## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

7									
Pa	art I	Annual Report I	dentification Informat	ion					
For	calenda	ar plan year 2013 or fis	cal plan year beginning 0	1/01/2013		and ending	12/31/	2013	
<b>A</b> 1	This ret	urn/report is for:	a single-employer plan	☐ a r	multiple-employer pl	an (not multiemployer	)	a one-particip	pant plan
ВТ	This ret	urn/report is:	the first return/report	the	e final return/report				
			an amended return/repor	t 🗌 a s	short plan year return	r/report (less than 12 r	nonths	)	
C	Check b	oox if filing under:	Form 5558	au	tomatic extension			DFVC progra	am
			special extension (enter	description)				_	
Pa	rt II	Basic Plan Infor	mation—enter all requeste	ed informatio	on				
1a	Name	of plan					1b	Three-digit	
WELC	COME H	HOME MORTGAGE, LI	_C 401(K) PROFIT SHARING	G PLAN				plan number	004
							10	(PN)	001
							10	Effective date of 01/01/	
		oonsor's name and add HOME MORTGAGE, L	ress; include room or suite n LC	umber (emp	loyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 51-04	fication Number 58856
							2c	Sponsor's telep	hone number
1331	SILAS	DEANE HIGHWAY						860-76	
WETH	HERSF	TELD, CT 06109					2d		(see instructions)
32	Dlan	dministrator's name an	d addraga VCama as Dian C	noncer Nam	no. Deama as Blan	Changer Address	3h	52229 Administrator's I	
Ja	Plan ac	ummistrator's name and	d address XSame as Plan S	ponsor Nam	ie Same as Plan	Sponsor Address	30	Auministrators	LIN
							3с	Administrator's t	telephone number
4	If the n	name and/or EIN of the	nlan enoneor hae changed e	ingo the last			+		
=				ilice ille iasi	return/report filed to	r this plan, enter the	I 4h	FIN	
			ber from the last return/report		return/report filed to	r this plan, enter the	4b	EIN	
а	name,				return/report filed fo	r this plan, enter the		PN	
	name, Sponso	EIN, and the plan num or's name		rt.					4
5a	name, Sponso Total r	EIN, and the plan num or's name number of participants a	ber from the last return/repor	rt. ear			4c - 5a		4 3
5a b	name, Sponso Total r Total r Numbe	EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan ye	eard of the plan	n year (defined bene	fit plans do not	4c - 5a		
5a b c	name, Sponso Total r Total r Numbe comple	EIN, and the plan number's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year ccount balances as of the en	eard of the plan	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	3
5a b c	name, Sponso Total r Total r Number comple Were Are yo	EIN, and the plan numor's name number of participants a number of participants are of participants with a ete this item)	at the beginning of the plan year the end of the plan year ccount balances as of the enduring the plan year invested the annual examination and it	eard of the plands in eligible areport of an i	n year (defined bene assets? (See instruct	fit plans do not cions.)d public accountant (l	4c 5a 5b 5c	PN	3 X Yes No
5a b c	name, Sponso Total r Total r Numbe comple Were Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a ete this item)	at the beginning of the plan year the end of the plan year the end of the plan year  during the plan year invested the annual examination and it (See instructions on waiver examination of the plan year invested the annual examination and it (See instructions on waiver examination)	eard of the pland in eligible areport of an ieligibility and	n year (defined bene assets? (See instruct independent qualifie d conditions.)	fit plans do not cions.)d public accountant (l	4c 5a 5b 5c	PN	3
5a b c	name, Sponso Total r Total r Numbe comple Were Are you under If you	EIN, and the plan number of participants and the plan participants are of participants with a set of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	at the beginning of the plan year the end of the plan year ccount balances as of the enduring the plan year invested the annual examination and received in the control of the plan	eard of the pland in eligible areport of an ieligibility and lan cannot i	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (l	4c 5a 5b 5c QPA)	PN	3  X Yes No  Yes No
5a b c	name, Sponso Total r Total r Numbe comple Were Are you under If you	EIN, and the plan number of participants and the plan participants are of participants with a set of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	at the beginning of the plan year the end of the plan year the end of the plan year  during the plan year invested the annual examination and it (See instructions on waiver examination of the plan year invested the annual examination and it (See instructions on waiver examination)	eard of the pland in eligible areport of an ieligibility and lan cannot i	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (l	4c 5a 5b 5c QPA)	PN	3 X Yes No
5a b c 6a b	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p	EIN, and the plan number of participants and the plan participants are of participants with a lete this item)	at the beginning of the plan year the end of the plan year the end of the plan year modern the annual examination and received instructions on waiver of the line 6a or line 6b, the plan, is it covered under the rincomplete filing of this received at the plan, is it covered under the rincomplete filing of this received at the plan is it covered under the rincomplete filing of this received at the plan is it covered under the rincomplete filing of this received at the plan is it covered under the rincomplete filing of this received at the plan is the pla	eard of the pland in eligible a report of an ieligibility and lan cannot in PBGC insureturn/report	assets? (See instruction independent qualified conditions.)use Form 5500-SF arance program (see	fit plans do not  ions.)	4c 5a 5b 5c QPA)	PN	3  X Yes No X Yes No Not determined
