	rm 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan			/ee	OMB Nos. 1210 1210			
Department of the Treasury Internal Revenue Service		<b>Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employe			ee <b>20</b>		013		
Employee B	Pepartment of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605					s Open to Public pection		
Pension B	Benefit Guaranty Corporation	Complete all entries in accord	dance with the instru	ctions to the Form 5500	)-SF.		peolion		
Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca				2/31/2	_			
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan		
B This re	This return/report is: the first return/report the final return/report								
	[	an amended return/report	a short plan year retur	m/report (less than 12 mo	onths	)			
C Check	box if filing under:	Form 5558	m						
	<u>-</u>	special extension (enter description	on)						
Part II	Basic Plan Inform	nation—enter all requested inform	ation						
1a Name					1b	Three-digit			
HENDERSC	ON CHEVY 401(K) PLAN					plan number			
						(PN) 🕨	001		
					1C	Effective date of	•		
22 Dian a	noncer's name and addr	and include room or quite number (a	malayor if for a single	omployer plan)	<b>0</b> h	01/01/			
	ON CHEVROLET, INC	ess, include room of suite number (e	include room or suite number (employer, if for a single-employer plan)			Employer Identif (EIN) 61-13			
					20	Sponsor's telep			
2746 US 41		2746 US 41 I			20	270-831			
	ON, KY 42420	HENDERSO			2d	Business code (			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	Jame OSame as Pla	n Sponsor Address	3h	441110 Administrator's EIN			
Ja Fiali a				n Sponsor Address	50	Administrator 3 I			
4 If the	name and/or EIN of the p	lan sponsor has changed since the l	last return/report filed f	or this plan, enter the	4b	EIN			
name	<ul> <li>4 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.</li> <li>a Sponsor's name</li> </ul>			• •	<b>4c</b> PN				
5a Total	otal number of participants at the beginning of the plan year			5a		67			
<b>b</b> Total	otal number of participants at the end of the plan year			5b		57			
		count balances as of the end of the		•	5c		40		
-						I	X Yes No		
	6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
under	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
lf you	answered "No" to eith	er line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	5500.			
<b>C</b> If the	plan is a defined benefit p	plan, is it covered under the PBGC ir	surance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution:	A penalty for the late or	incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	se is	established.			
Under pen SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as we	is, I declare that I have	examined this return/rep	ort, ir	ncluding, if applica			
SIGN	Filed with authorized/va	lid electronic signature.	07/01/2014	RONALD FAUPEL	ALD FAUPEL				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN			Date						
SIGN HERE									
	Signature of employe		Date	Enter name of individu	-		r or plan sponsor number (optional)		
	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)								

a       Total plan assets       7a       761165       917076         b       Total plan itabilities       7b        761165       917076         c       Net plan assets (subtract line 7b from line 7a)       7c       761165       917076         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       917076         8       Contributions received or receivable from:       (a) Amount       (b) Total       (c)       7c		Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
b Total plan labilities       7b       7c       7c1165       917076         C Net plan assets (subtract line 7b from line 7a)       7c       7c1165       9170776         B income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C Ontributions received or receivable from:       8c(1)       20083         (a) Others (including rollovers)       8c(2)       127074         (b) Other income (tota)       8c(3)       7c         C Total income (tota)       8c(3)       7c         C Total income (tota)       8c(3)       200359         C Total income (tota)       8c       200359         C Cartial income (ad lines 8a(1), 8a(2), 8a(3), and 8b)       8c       15517         C Administrative service providers (statates, fees, commissions)       8f       7991         g Other income (loss) (subtract line 8h from line 8c)       8a       15617         F Administrative service providers (statates, fees, commissions)       8f       7991         g Other income (loss) (subtract line 8h from line 8c)       8a       15617         F Tarafistra to (from) the plan instructions)       8g       113448         Net locome (loss) (subtract line 8h from line 8c)       8a       156211         J Transfors to (from) the plan any participant contributions within the ti			7a							
C       Net plan assets (subtract line 7b from line 7a)		·								
B         Income. Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Combustions received or receivable form:         Ba(1)         20083         (b)           (2)         Participants.         Ba(2)         127074         (c)           (3)         Ottes: (including rollovers)         Ba(3)         (c)		•		76116	917076					
a Contributions received or receivable from:       56(1)       20083         (a) Participants.       88(2)       127074         (b) Others (including role or receivable from:       88(2)       122002         (c) Others (including role or receivable from:       88(2)       122002         (c) Others (including role or receivable from:       84(2)       122002         (c) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       269359         d) Bother income (sas)       8d       80940       269359         d) Bother income (sas)       8d       80940       269359         d) Bother science (sas)       8d       80940       269359         d) Bother science (sas)       8d       80940       113448         f) Administrutus service providers (salaries, f.ees, commissions)       8d       113448         f) Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       113448         f) Total expenses (add lines 8d, 9e, 8f, and 8g)       8d       166611         g) Other income (sas) (subtract line 8h from line 8c)       8i       166611         f) Transfers to (from) the plan (see instructions)       8g       100       113448         f) The plan provides pension benefits, enter the applicable evenion feature codes from the List of Plan Characteristic Codes in the instructions:       12e	-						(b) Total			
