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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information					
For calenda	ar plan year 2012 or fiscal plan year beginning 10/01/2012		and ending ()9/30/	2013	
A This ret	turn/report is for:	multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is: the first return/report the	ne final return/report				
	an amended return/report a	short plan year retur	n/report (less than 12 m	onths)	
C Check I	box if filing under: X Form 5558 a	utomatic extension			DFVC progra	am
	special extension (enter description)				_	
Part II	Basic Plan Information—enter all requested information	on				
1a Name				1b	Three-digit	
KALEX YAR	DVILLE, N.J. HOURLY EMPLOYEES PENSION PL				plan number	000
				10	(PN)	003
				10	Effective date o	•
2a Plan si	ponsor's name and address; include room or suite number (em	olover. if for a single	-employer plan)	2b	Employer Identi	
	RPORATION	, , ,	, , , ,			95064
				2c	Sponsor's telep	hone number
	32 BLEECKER STREET				212-64	
NEW YORK	, NY 10014			2d	Business code (
3 0 Disc	de la Montana Piana Pian	По вы	. 0	26	32620	-
Ja Plan a	dministrator's name and address XSame as Plan Sponsor Nar	meSame as Pla	n Sponsor Address	SD	Administrator's	EIN
				3с	Administrator's	telephone number
4 If the r	name and/or EIN of the plan sponsor has changed since the las	t return/report filed f	or this plan enter the	4h	EIN	
	EIN, and the plan number from the last return/report.	return/report med r	or this plan, enter the	40	CIIN	
a Spons	or's name			4c	PN	
5a Total	number of participants at the beginning of the plan year			5a		8
b Total i	number of participants at the end of the plan year			5b		8
	er of participants with account balances as of the end of the pla lete this item)	• '	•	5c		
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruc	ctions.)			X Yes No
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualific	ed public accountant (IQ	PA)		
	29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No
	answered "No" to either line 6a or line 6b, the plan cannot					
	A penalty for the late or incomplete filing of this return/reportations of perjury and other penalties set forth in the instructions,					abla a Cabadula
	edule MB completed and signed by an enrolled actuary, as well					
belief, it is	true, correct, and complete.		·		·	-
SIGN	Filed with authorized/valid electronic signature.	07/12/2014	IRENE KAUFMAN			
HERE	Signature of plan administrator	_	Enter name of individ	uol oi	aning oo plan ada	niniatratar
01011	Signature of plan administrator	Date	Litter name or marvio	uai si	grillig as plair aur	IIIIIIStrator
SIGN HERE		_				
	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include	Date	Enter name of individ			er or plan sponsor number (optional)
i icpaici S	mamo (morading ilim namo, il applicable) alla address, illoldae	TOOM OF SUITE HUMBE	or (optional)	1 16	zaroi s telepitorie	namber (optional)

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>				
Par	<u> </u>		(a) De nicular a c(Yee				(b) Ford a CV and
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				
	Total plan assets	7a 7b	12421	1			34742
	Net plan assets (subtract line 7b from line 7a)	7c	12421	1			34742
	Income, Expenses, and Transfers for this Plan Year	70		124211 34742 Int (b) Total 34742 63 34805 124249 25 124274 -89469 an Characteristic Codes in the instructions: Characteristic Codes in the instruct			
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	3474	2			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	6	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					34805
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12424	.9			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	2	5			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					124274
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-89469
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1}{1}$ 1G $\frac{1}{1}$	feature co	des from the List of Plan Char	acteris	tic Cod	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristic	c Code	es in tl	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
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		Χ	
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		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-			X	
е	Were any fees or commissions paid to any brokers, agents, or oth			100			
J	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		Χ	
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.)			Χ	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR			Χ	
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				
Part	1 1 5 11						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 3	02 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.		Mon		and e	_	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		1		
b	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.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	the contr	ol		Yes	s X No	
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Engloyee Benefits Security Administration