5a b c 6a b C Cau	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p	EIN, and the plan number of participants and the plan participants are referred participants with a set of participants and set of p	at the beginning of the plan year the end of the plan year the end of the plan year  during the plan year invested the annual examination and received in the films of the plan, is it covered under the repenalties set forth in the indisigned by an enrolled actual	eard of the pland in eligible a report of an ieligibility and lan cannot in PBGC insureturn/report	assets? (See instruction independent qualified conditions.)	fit plans do not  cions.)	4c 5a 5b 5c 7c	PN    1 5500.   Yes  No  established.   No cluding, if applic	3  X Yes No X Yes No Not determined
5a b c 6a b C Cau Under SB c belief	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p tion: A er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are referred participants with a set of participants and savered "No" to eit of participants a defined benefit of penalty for the late of perjury and other set of participants with the plan is a defined benefit of perjury and other set of perjury and other set of perjury and comparticipants.	at the beginning of the plan year the end of the plan year the end of the plan year ccount balances as of the end during the plan year invested the annual examination and responsible to the plan, is it covered under the repenalties set forth in the individual to the plan of t	eard of the pland in eligible a report of an ieligibility and lan cannot in PBGC insureturn/report	assets? (See instruction independent qualified conditions.)	fit plans do not  cions.)	4c 5a 5b 5c 7c	PN    1 5500.   Yes  No  established.   No cluding, if applic	3  X Yes No X Yes No Not determined
5a b c 6a b C Caur Undo SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are of participants with a sete this item)	at the beginning of the plan year the end of the plan year ccount balances as of the enduring the plan year invested the annual examination and in (See instructions on waiver of the r line 6a or line 6b, the piplan, is it covered under the er incomplete filling of this refer penalties set forth in the industrial signed by an enrolled actuality alide electronic signature.	eard of the pland in eligible a report of an ieligibility and lan cannot in PBGC insureturn/report	assets? (See instructindependent qualified conditions.)use Form 5500-SF arance program (see twill be assessed to declare that I have as the electronic versions.	fit plans do not  tions.)	4c 5a 5b 5c Seport, intr, and	PN  1 5500.  Yes No  established.  Including, if applic to the best of my	3  X Yes No X Yes No Not determined  able, a Schedule knowledge and
5a b c 6a b C Caur	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p	EIN, and the plan number of participants and the plan participants are referred participants with a set of participants and savered "No" to eit of participants a defined benefit of penalty for the late of perjury and other set of participants with the plan is a defined benefit of perjury and other set of perjury and other set of perjury and comparticipants.	at the beginning of the plan year the end of the plan year ccount balances as of the enduring the plan year invested the annual examination and in (See instructions on waiver of the r line 6a or line 6b, the piplan, is it covered under the er incomplete filling of this refer penalties set forth in the industrial signed by an enrolled actuality alide electronic signature.	eard of the pland in eligible a report of an ieligibility and lan cannot in PBGC insureturn/report	assets? (See instruction independent qualified conditions.)	fit plans do not  cions.)	4c 5a 5b 5c Seport, intr, and	PN  1 5500.  Yes No  established.  Including, if applic to the best of my	3  X Yes No X Yes No Not determined  able, a Schedule knowledge and
5a b c 6a b C Cau Undo SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are of participants with a sete this item)	at the beginning of the plan year the end of the plan year ccount balances as of the enduring the plan year invested the annual examination and in (See instructions on waiver of the r line 6a or line 6b, the piplan, is it covered under the er incomplete filling of this refer penalties set forth in the industrial signed by an enrolled actuality alide electronic signature.	eard of the pland in eligible a report of an ieligibility and lan cannot in PBGC insureturn/report	assets? (See instructindependent qualified conditions.)use Form 5500-SF arance program (see twill be assessed to declare that I have as the electronic versions.	fit plans do not  tions.)	4c 5a 5b 5c Seport, intr, and	PN  1 5500.  Yes No  established.  Including, if applic to the best of my	3  X Yes No X Yes No Not determined  able, a Schedule knowledge and
5a b c 6a b C Caur Undd SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p tion: A er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are reflected by a participant with a set of participant and set of the plan's assets on claiming a waiver of 29 CFR 2520.104-46?  answered "No" to eit of plan is a defined benefit of perjury and other participant with a set of perjury and other participant.	at the beginning of the plan year the end of the plan year the end of the plan year ccount balances as of the end of the plan year invested the annual examination and in (See instructions on waiver of the line 6a or line 6b, the plan, is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan in the plan invested in the plan inv	eard of the plan d in eligible a report of an i eligibility and lan cannot u PBGC insur eturn/report istructions, I ary, as well a	assets? (See instruct independent qualified conditions.)use Form 5500-SF arance program (see t will be assessed undeclare that I have as the electronic versuate.	fit plans do not  fions.)	4c 5a 5b 5c	PN    5500.   Yes  No     No      No	3  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor
