| _ | orm 5500-SF | Short Form Annual | OMB Nos. 1210-0110 1210-0089 | | | | | |
|---|---|---|--|------------------------------|------------------|-----------------------------------|-------------------|--|
| | partment of the Treasury ernal Revenue Service | This form is required to be f | | | 2013 | | | |
| Employee I | Department of Labor Benefits Security Administration | Retirement Income Security Act the Inter | 8(a) of This Form is Open | | s Open to Public | | | |
| | Benefit Guaranty Corporation | Complete all entries in acce | ordance with the inst | ructions to the Form 550 | 0-SF. | | pection | |
| Part I | | dentification Information | | | | | | |
| For calend | dar plan year 2013 or fisca | | 013 | and ending 1 | 2/31/2 | 2013 | | |
| A This re | eturn/report is for: | X a single-employer plan | a multiple-employer | r plan (not multiemployer) | | a one-particip | oant plan | |
| B This re | eturn/report is: | the first return/report | the final return/repo | ort | | | | |
| | Γ | an amended return/report | a short plan year ref | turn/report (less than 12 mo | onths |) | | |
| C Check | k box if filing under: | Form 5558 | automatic extension | n | | DFVC progra | ım | |
| | | | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested infor | , | | | | | |
| 1a Name | | וומנוטוו-פוונפו מוו ופקעבטובע ווווטו | mauon | | 1b | Three-digit | | |
| | RESORTS MARKETING | 401(K) PLAN | | | | plan number | | |
| | | | | | | (PN) ▶ | 001 | |
| | | | | | 1c | Effective date of | f plan | |
| | | | | | | 01/01/ | /2007 | |
| | sponsor's name and addre RESORTS MARKETING | ress; include room or suite number | (employer, if for a sing | le-employer plan) | 2b | Employer Identif (EIN) 65-039 | | |
| 6303 BLUE | E LAGOON DRIVE SUITE | - 250 | | | 2c | Sponsor's telep 305-262 | | |
| | 33126-6004 | . 200 | | | 2d | Business code (54160 | , | |
| 3a Plana | administrator's name and | l address XSame as Plan Sponso | r Name Same as P | Plan Sponsor Address | 3b | Administrator's E | | |
| 4 If the | name and/or FIN of the | plan sponsor has changed since th | ne last return/report file | d for this plan enter the | 4b | EIN | | |
| name | e, EIN, and the plan numb | ber from the last return/report. | e last rotanin op sit in ee | | 4c PN | | | |
| | isor's name | the beginning of the plan your | | | | | | |
| - | | t the beginning of the plan year | | | 5a | | 21 | |
| | | t the end of the plan year | | | 5b | | 20 | |
| | | ccount balances as of the end of th | | | 5c | | 6 | |
| 6a Were | e all of the plan's assets c | during the plan year invested in elig | gible assets? (See instr | ructions.) | | | 🗙 Yes 🗌 No | |
| | | he annual examination and report | | | | | | |
| | | (See instructions on waiver eligibili | | | | | X Yes No | |
| - | | her line 6a or line 6b, the plan ca | | | _ | | • | |
| c If the | plan is a defined benefit | plan, is it covered under the PBGC | ; insurance program (se | ee ERISA section 4021)? . | ····· <u></u> | Yes No | Not determined | |
| Caution: | A penalty for the late or | r incomplete filing of this return/ | report will be assesse | ed unless reasonable cau | ise is | established. | | |
| Under per SB or Sch | nalties of perjury and othe | er penalties set forth in the instruction signed by an enrolled actuary, as | ions, I declare that I hav | ve examined this return/rep | port, ir | ncluding, if applica | | |
| SIGN | Filed with authorized/va | alid electronic signature. | 07/14/2014 | LEANDRO BALBUEN | ENA | | | |
| HERE Signature of plan administrator Date Enter name of individual | | | | | ual siç | ual signing as plan administrator | | |
| SIGN | | | | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individu | | | dual signing as employer or plan sponsor | | | | | |
| Preparer's | 3 name (including firm nar | me, if applicable) and address; incl | ude room or suite num | ber (optional) | Prep | barer's telephone | number (optional) | |