(1)       Durpsduct       Set(2)       127074         (3)       Others (including collowers)       Set(2)       127074         (3)       Others (including collowers)       Set(3)       122202         C       Total income (cos)       Set(3)       209359         d       Benefits paid (including direct rollowers and insurance premiums to provide benefits)       Set(3)       209359         d       Benefits paid (including direct rollowers and insurance premiums to provide prevents)       Set(3)       209359         d       Certain deemed and/or corrective distributions (see instructions)       Set(3)       113448         f       Administrative service providers (salarles, fees, commissions)       Set(3)       113448         g       Other sciences (add lines 80, 8e, 8f, and 8g)       Set(3)       113448         f       Net income (osc) (subtract lines 80, 6e, fees, commissions)       Set(3)       Set(3)       113448         g       If the pian provides pension benefits, enter the applicable verifare feature codes from the List of Plan Characteristic Codes in the instructions:       2       2       2       2       No       Amount         20       CER 2013-1022 (Set and the pian any participant contributions within the time period described in 120.       X       X       100         0       During the p	a Contributions received or receivable from:									
(b) Other income (ideal)       Be(2)         0 Other income (ideal ines 8e(1), 8e(2), 8e(3), and 8b)       8c         2 Total income (ideal ines 8e(1), 8e(2), 8e(3), and 8b)       8c         2 Control income (ideal ines 8e(1), 8e(2), 8e(3), and 8b)       8c         2 Control income (ideal ines 8e(1), 8e(2), 8e(3), and 8b)       8c         2 Control income (ideal ines 8e(1), 8e(2), 8e(3), and 8b)       8c         2 Control income (ideal ines 8e(1), 8e(2), 8e(3), and 8b)       8c         2 Control income (ideal income (i	(1) Employers									
b       Other income (loss)       Bb       122202         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 80)       Bc       2680359         d       Bendling and (including direction)       Ba       B9940         e       Central deemed and/or corrective distributions (see instructions)       Ba       15917         g       Cher expenses       Bg       17921         g       Other expenses       Bg       113448         in total expenses (add lines 8d, 8e, 8l, and 8g)       8h       113448         j       Transfers to (from) the plan (see instructions)       Bi       113448         g       If       Part IV       Plan Characteristics       Si       113448         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G       2X       3X         g       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       No       Amount         d       Was there a failure to transmit to the plan any participant contributions within the time period described in interditor any concellation with any party-in-interest? (Do not include transactions reported on inte 108.)       Compliance Questions       10a <td></td> <td></td> <td></td> <td>12707</td> <td>4</td> <td>_</td> <td></td> <td></td>				12707	4	_				
c       Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Be       269359         d       Benefits paid (including direct rollovers and insurance preniums to provide henefits)       Be       15817         d       Additional direct rollovers and insurance preniums to provider (salaries, fees, commissions)       Be       15817         f       Administrative service providers (salaries, fees, commissions)       Bf       7991       G         g       Other expenses       Bg       113448       113448         i       Net income (idos) (subtract line 8h from line 8c)       Bi       1156911         j       Transfers to les instructions)       Bg       155911         p       Transfers to les instructions)       Bj       155911         g       If the plan provides weffare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2z = 22 = 22 = 22 = 22 = 22 = 22 = 22 =				100000						
d Benefits paid (including direct rollovers and insurance premiums by provide benefits)				122202						
by provide benefits)	-		80				269359			
f       Administrative service providers (salaries, tees, commissions)       B       7991         g       Other expenses.       Bg       113448         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       Bh       113448         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       Bh       113448         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       Bh       113448         j       Transfers to (from) the plan (see instructions)       Bj       155911         j       Transfers to (from) the plan (see instructions)       gj       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       SD         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       10a       X       2         10       During the plan year:       Yes       No       Amount         29       OFR 26103-1027 (See instructions and DOL's voluntary Fiduciary Correction Program)       10a       X       100         0       Wes there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a the plan have allos			8d	89640						
Animatadate provides provides (dealback for control back for the set of the set			8e	15817						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       113448         i       Net income (loss) (subtract line 8h from line 8c)       8i       155911         j       Transfers to (from) the plan (see instructions)       8j       155911         Part IV       Plan Characteristics       9j       155911         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       26 2.0 2.K 3D         Part IV       Compliance Questions       100       100       Ke and 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 on line 10a.)       10a       X       20 CFR 2610.3-102? (See instructions and DCL s Voluntary Fidualary Correction Program).       10a       X       100         b       Was there a no nonexempt transactions with any parti-in-interest? (Do not include transactions reported to on line 10a.)       10c       X       100         c       Was the plan covered by a fidelity bond?       10c       X       100       10d       X       100         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10c       X       100       10d       X <t< td=""><td>f</td><td>Administrative service providers (salaries, fees, commissions)</td><td>8f</td><td>799</td><td>1</td><td></td><td></td><td></td></t<>	f	Administrative service providers (salaries, fees, commissions)	8f	799	1					
i       Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
