## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	Benefit Guaranty Corporation	Complete all entries in ac	ccordance with the instru	uctions to the Form 5500	)-SF.		•				
Part I	Annual Report I	dentification Information									
For calend	dar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 12	2/31/201	13					
A This re	This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)					a one-participant plan					
<b>B</b> This re	This return/report is: the first return/report the final return/report										
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	1					
C Check	box if filing under:	Form 5558	automatic extension		Ц	DFVC progra	am				
		special extension (enter desc	· · · · · · · · · · · · · · · · · · ·								
Part II		mation—enter all requested inf	formation				Ī				
1a Name						hree-digit					
ARBOR HO	USING & DEVELOPME	ENT 401(K) RETIREMENT PLAN			•	lan number PN) ▶	002				
						ffective date of					
					10 =	01/01/					
	sponsor's name and add	dress; include room or suite number	er (employer, if for a single	e-employer plan)		mployer Identif	fication Number 66737				
	OUSING & DEVELOPME	ENT			•	ponsor's telep					
16 WEST V BATH, NY	VILLIAM STREET 14810				<b>2d</b> Bu	d Business code (see instruction					
3a Plan a	administrator's name and	d address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	<b>3b</b> Ac	62410 dministrator's E					
					3c ^	dministrator's t	tolophono numbor				
					JC AC	ummstrator s t	telephone number				
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EI	IN					
name		plan sponsor has changed since ober from the last return/report.	the last return/report filed	for this plan, enter the	4b EI						
name <b>a</b> Spons	e, EIN, and the plan num sor's name		·	·			104				
a Spons 5a Total	e, EIN, and the plan num sor's name number of participants a	nber from the last return/report.			4c PI		104				
<ul><li>a Spons</li><li>5a Total</li><li>b Total</li><li>c Numb</li></ul>	e, EIN, and the plan number's name number of participants a number of participants a per of participants with a	nber from the last return/report.	the plan year (defined ben	nefit plans do not	4c Pi						
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number's name number of participants and number of participants and per of participants with a plete this item)	at the beginning of the plan year  at the end of the plan year	the plan year (defined ben	nefit plans do not	4c Pl 5a 5b 5c	N	100				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor	the plan year (defined ben	nefit plans do not ctions.)	4c PI 5a 5b 5c 5c	N	100 100 X Yes No				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.)	efit plans do not ctions.)	4c PI 5a 5b 5c	N	100				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you	e, EIN, and the plan number of participants a number of participants apper of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ility and conditions.)	nefit plans do not ctions.) ied public accountant (IQF	4c Pl 5a 5b 5c PA)	N	100  100  X Yes No  Yes No				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you	e, EIN, and the plan number of participants a number of participants apper of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ility and conditions.)	nefit plans do not ctions.) ied public accountant (IQF	4c Pl 5a 5b 5c PA)	N	100 100 X Yes No				
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name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: J Under per SB or Sch	e, EIN, and the plan number of participants a number of participants aper of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi- pility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have	ctions.)	4c Pl 5a 5b 5c	N  500.  'es No tablished.  uding, if applica	100  100  X Yes No  Yes No  Not determined				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filing of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi- pility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have	ctions.)	4c Pl 5a   5b   5c   PA)   Form 55   se is estatort, included	N  500.  'es No tablished.  uding, if applica	100  100  X Yes No  Yes No  Not determined				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants and participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filling of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi- bility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	efit plans do not ctions.)	4c PI 5a 5b 5c PA) Form 55 Se is esiont, incluit, and to the	N  500.  Yes No tablished.  uding, if application best of my	100  100  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: Under per SB or Sch belief, it is	e, EIN, and the plan number of participants a number of participants a per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filling of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.)	ctions.)	4c PI 5a 5b 5c PA) Form 55 Se is esiont, incluit, and to the	N  500.  Yes No tablished.  uding, if application best of my	100  100  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and				
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name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under per SB or Sch belief, it is  SIGN HERE	e, EIN, and the plan number of participants a number of participants are per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filling of this return ter penalties set forth in the instruct d signed by an enrolled actuary, a lete.  Addid electronic signature.	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)	4c PI 5a 5b 5c Form 55 Se is es: ort, incluit, and to	N  500.  6 No  ctablished.  uding, if applicathe best of my  ng as plan adm	100  100  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and				
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you c If the  Caution: A Under per SB or Sch belief, it is  SIGN HERE	e, EIN, and the plan number of participants a number of participants are per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of t plan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a lete.  valid electronic signature.  dministrator	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi bility and conditions.) cannot use Form 5500-SF GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)	4c PI 5a 5b 5c Form 55 Se is es: ort, incluit, and to	N  500.  6 No  ctablished.  uding, if applicathe best of my  ng as plan adm	100  100  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ninistrator				