| Part III Financial Information | | | | | | |
|---|---|---|---|--|-----------------|--------|
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | | (ear |
| a Total plan assets | . 7a | 11365 | 3 | 171113 | | |
| b Total plan liabilities | . 7b | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | | 11365 | 3 | 17 | | 171113 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) To | | I |
| a Contributions received or receivable from: | | | | | | |
| (1) Employers | 8a(1) | 204 | 0 | | | |
| (2) Participants | 8a(2) | 394 | | | | |
| (3) Others (including rollovers) | 8a(3) | 2435 | - | | | |
| b Other income (loss) | 8b | 2923 | 0 | | | 57500 |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 57528 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 68 | 8 | | | |
| g Other expenses | 8g | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 68 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 57460 |
| j Transfers to (from) the plan (see instructions) | 8j | | | | | |
| Part IV Plan Characteristics | | | | | | |
| 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare f | eature codes | from the List of Plan Charac | cteristic (| Codes in t | he instructions | : |
| | eature codes | from the List of Plan Charac | cteristic (| Codes in t | he instructions | : |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: | | | cteristic (| | | ount |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1000) | tions within thuciary Correc | he time period described in tion Program) | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution | tions within th uciary Correc ?? (Do not inc | he time period described in tion Program) lude transactions reported | Ye | es No X X | | |
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| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | tions within th uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit an? (See instruction he required n 1-3 | he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See to be carrier) ions and 29 CFR otice or one of the s," see instructions and com | 10a 10b 10c 10c 10d 10d 10f 10g 10h 10h 10i | es No X X X X X X X X X X | Am | |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Pars VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | tions within the second | he time period described in tion Program) | 10a 10b 10c 10c 10d 10d | es No X X X X X X X X X X A A A A A A A A A | Am | |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | tions within th uciary Correc ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit an? us of year end (See instruction he required n 1-3 ments? (If "Year rom Schedule prequirement | he time period described in tion Program) lude transactions reported that was caused by fraud that was caused | 10a 10b 10c 10c 10d 10d | es No X X X X X X X X X X A A A A A A A A A | Am | iount |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding | tions within the uciary Correction (Point incomposition fidelity bond, fidelity f | he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud the part of the cause that was caused by fraud that was caused by | Ya 10a | es No X X X X X X X X X X X A A A A A A A A | Am | Nount |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b b Were there any nonexempt transactions with any party-in-interest on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complet | tions within th uciary Correc ? (Do not inc fidelity bond, ner persons b of the benefit in? is of year end (See instruction he required in 1-3 nents? (If "Year rom Schedule requirement , as applicabl ing amortized | he time period described in tion Program) lude transactions reported that was caused by fraud that was caused | Ya 10a | es No X X X X X X X X X X X X A A A A A A A A A A A A A | Am | Nount |
| b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 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 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | tions within th uciary Correc ? (Do not inc fidelity bond, ner persons b of the benefit an? so of year end (See instruction he required n 1-3 nents? (If "Year room Schedule prequirement , as applicable ng amortized e MB (Form | he time period described in tion Program) | 10a 10b 10c 10c 10d 10d 10f 10f 10g 10h 10i 10i cor sections, arth | es No X X X X X X X X X X A A A A A A A A A A A A A | Am | Nount |

| 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 of the PBGC? | control | | Yes 🗙 No |
| 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 | | |
| 1 | 3c(1) Name of plan(s): 1 | 3c(2) EIN | l(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | 14b Trust's EIN | | |
| | | | | |
| | | | | |