j       Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					113448		
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         O       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program)	i	Net income (loss) (subtract line 8h from line 8c)	8i					155911		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       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         10       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)	j	Transfers to (from) the plan (see instructions)	8j							
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2b       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         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t IV Plan Characteristics								
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)						Yes	No	Amount		
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       ×         c       Was the plan covered by a fidelity bond?       10c       ×       100         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       ×       100         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       ×       ×         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.).       10g       ×       ×         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.).       10h       ×       ×         if 10h was answerd "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       ×       10i       ×         if 10h was answerd "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       ×       10i       ×	-	Was there a failure to transmit to the plan any participant contribut			10a		-	Amount		
c       Was the plan covered by a indenty boild r       10c       10c       100         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					Х			
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?		• When the mean of the life is and 0						
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				Х		10000		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		or disnonesty?		that was caused by fraud		X	х	10000		
<ul> <li>bid the plan have any participant routes (in rest, enter another as or year enter)</li></ul>	e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er persons b of the benefit	that was caused by fraud y an insurance carrier, ts under the plan? (See	10d	×		10000		
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         Part VI       Pension Funding Compliance       10i       X         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         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 Year		Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er persons b of the benefit	that was caused by fraud y an insurance carrier, ts under the plan? (See	10d 10e	×	х	10000		
exceptions to providing the notice applied under 29 CFR 2520.101-3	f	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	er persons b of the benefit	that was caused by fraud y an insurance carrier, ts under the plan? (See	10d 10e 10f	X	x x	10000		
<ul> <li>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)</li> <li>Ina Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>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.</li> <li>Month Day Year</li> </ul>	f g	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 Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	er persons b of the benefit n? s of year end See instructi	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g		x x	10000		
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.)       Yes X         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	f g	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 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.)	er persons b of the benefit n? s of year end See instructi ne required no	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h	X	x x	10000		
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X</li> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>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.</li> </ul>	f g h i	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 Did the plan have any participant loans? (If "Yes," enter amount a 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-	er persons b of the benefit n? s of year end See instructi ne required no	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h	X	x x	10000		
(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	f g h i Part	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	er persons b of the benefit s of year end See instructi ne required no 1-3	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h 10i	X X Schee	X X X	3 (Form		
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	f g h i Part	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	er persons b of the benefit an? s of year end See instruction ne required no 1-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h 10i	X X Scheo	X X X	3 (Form		
granting the waiver	f 9 h i 2art 11	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>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.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	er persons b of the benefit s of year end See instruction re required no 1-3 ents? (If "Yes om Schedule	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h 10i	X X Schee	X X X dule SE	3 (Form		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f g h i Part 11	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 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 2520.10 <sup>-</sup> <b>VI Pension Funding Compliance</b> Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	er persons b of the benefit s of year end See instructi ne required no 1-3 ents? (If "Yes om Schedule requirements	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h 10i	X X Schee	X X X dule SE	3 (Form		
	f g h i 111 112	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the unpaid minimum required contribution for current year fr</li> <li>Is this a defined contribution plan subject to the minimum funding</li> <li>(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 beir</li> </ul>	er persons b of the benefit s of year end See instructi ne required no 1-3 ents? (If "Yes om Schedule requirements as applicabl og amortized	that was caused by fraud y an insurance carrier, is under the plan? (See 	10d 10e 10f 10g 10h 10i e or se	X Scheo	X X X dule SE 11a 302 of enter th	B (FormYes ∑ N 		

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				
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 1			l(s)	<b>13c(3)</b> PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust			14b Trust's EIN					