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

2012

This Form is Open to Public

Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year peginning 10 / 01 / 20 12 and ending 09 / 30 / 20 13	Panaion Be	ment Guaranty Corporation	Complete all entries in ac-	cordance with the instruc	tions to the Form 550	0-SF.	Inc	spection
A Tries return/report is for: B This return/report B Total return/report B Septem 5558 B sudomatic extension DPVC program DPVC	ARREST CONTRACTOR CONT		entification Information					
B This return/report is:	For calenda	ar plan year 2012 or fisca	al plan year beginning	10/01/2012	and ending	09/	30/201	3
C Check box if filing under: an arranded return/report a short plan year return/report (less than 12 months) DFVC program		contraperties of			an (not multiemployer)	а	one-partici	pant plan
C Check but if filing under:	B This ret	um/report is: [H				
Part II Basic Plan Information—enter all requested information 1a Name of plan KALEX YARDVILLE, N.J. HOURLY EMPLOYEES PENSION PL 2a Plan sponsor's name and address, include room or suite number (amployer, if for a single-employer plan) 2b Employer Identification Number (2011/1983) 2c Plan sponsor's name and address, include room or suite number (amployer, if for a single-employer plan) 2d Plan sponsor's name and address, include room or suite number (amployer, if for a single-employer plan) 2d Plan sponsor's name and address, include room or suite number (amployer, if for a single-employer plan) 2d Plan sponsor's name and address, include room or suite number (amployer, if for a single-employer plan) 2d Plan sponsor's name and address, include room or suite number (amployer, if for a single-employer plan) 2d Description (ElN) 22-2195064 2d Sponsor's telephone number (ElN) 2d Plan sponsor name and address. 3d Exponsor's name and address. 3d Administrator's telephone number sponsor name plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 4 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number of participants at the tell of the plan year. 5 a Total number of participants at the tell of the plan year. 5 b Total number of participants at the tell of the plan year (defined benefit plans do not complete the stem). 5 c Condition of the plans assats dump the plan year (needed benefit plans do not complete file stem). 5 c Condition of the plans assats dump the plan year (n	C Check t	box if filling under:	<u>-</u>		ireport (less than 12 m		FVC progra	am
1 b Three-digit Name of plan Nam		[special extension (enter descri	iption)				
ALEX YARDVILLE, N.J. HOURLY EMPLOYEES PENSION PL Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) C Effective date of plan (27/01/1983)	Part II	Basic Plan Inform	nation—enter all requested info	armation				
22 Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) MANYA CORPORATION 22 Employer Identification Number (EIN) 22-2195.064 23 Plan sponsor's fallephone number 212-645-8657 24 Sponsor's fallephone number 212-645-8657 25 Exponsor's fallephone number 212-645-8657 26 Exponsor's fallephone number 326200 38 Plan administrator's name and address in administrator's name			HOURLY EMPLOYEES P	ENSION PL		plan	number	003
MANYA CORPORATION CEIN) 22-2195064 2c Sponsor's telephone number 212-645-8657 2d Business code (see instructions) 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200 326200								
PMB K-5 - 332 BLEECKER STREET NEW YORK NY 10014 326 200 327 Blan administrator's name and address Wame as Plan Sponsor Name Wame as Plan Sponsor Address 34 Administrator's telephone number and address and the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 35 Administrator's telephone number and address and the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN, and the plan number from the last return/report. 36 Administrator's telephone number and portion of participants at the beginning of the plan year. 57 Total number of participants at the beginning of the plan year. 58 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 58 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 59 Are you claiming a waiver of the annual examination and report of an independent qualified public accountent (IOPA) winder 29 CFR 2620.104-457 (See instructions on waiver eligibility and conditions). 59 If you answered "No" to either line 50 or line 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 10 Under penalties of pequity and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 11 Sign ature of employer/plan administrator 12 Deta 7 / 12014 13 Enter name of individual signing as plan administrator plan apponsor.			ess; include raam ar suite numbe	r (employer, if for a single-c	employer plan)			
NEW YORK NY 10014 326200 3b Administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number of participants at the plan number of participants at the beginning of the plan year 5a 5b 5a 5b 5c 5c 5c 5c 5c 5c 5c	PMB K-5	5 - 332 BLEECKE	R STREET					
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. Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem). 5 Number of participants with account plan year invested in eligible assets? (See instructions.) 5 Number of participants with account plan year invested in eligible assets? (See instructions.) 5 Number of participants with account plan year invested in eligible assets? (See instructions.) 5 Number of participants with account plan year invested in eligible assets? (See instructions.) 5 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 6 Number of participants with account plan year invested in eligible assets? (See instructions.) 7 Number of participants with account plan year investe	NEW YOU	RK	NY 10014					(see instructions)
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 tast return/report. 3 Sponsor's name 4 C PN 5a Total number of participants at the beginning of the plan year. 5 Number of participants at the end of the plan year. 5 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.)	38 Plan ac	dministrator's name and	addréss XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3b Adm	inistrator's	EIN
name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete plans seats). 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete plans as eases as the electrons.) 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete. 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete plans seats). 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete plans do not complete plans as eases as the electrons.) 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete plans do n						7(31)	anodato: 3	respirate funda
Total number of participants at the beginning of the plan year				he last return/report filed fo	r this plan, enter the	4b EIN		
Total number of participants at the end of the plan year						4c PN		
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). 5c 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 1							11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8
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, and to the best of my knowledge and belief, it is true, correct, and complete. Sign IRENE KAUFMAN IRENE KAUFMAN Signature of employer/plan sponsor Qate Enter name of individual signing as employer or plan sponsor						5b		8
Are you daiming 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.)	c Number	er of participants with ac ete this item)	count balances as of the end of t	he plan year (defined bene	fit plans do not	5c		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of employur/plan sponsor Qate Enter name of individual signing as employer or plan sponsor	b Are you	ou claiming a waiver of the 29 CFR 2520.104-45? (e annual examination and report See instructions on waiver eligibi	of an independent qualifier (ity and conditions.)	d public accountant (IQ	PA)	44-1	
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature or plan administrator Date 7// /2014 Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	***************************************				······································	enginisisina dana mimana abaw	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
HERE Signature of plan administrator Date 7/11/2014 Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Qate Enter name of individual signing as employer or plan sponsor	\$8 or Sche	idule MB completed and	signed by an enrolled actuary, a	tions, I declare that I have on the well as the electronic vers	exemined this return/report sion of this return/report	port, includi , and to the	ng, if applic best of my	cable, a Schedule y knowledge and
SIGN HERE Signature of employur/plan sponsor Signature of employur/plan sponsor Date // / Z// Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan sponsor			The state of the s		IRENE KAUFMAN		HEN STOR	
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan adr	ninistrator	Date 7/1, /2014	Enter name of individ	gningia leu	as plan ad	ministrator
Signature of employer/ptan sponsor Date Enter name of individual signing as employer or plan sponsor				EMPESSU.	88			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (options)					Enter name of individ			
	Proparer's	name (including firm nar	ne, if applicábla) and address; in	clude room or suite numbei	(optional)	Preparer'i	i télephone	a number (optional)

