instructions) 8i 0 Part IV Plan Characteristics 8i 0 2A 2E 762 21 3D If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 762 21 73D 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 16a X X 2 C FR3510-1020? (Sec instructions and DOL's Voluntary Fiduciary Conceton Program	f Administrative service providers (salaries, fees, commissions)		5365	5			
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 5365 i Net income (toss) (subtract line 8h from line 8c) 8i 147043 Part IV Plan Characteristics 8j 0 Data If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D c Oburing the plan year: Yes No Amount 4 4 4 0 During the plan year: Yes No Amount 4	· · · · · · · · · · · ·		()			
i Net income (toss) (subtract line 8h from line 8c) 8i 147043 j Transfers to (from) the plan (see instructions) 8i 0 Part IV Plan Characteristics 9i 0 Part IV Plan Characteristics 9i 0 Part IV Plan Characteristics codes in the instructions: 2A 2E 2F 2F 2G 2J 2T 3D 0 b If the plan provides ensitive benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2F 2G 2J 2T 3D 0 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 10a X X 0 During the plan year: Yes No Amount a Was there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on line 10a). 10a X c Was 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).							5365
j Transfers to (from) the plan (see instructions)							147043
Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 0 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			
Date If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 24 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a Wase 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)	Part IV Plan Characteristics	0)		-			
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)							
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? 10f X 79 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 79 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 79 h If this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 39 11a 111 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sector 302 of ERISA? Yes X 1 <th>Part V Compliance Questions</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Part V Compliance Questions						
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.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X	10 During the plan year:			۱ ا	es No	A	mount
c Was the plan bave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) 	uciary Correct	tion Program)			A	mount
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 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.)	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest 	uciary Correct t? (Do not inc	tion Program) lude transactions reported	10a	X X	A	mount
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 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 79 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 79 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 X vart VI Pension Funding Compliance 10i X Yes X	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.). 	uciary Correc t? (Do not inc	tion Program) lude transactions reported	10a 10b	X X	A	mount
Image the plan hale to provide any benefit when due under the plan 10f Image the plan have any participant loans? (If "Yes," enter amount as of year end.)	 During the plan year: Was there a failure to transmit to the plan any participant contribu 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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 	iciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10a 10b 10c	X X X	A	mount
i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	X X X X X	A	mount
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	 During the plan year: Was there a failure to transmit to the plan any participant contribu 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.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 	iciary Correc (Do not inc fidelity bond, her persons b of the benefit	tion Program) lude 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 x		mount
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 vart VI Pension Funding Compliance 10i X I1 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) Yes ∑ I I1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes ∑ I I2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes ∑ I I2 Is this a defined contribution glan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes ∑ I I3 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. Day Year	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan 	iciary Correc (Do not inc fidelity bond, her persons b of the benefit n?	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	x x x x x x x x x		
Part 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) Yes X 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 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. Day Year	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	iciary Correct (Do not inc fidelity bond, ner persons b of the benefit n? is of year end (See instructi	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	X X X X X X X X		
 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) Ita 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. 	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 plan base of the plan base of the plan base of the plan. 	iciary Correct (Do not inc fidelity bond, mer persons b of the benefit n? is of year end (See instruction he required n	tion Program) lude transactions reported that was caused by fraud and 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		
 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Correct (Do not inc fidelity bond, mer persons b of the benefit n? is of year end (See instruction he required n	tion Program) lude transactions reported that was caused by fraud and 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		
 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. 	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a h 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 th exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	iciary Correct (Do not inc fidelity bond, ner persons b of the benefit an? (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i plete So	X X X X X X X X X X X X X X	3 (Form	7
(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	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct (Do not inc fidelity bond, her persons b of the benefit n? is of year end (See instruction he required n 1-3	tion Program) lude transactions reported 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X X X X X X X X X X X X X X	3 (Form	7
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	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Correc (Do not inc fidelity bond, ner persons b of the benefit in? us of year end (See instruction he required not 1-3 ments? (If "Year room Schedule	tion Program) lude transactions reported 	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	7
	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct (Do not inc fidelity bond, ner persons b of the benefit in? is of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y 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	7
	 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	in?	tion Program) lude transactions reported 	10a 10b 10c 10d 10d 10d 10g 10h 10i 0r sect ctions, a	X X X X X X X X X X X X X X X X X X X	B (Form ERISA?	7 Yes X Yes X Eletter ruling
	 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Correc (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instructi he required n 1-3 nents? (If "Yes rom Schedule prequirements , as applicabl ng amortized e MB (Form	tion Program) lude transactions reported 	10a 10b 10c 10c 10d 10c 10g 10f 10g 10h 10i 007 sect tions, ath	X X X X X X X X X X X X X X X X X X X	B (Form ERISA?	7 Yes X Yes X Eletter ruling

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