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Da	t III.   Financial Information							
	t III Financial Information		<u> </u>					
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
-	Total plan assets	7a	172290				2090543	
	Total plan liabilities	7b		0			2000542	
	Net plan assets (subtract line 7b from line 7a)	7c	172290	2			2090543	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	14579	2				
	(2) Participants	8a(2)	12305	6				
	(3) Others (including rollovers)	8a(3)	1807	6				
-	Other income (loss)	8b	33757	9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					624503	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	23447	7				
е	Certain deemed and/or corrective distributions (see instructions)	8e	464	3				
f	Administrative service providers (salaries, fees, commissions)	8f	1774	2				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					256862	
i	Net income (loss) (subtract line 8h from line 8c)	8i					367641	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
_								
Part	V Compliance Questions			1	1			
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ		140000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X		
	or dishonesty?			10d				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all							
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		78884	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
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			10i				
Part	<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirem	onte2 (If "	Vos " soo instructions and com	nloto	Schoo	lulo SE	2 (Form	
	5500) and line 11a below)	······································						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	
	(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 granting the waiver.	<u> </u>	Mon		, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year					12b		

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С	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?	Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
С	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.)	)				
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos, 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part	Annual Report Identification Informa	tion		***************************************	**************************************		
For cale		01/01/2013	and ending	12/31/2013			
A This	return/report is for: a single-employer plan	a multiple-employer	plan (not multiemployer	yer) a one-participant plan			
B This	return/report is:	the final return/repo		a one-participant plan			
	an amended return/repo	<u>'</u>	urn/report (less than 12 i	manthe)			
C Chec	k box if filing under: Form 5558	automatic extension			C program		
-	special extension (enter	<b></b>	•	Прил	o program		
Part II				***************************************			
1a Nam	ne of plan	24 MOUNTAIN		1b Three-d	liait		
Arbor Hou	sing & Development 401(k) Retirement Plan			plan nu	mber		
				(PN) Þ			
·				1C Effective	e date of plan 01/01/2008		
Steamen C	sponsor's name and address; include room or suite n hurchpeople Against Poverty, Inc. sing & Development	umber (employer, if for a single	e-employer plan)	2b Employe (EIN)	er Identification Number 16-1166737		
ADDITION.	onig a Develophicia				r's telephone number		
16 West W	Alliam Street			. (	607) 776-7664		
Bath, NY 1				2d Busines	s code (see instructions) 624100		
3a Plan	administrator's name and address XSame as Plan S	ponsor Name Same as Pla	n Sponsor Address	3b Administ	irator's EIN		
				3c Administ	trator's telephone number		
					•		
4 If the	name and/or EIN of the plan sponsor has changed si	nce the last return/report filed	for this plan, enter the	4b EIN	·		
name, EIN, and the plan number from the last return/report.					TO LIN		
· · · · · · · · · · · · · · · · · · ·	sor's name	4c PN					
	number of participants at the beginning of the plan year				104		
	number of participants at the end of the plan year per of participants with account balances as of the end			5b	100		
comp	lete this item)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************	5c	100		
6a Were	e all of the plan's assets during the plan year invested	in eligible assets? (See instruc	ctions.)		X Yes No		
under	ou claiming a waiver of the annual examination and re r 29 CFR 2520.104-46? (See instructions on waiver el	eport of an independent qualifications.)	ad public accountant (IC	(PA)	X Yes No		
if you	ı answered "No" to either line 6a or line 6b, the pla	an 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 f	PBGC insurance program (see	ERISA section 4021)?	Yes []	No Not determined		
Caution: /	A penalty for the late or incomplete filing of this re	turn/report will be assessed	unless reasonable car	isa is astablish	od		
Under pen	alties of periury and other penalties set forth in the ins	tructions. I declare that I have	examined this returning	nort includion if	analicable a Schodule		
SB or Sche	edule MB completed and signed by an enrolled actuar true, correct, and complete.	y, as well as the electronic ver	sion of this return/report	t, and to the best	t of my knowledge and		
SIGN	Chrototh Calelin	6-5-14	JUDITH CELELLI				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as pl	an administrator		
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individe	ual signing as er	nployer or plan sponsor		
Preparer's	name (including firm name, if applicable) and address	; include room or suite numbe	r (optional)	Preparer's tele	phone number (optional)		

**秦帝宗教的代表**知识的经验

Pa	itill Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	$\top$	r	(b) End of Year	
a	Total plan assets	. 7a	172290		$\neg \vdash$		2090543	
b		·		0				
c	Net plan assets (subtract line 7b from line 7a)	7c	1722902			2090543		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:		44270					
	(1) Employers	8a(1)	14579		386			
<u> </u>	(2) Participants		12305					
	(3) Others (including rollovers)	8a(3)	1807					
	Other income (loss)	. 8b	33757	9 1-1989	(200 (200)	<b>X3</b> 6		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				2000	624503	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	23447					
	Certain deemed and/or corrective distributions (see instructions)	8e	464					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	1774		-	*	And the second s	
	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		256862	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)				<b>X</b>	X82265888	367641	
	Transfers to (from) the plan (see instructions)	8j		0				
	TIV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	ies in t	the instructions:	
Par	tV Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a fallure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir rciary Corr	n the time period described in ection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		140000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the ben	s by an insurance carrier, efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х		78884	
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х	4 7 3 3 4 4 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	
ī	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 required	i notice or one of the	101				
Part	Wil Pension Funding Compliance					L	2000-3000-00-00-00-00-00-00-00-00-00-00-0	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru 	th	, and e	enter ti Day		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year				<u> ]</u>	12b		

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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	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).					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			No N/A		
Part	VII Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X N	<b>)</b>	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	I3c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)		
Part	VIIII Trust Information (optional)	-1				
14a Name of trust			14b Trust's EIN			