5a b c 6a b C Caur Undd SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p tion: A er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are reflected by a participant with a set of participant and set of the plan's assets on claiming a waiver of 29 CFR 2520.104-46?  answered "No" to eit of plan is a defined benefit of perjury and other participant with a set of perjury and other participant.	at the beginning of the plan year the end of the plan year the end of the plan year more count balances as of the end during the plan year invested the annual examination and in (See instructions on waiver of the line 6a or line 6b, the plan, is it covered under the incomplete filling of this rule repenalties set forth in the individual signed by an enrolled actual tete.	eard of the plan d in eligible a report of an i eligibility and lan cannot u PBGC insur eturn/report istructions, I ary, as well a	assets? (See instruct independent qualified conditions.)use Form 5500-SF arance program (see t will be assessed undeclare that I have as the electronic versuate.	fit plans do not  fions.)	4c 5a 5b 5c	PN    5500.   Yes  No     No      No	3  X Yes No X Yes No Not determined  able, a Schedule knowledge and
5a b c 6a b C Caur Undd SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p tion: A er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are reflected by a participant with a set of participant and set of the plan's assets on claiming a waiver of 29 CFR 2520.104-46?  answered "No" to eit of plan is a defined benefit of perjury and other participant with a set of perjury and other participant.	at the beginning of the plan year the end of the plan year the end of the plan year ccount balances as of the end of the plan year invested the annual examination and in (See instructions on waiver of the line 6a or line 6b, the plan, is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan in the plan invested in the plan inv	eard of the plan d in eligible a report of an i eligibility and lan cannot u PBGC insur eturn/report istructions, I ary, as well a	assets? (See instruct independent qualified conditions.)use Form 5500-SF arance program (see t will be assessed undeclare that I have as the electronic versuate.	fit plans do not  fions.)	4c 5a 5b 5c	PN    5500.   Yes  No     No      No	3  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor
5a b c 6a b C Caur Undd SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p tion: A er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are reflected by a participant with a set of participant and set of the plan's assets on claiming a waiver of 29 CFR 2520.104-46?  answered "No" to eit of plan is a defined benefit of perjury and other participant with a set of perjury and other participant.	at the beginning of the plan year the end of the plan year the end of the plan year ccount balances as of the end of the plan year invested the annual examination and in (See instructions on waiver of the line 6a or line 6b, the plan, is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan in the plan invested in the plan inv	eard of the plan d in eligible a report of an i eligibility and lan cannot u PBGC insur eturn/report istructions, I ary, as well a	assets? (See instruct independent qualified conditions.)use Form 5500-SF arance program (see t will be assessed undeclare that I have as the electronic versuate.	fit plans do not  fions.)	4c 5a 5b 5c	PN    5500.   Yes  No     No      No	3  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor
5a b c 6a b C Caur Undd SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p tion: A er pena or Sche ef, it is t	EIN, and the plan number of participants and the plan participants are reflected by a participant with a set of participant and set of the plan's assets on claiming a waiver of 29 CFR 2520.104-46?  answered "No" to eit of plan is a defined benefit of perjury and other participant with a set of perjury and other participant.	at the beginning of the plan year the end of the plan year the end of the plan year ccount balances as of the end of the plan year invested the annual examination and in (See instructions on waiver of the line 6a or line 6b, the plan, is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan is it covered under the repenalties set forth in the ind signed by an enrolled actual lete.  In the beginning of the plan year invested the plan in the plan invested in the plan inv	eard of the plan d in eligible a report of an i eligibility and lan cannot u PBGC insur eturn/report istructions, I ary, as well a	assets? (See instruct independent qualified conditions.)use Form 5500-SF arance program (see t will be assessed undeclare that I have as the electronic versuate.	fit plans do not  fions.)	4c 5a 5b 5c	PN    5500.   Yes  No     No      No	3  X Yes No X Yes No Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7				eginning of Year			(b) End of Year				
	Total plan assets	7.7 3					(b) Ella (		2947		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	3693	36931			42947				
	Income, Expenses, and Transfers for this Plan Year	70		•							
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	686	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6869		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	85	3							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							853		
ī	Net income (loss) (subtract line 8h from line 8c)	8i							6016		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>	l								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
_											
Par	•			1			I				
10	During the plan year:				Yes	No		Amou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	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		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d	X					100	000