7	Till Financial Information Plan Assets and Liabilities		(a) Seginalag of Yea	ar	T		(h) En	d of Yea	ur'
a	Total plan assets	7a	The second secon	2421	1	_	10/ 340	101198	3474.
	Total plan liabilities	7b			+		7		2373.
	Net plan assets (subtract line 7b from line 7a)	7c	1	2421	1	-		_	3474
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1	-	(6)	Total	3171
	Contributions received or receivable from						107	TOTAL	-
	(1) Employers	8a(1)		3474	2				
	(2) Participants	8a(2)		-	-				
	(3) Others (including rollovers)	8a(3)		-	-				
	Other Income (loss)	85		6	3			-	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				3480:
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	2424	9				
	Certain deemed and/or corrective distributions (see instructions)	8e			-	7.00 Y/C			
	Administrative service providers (salaries, fees, commissions)	8f			\top	7-1-1			
	Other expanses	89		2	5				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-	************			124274
	Net income (loss) (subtract line 8h from line 8c).	81			1		*		-89469
1 .	Transfers to (from) the plan (see Instructions)	8)			\top				4240.
Part	IV Plan Characteristics	7		-		-			
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G 1T	eature code	s from the List of Plan Chan	acteris	tic Co	des Ir	the Instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cteristi	c Cod	es in	the instruc	tions:	
Part	V Compilance Questions								
10	During the plan year:				Yes	No		Amou	nt
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidu	ciary Correct	lion Program)	10a		x			
ь	Were there any nonexempt transactions with any party-in-interest on line 10e.)	? (Do not inc	lude transactions reported	106		х			
C	Was the plan covered by a fidelity bond?			10c		Х			-
d	Did the plan have a loss, whether or not reimburged by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10a		x			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all clinstructions.)	er persons b	y an insurance carrier,	10e	-	x	-		
f	Has the plan feiled to provide any benefit when due under the plan	7	en telle litteren en en en personer	101	\$50,000	X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	100		х	<u> </u>		-
h	If this is an Individual account plan, was there a blackout period? (2520,101-3.)	See instructi	ons and 29 CFR	10h		x			
1	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 no	olice or one of the	10i	-	-		-	
Part \							L	*****	
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11s below)	ents? (If "Yes	s," see instructions and com	plete	Sched	ule Si	3 (Form	Inv	res 🕅 No
11a	Enter the amount from Schedule SB line 39					11a	# # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	-2 140
12	Is this a defined contribution plan subject to the minimum funding						PRISA?	Inv	es X No
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12c below,			0, 00	0000011	TOTAL COL		111.	and Ind Lea
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized i	in this plan year, see instruc	ctions,	and e	nter ti	ne date of	the lette Year	r ruling
Нy	ou completed line 12s, complete lines 3, 8, and 10 of Schedule	MB (Form	5500), and skip to line 13.				201	4 47(3)	
	Enter the minimum required contribution for this plan year					125			

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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 minune pative amount)	us sign to the left of a	12d			
6	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		1.00			Jest .
13a	Has a resolution to terminate the plan been adopted in any plan year?	M4 (1 P1 1 C444) (14 2 1 C441 1 4 6 6 7 1 1 1 1 2 2 2 2 2 2	XY	68 Th	lo	
	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 enother of the PBGC?				П үе	s 🗵 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)					
	13c(1) Name of plan(s);	1	3¢(2) El	N(s)	13c(3) PN(s)
					1	-
			100-000		-	
Part	VIII Trust Information (optional)					M-1-/
14a Name of trust			14b Tr	ust's EIN		