Department of the Treasury Benefit Plan											
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2013											
Department of Labor Employee Benefits Security Administration Employee Benefits Security Administration											
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-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											
A This return/report is for:											
B This return/report is:											
an amended return/report a short plan year return/report (less than 12 months)											
C Check box if filing under:											
special extension (enter description)											
Part II Basic Plan Information—enter all requested information											
1a Name of plan 1b Three-digit											
MIRAX DEVELOPMENT 401(K) PLAN plan number (PN) ▶ 001											
1c Effective date of plan											
01/01/2009											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Num MIRAX DEVELOPMENT, LLC (EIN) 26-2609475											
2c Sponsor's telephone number											
7621 SW 145 AVE MIAMI, FL 33183 2d Business code (see instruct 531310											
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN											
3c Administrator's telephone n											
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN											
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN											
5a Total number of participants at the beginning of the plan year											
b Total number of participants at the end of the plan year											
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not											
complete this item)											
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not deterr											
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 Scho											
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 belief, it is true, correct, and complete.											
SIGN Filed with authorized/valid electronic signature. 06/23/2014 CHARLES LEDER											
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator											
SIGN Filed with authorized/valid electronic signature. 06/23/2014 CHARLES LEDER											
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp											
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)											

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear		
а	Total plan assets	7a	10343	4				1	20819)	_
b	Total plan liabilities	7b									_
С	Net plan assets (subtract line 7b from line 7a)	7c	10343	4				1	20819)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
а	Contributions received or receivable from:		442	4							
	(1) Employers	8a(1)	443								
	(2) Participants	8a(2)	1008	Э							_
<u> </u>	(3) Others (including rollovers)	8a(3)	000		_						_
	Other income (loss)	8b	286	9	_						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							17385		_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	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							17385		—
	Transfers to (from) the plan (see instructions)										_
<u> </u>	t IV Plan Characteristics	8j									
	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare fe								:		_
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		×					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		×					
С	Was the plan covered by a fidelity bond?			10c	Х					20000)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		х					-
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner person of the ben	s by an insurance carrier, lefits under the plan? (See	10e	х					337	7
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 vear e	end)	10g		Х					-
h		(See instru	uctions and 29 CFR	10g		х					
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	ne require	d notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No	5
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		· · · · ·				FRISA?		Yes	X No	
. 2	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, 01 30	.50011	002 UI					
а	 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. Month Day Year 										
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