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all			40-		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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											
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	¥	No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr							Ш_	. 55		
	· · · · · · · · · · · · · · · · · · ·		` '			11a	EDICAC	П	Voc	Y	No
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ш	Yes	^	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			ctions	and a	anter th	l ne date of th	اما م	er ruli	na	
	granting the waiver.		Mon		, апи (	Day		Year	or rull	ııy —	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	461	ı				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -	1
------	-----	---

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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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	l <b>4b</b> Tr	ust's EIN	

## 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 section 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 I Annual Report Identification Information						
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/20	13		
A This return/report is for: x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-p	articipant plan		
B This return/report is:	the final return/report					
an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check box if filing under: Form 5558	automatic extension		DFVC	program		
special extension (enter descrip			Ц.,	or ogram		
П						
Part II Basic Plan Information enter all requested in 1a Name of plan	formation		1b Three-digi	4 1		
Welcome Home Mortgage, LLC 401(k) Profit S	haring Plan		plan numb (PN) ▶			
			1c Effective of 01/01/2	•		
2a Plan sponsor's name and address; include room or suite number Welcome Home Mortgage, LLC	(employer, if for a single	-employer plan)	2b Employer	Identification Number		
			2c Sponsor's	telephone number		
1331 Silas Deane Highway				code (see instructions)		
US Wethersfield CT 06109	N [ ] C	71 O Add.		1 ) party		
3a Plan administrator's name and address X Same as Plan Spon	isor Name [_] Same as	Plan Sponsor Address	3b Administra	ator's EIN		
		•	3c Administra	ator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since th name, EIN, and the plan number from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN			
a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year			5a	4		
b Total number of participants at the end of the plan year			5b	3		
C Number of participants with account balances as of the end of the complete this item)	***************************************		5c	3		
<b>6a</b> Were all of the plan's assets during the plan year invested in eligi		***************************************		X Yes No		
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility		d public accountant (IQF	•	XYes \No		
If you answered "No" to either line 6a or line 6b, the plan car						
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Yes	No Not determine		
Caution: A penalty for the late or incomplete filing of this return/	report will be assessed	unless reasonable cau	ıse is establishe	d.		
Under penalties of perjury and other penalties set forth in the instruct SB or Schedule MB completed and signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	port, including, if	applicable, a Schedule		
belief, it is true, correct, and complete.						
SIGN Release Sylfman	7/20/14	Robert Hoffmann	n			
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN			-	:		
HERE Signature of employer/plan sponsor	Date	Enter name of individua	al signing as emp	loyer or plan sponsor		
Preparer's name (including firm name, if applicable) and address; inc	lude room or suite numb	er (optional)	·	hone number (optional)		

P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	36,93	31		42,947			
b	Total plan liabilities	7b						N .	
С	Net plan assets (subtract line 7b from line 7a)	7c	36,93	31				42,9	947
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
а	Contributions received or receivable from:	8a(1)							
	(1) Employers	8a(2)							
									-
	(3) Others (including rollovers)	8a(3) 8b	6,86		-				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0,00	3.9				6,8	260
d	Benefits paid (including direct rollovers and insurance premiums							0,0	303
	to provide benefits)	8d	· .						
е	Certain deemed and/or corrective distributions (see instructions)	8e	'						
f	Administrative service providers (salaries, fees, commissions)	8f	85	53					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							353
i	Net income (loss) (subtract line 8h from line 8c)	8i						6,0	016
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			<u> </u>				
P	art IV Plan Characteristics								
9a  b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fea								
P	art V Compliance Questions								
10	During the plan year:			-	Yes	No	Ar	nount	
- 7	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х	-		
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х			
(	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 tor dishonesty?			10d	х			1	0,000
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e		х			
í	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		x			
	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х			
Ī	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					
Pa	art VI Pension Funding Compliance		**	با	L	1			
11		• .	the state of the s		ched	ıle SB	(Form	□Yes	X No
11	a Enter the unpaid minimum required contribution for current year from			•••••	T	11a			
12		······			L	1	RISA?	Y <sub>₽</sub> ς	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	ng amortize	ed in this plan year, see instructi						ng
I	f you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forr	n 5500), and skip to line 13.						
Ī	Enter the minimum required contribution for this plan year		***************************************			12b			
									·····