	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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF	Short Form Annua		of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be	Benefit Plan	and 4065 of the Employ	188		2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ac	at of 1974 (ERISA), and proal Revenue Code (the	sections 6057(b) and 60!	58(a) ol	This Form	is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in action of the second sec		(a	00-SF.		spection
Part I Annual Report	Identification information					·····
For calendar plan year 2013 or fi		01/01/2013	and ending		12/31/20	13
A This return/report is for:	X single employer plan		plan (not multiemployer)):	a one-partici	pant plan
B This return/report is:	lhe first return/report	the final return/repo				
C Check box if filing under:	an amended return/report Form 5558		um/report (less than 12 n	nonths)		
C Chieck Dox is tening under.	special extension (enter descri	automatic extension			DFVC progn	im
Part II Basic Plan Info	rmation-enter all requested info		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a Name of plan	CONTRACTOR OF AN AND AND AND AN AN AN AND AN			1b	Three-dialt	l
Mirax Development	401(k) Plan				plan number	
					(PN) > Effective date o	001
				10	01/01/200	
2a Plan sponsor's name and ad	dress; include room or suite number	(employer, if for a single	∋-employer plan)	26	Employer Identi	
Mirax Development,	e LataC			-	(EIN) 26-260	9475
				20	Sponsor's telep	
7621 SW 145 Ave				2d	(786) 863~ Eusiness code (see instructions)
Miami		FI	33183		531310	and then notice by
3a Plan administrator's name an	d address 🛛 Same as Plan Sponso	r Name 🔤 Same as Pla	n Sponsor Address	3b	Administrator's I	EIN
				30	A civilatenter's i	elophone number
	,					
name, EIN, and the plan num	plan sponsor has changed since the	e last return/report filed	or this plan, enter the	4b	EIN	·····
a Sponsor's name				40	PN	
5a Total number of participants :	at the beginning of the plan year	*******************************	1/94428049997404097227413995999914946653920	<u>5a</u>	-	
C Number of participants with e	at the end of the plan year coount balances as of the end of the	n an	y Abdidin a' shekar ta cabur asar si kasar caba. Ta' 1996 ya baran a shekar ya ka	<u>5b</u>		
complete this item)	coont belances as of the end of the	e pian year (denned ben	ant plans do not	50		
6a Were all of the plan's assets	during the plan year invested in elig	ible assets? (See Instru	ctions.)	***		X Yes No
b Are you claiming a weiver of t under 29 CFR 2520, 104-467	the annual examination and report of (See Instructions on waiver eligibility)	of an independent qualifi	ed public accountant (IQ	PA)		X Yes No
If you answered "No" to eit	her line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	6500.	
c If the plan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Π	Yes No	Not determined
	r incomplete filing of this return/r			and the second	hand hand	
Under penalties of penury and other	ar penalties set forth in the instruction	ne I declare that I have	examined this returning	and in	further Manutter	ble a Schedula
SB or Schedule MB completed and belief, it is true, correct, and completed and complete the schedule of the s	I MUHUU DV ARI ENTOHED ACHIAN), AS 1	well as the electronic ve	rsion of this return/report	, and te	o the best of my	knowledge and
CA A	ned h					
HERE Charles	ZOME	623/14	Charles Leder			
Signature of plan ad	ministrator	Date /	Enter name of individ	ual sigr	n <mark>ing as plan ad</mark> m	inistrator
IGN Charloso	5 Julie	6/23/14	Charles Leder			
a signature of employ	er/plan sponsor me, if applicable) and address; inclu	Date	Enter name of individ	uel sigr	ving as employed	or plan sponsor
anderen marine name fin internet if all i fills	no, il pplacavoj anu auuess, mor	ice room or suite numbe	ir (oplional)	Prepa	irer's telephone.	number (optional)
				Martine A.	and the street of the sector	
				가려가. 아버지		
or Paperwork Reduction Act Notice	and OMB Control Numbers, see the in	Strictions for Come FEAN	er l	S & 44	編紀家初期	
i serie de la caracteria (al construction de la construction de la construction de la construction de la const La construction de la construction d	ан на се на се не де техно насели на била се 1437 \$€)	www.indiana.com i Offic (1990)	NFX 4		1	orm 5500-SF (2013) V. 130110

Sig. (1)

- 1

7	nt III Financial Information								
_	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End	of Year	
a	Total plan assets	. 7a		03,4	34				L20,819
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1	03,4	34			1	L20,819
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Fotal	
а	Contributions received or receivable from:		······································						
	(1) Employers	8a(1)		4,4	L				
	(2) Participants	8a(2)		10,0	55				
<u> </u>	(3) Others (including rollovers)	8a(3)		0.0					성장하는 동물문 1992년 - 1993년 - 1993년 1993년 - 1993년 -
b	Other income (loss)	<u> 8</u> b		2,8	22				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		Nillin		5 15 M - 657%	aadaa iya	a kata managa	17,385
u	to provide benefits)	8d					음 같은 사람. Maria (Haria)		
e	Certain deemed and/or corrective distributions (see instructions)	8e				S. 444			
-	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	······································						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					<u>i i na seconda se </u>	vergineer binn út in m	0
i	Net income (loss) (subtract line 8h from line 8c)	8i							17,385
j	Transfers to (from) the plan (see instructions)	8j					A. A		
Par	t IV Plan Characteristics	ျ				dina linin Linin	1940 (1967) - 1976 	unte de terre de la T	n de stade de
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Char	acteris	ic Coc	les in t	he instruct	ions:	
Par	V Compliance Questions								
Par 10					Vec	No		A	
Pari 10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ions within	n the time period described in		Yes	No X		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	ciary Corr ? (Do not i	ection Program) nclude transactions reported	10a 10b	Yes			Amount	: :
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr ? (Do not i	ection Program) nclude transactions reported	10a 10b		х		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 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	ciary Corr ? (Do not i fidelity bor	ection Program) nclude transactions reported	10a 10b 10c	Yes	х		Amount	20,000
10 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 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?	clary Corr ? (Do not i fidelity bor er persons f the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, offts under the plan? (See	10a 10b		x x		Amount	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o	ciary Corr ? (Do not i fidelity bor er persons f the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	X	x x		Amount	20,000
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o instructions.)	ciary Corr ? (Do not i fidelity bor er persons f the bene	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10e 10e	X	X X X		Amount	20,000
10 a b c d e f y	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (if "Yes," enter amount as if this is an individual account plan, was there a blackout period? (if the plan have any participant loans?	ciary Corr ? (Do not i fidelity bor er persons f the bene n? s of year e See instru	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See end.) ctions and 29 CFR	10a 10b 10c 10d 10e	X	X X X X		Amount	20,000
10 a b c d e f y	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (if "Yes," enter amount as	ciary Corr ? (Do not i fidelity bor er persons of the bene s of year e See instru e required	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, offits under the plan? (See end.) ctions and 29 CFR	10a 10b 10c 10d 10d 10e 10f 10g	X	X X X X X		Amount	20,000
10 a b c d e f y h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101	ciary Corr ? (Do not i fidelity bor er persons of the bene s of year e See instru e required	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, offits under the plan? (See end.) ctions and 29 CFR	10a 10b 10c 10d 10d 10e 10f 10g 10h	X	X X X X X		Amount	20,000
10 a b c d e f y h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (if "Yes," enter amount as 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 2520.101	ciary Corr ? (Do not i fidelity bor er persons f the bene s of year e See instru e required -3	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, offits under the plan? (See end.) ctions and 29 CFR I notice or one of the /es," see instructions and cor	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X	X X X X X X X	(Form		20,000
10 a b c d e f y h i Part	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (if "Yes," enter amount as 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 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ciary Corr ? (Do not i fidelity bor er persons of the bene s of year e See instru e required -3	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, offits under the plan? (See end.) ctions and 29 CFR I notice or one of the	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X	X X X X X X X	(Form		20,000
10 a b c d e f y h i i Part 11 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corr ? (Do not i fidelity bor er persons of the bene n? s of year e See instru e required -3	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR I notice or one of the /es," see instructions and cor ule SB (Form 5500) line 39	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SB	······		20,000
10 a b c d e f y h i Part 11 11a	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans?? (If "Yes," enter amount as instructions.) Has the plan have any participant loans?? (If "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 box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	ciary Corr ? (Do not i fidelity bor er persons of the bene s of year e See instru e required -3	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, offits under the plan? (See and.) ctions and 29 CFR I notice or one of the /es," see instructions and cor ule SB (Form 5500) line 39 nts of section 412 of the Cod	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SB	······		20,000 337 s 🕅 No
10 a b c d e f y h i 11 11a 12 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 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? 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (i 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 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding in (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ciary Corr ? (Do not i fidelity bor er persons of the bene s of year e See instru e required -3	ection Program) nclude transactions reported ad, that was caused by fraud is by an insurance carrier, offits under the plan? (See and.) end.) ctions and 29 CFR I notice or one of the /es," see instructions and cor ule SB (Form 5500) line 39 nts of section 412 of the Cod able.) ed in this plan year, see instru- More	10a 10b 10c 10d 10d 10e 10f 10g 10h 10g 10h 10i e or se	X X Sched	X X X X X X X Iule SB	ERISA?	Ye	20,000 337 s X No
10 a b c d e f y h i 11a 11a 12 a f	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (if "Yes," enter amount as 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 2520.101 VI Pension Funding Compliance Is this 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 is (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being is being	ciary Corr ? (Do not i fidelity bor er persons of the bene as of year e See instru e required -3	ection Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, fits under the plan? (See end.) ctions and 29 CFR I notice or one of the fes," see instructions and cor ule SB (Form 5500) line 39 ints of section 412 of the Cod able.) ed in this plan year, see instru- Mor n 5500), and skip to line 13	10a 10b 10c 10d 10e 10f 10g 10h 10g 10h 10i e or se uctions	X X Sched	X X X X X X X Iule SB	ERISA?	Ye	20,000 337 s X No

-					
<u> </u>	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			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part		B	<u></u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?	X)	Yes 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	
c	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.)		4		
1	3c(1) Name of plan(s): 11	3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
		14b Trust's EIN			