| Form 5500-SF | Short Form Annual Ret | turn/Report o | f Small Employ | yee | | OMB Nos. 1210-0110 1210-0089 |
|--|---|--------------------------|----------------------------|---------------------------------|----------------------------|---------------------------------|
| Department of the Treasury Internal Revenue Service | This form is required to be filed u | е | 2013 | | | |
| Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code). | | | | i8(a) of This Form is Open to P | | |
| Pension Benefit Guaranty Corporation | 0-SF. | Ins | pection | | | |
| Part Annual Report For calendar plan year 2013 or fise | | 10/01/001 | 12 | | | |
| A This return/report is for: | | /01/2013 | and ending | | 12/31/201 | |
| B This return/report is: | | 054 M 15 | an (not multiemployer) | | a one-partici | pant plan |
| u mistetum/report is. | | e final return/report | | | | |
| C Check box if filing under: | | | /report (less than 12 m | onths) | - | |
| Gheck box it hing under. | special extension (enter description) | utomatic extension | | | DFVC progra | m |
| Part II Basic Plan Infor | mation—enter all requested information | | | | | |
| 1a Name of plan | mation enter al requested mormati | DN | | 1h | Three-digit | |
| CHINERY HARDEN WARD CONNECTION | RKETING 401(K) PLAN | | | 10 | plan number | |
| | | | | | (PN) 🕨 | 001 |
| | | | | 1c | Effective date o 01/01/200 | |
| 2a Plan sponsor's name and add | Iress; include room or suite number (emp | lover if for a single- | emolover plan) | 2h | | / fication Number |
| ALLEGRO RESORTS MA | RKETING CORP | sieger, in ter a bingre | | | (EIN) 65-039 | |
| | | | | | Sponsor's telep | |
| 6303 BLUE LAGOON D | | | | | (305) 262- | |
| | MIVE SOLIE 250 | | | 2d | | (see instructions) |
| MIAMI | d address 🛛 Same as Plan Sponsor Nar | | 33126-6004 | 541600 | | |
| Ja Flan auministrator s name an | u address Kisame as Plan Sponsor Nar | ne USame as Plan | Sponsor Address | 30 | Administrator's | EIN |
| | | | | 30 | Administrator s | telephone number |
| 4 If the name and/or EIN of the | plan sponsor has changed since the las | t return/report filed fo | or this plan, enter the | 4b | EIN | |
| name, EIN, and the plan num a Sponsor's name | ber from the last return/report. | | | | | |
| the second se | at the beginning of the plan year | | | 4c | PN T | |
| | at the end of the plan year | | | 5a | | 21 |
| | account balances as of the end of the pla | | | 5b | | 20 |
| | incount balances as of the end of the pla | | | 5c | | 6 |
| | during the plan year invested in eligible | | | | | X Yes No |
| b Are you daiming a waiver of | the annual examination and report of an | independent qualifie | d public accountant (IQ | PA) | | X Yes No |
| | (See instructions on waiver eligibility an ther line 6a or line 6b, the plan cannot | | | | | X Yes No |
| | t plan, is it covered under the PBGC insu | | | | | Not determined |
| | | | | | | |
| Under penalties of perjury and oth | er penalties set forth in the instructions | I declare that I have | examined this return/rei | oort in | cluding, if applic | able, a Schedule |
| belief, it is true, correct, and comp | d signed by an enrolled actuary, as well lete. | as the electronic ver | sion of this return/report | , and I | to the best of my | knowledge and |
| SIGN | Æ1.) | 7/10/14 | Leandro Balbue | ena | | |
| HERE Signature of plan ad | ministrator | Date | Enter name of individ | ua l sig | ning as plan adr | ninistrator |
| SIGN | / | İ | | | | |
| HERE Signature of employ | yer/plan sponsor | Date | Enter name of individ | ual sig | ning as employe | er or plan sponsor |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) | | | | | | number (optional) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | e and OMB Control Numbers, see the instru | | | | | Form 5500-SE (2013) |

v. 130118

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| Part III Financial Information | | | - | | | |
|--|--|---|--|--|-------------|-----------------------|
| 7 Plan Assets and Liabilities | | (a) Beginning of Yea | T | (b) End of Year | | |
| a Total plan assets | . 7a | () (1) | | | | |
| b Total plan liabilities | 7b | | | 1 | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 11 | 3,65 | 3 | | 171,113 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | |
| a Contributions received or receivable from: | | (d) runount | | 1 | (0) | |
| (1) Employers | 8a(1) | | | | de la colta | |
| (2) Participants | . 8a(2) | and the second se | 3,94 | | alar Value | |
| (3) Others (including rollovers) | . 8a(3) | the second s | 4,35 | - | | |
| b Other income (loss) | 8b | 2 | 9,23 | 0 | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 9.7 | | | 57,528 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | | 6 | 8 | | |
| g Other expenses | 8g | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | - | | 68 |
| i Net income (loss) (subtract line 8h from line 8c) | the second se | | - | + | | 57,460 |
| j Transfers to (from) the plan (see instructions) | | | | - | | 57,460 |
| Part IV Plan Characteristics | 8j | | | | | and the second second |
| 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feedback | | | | | | |
| Part V Compliance Questions | | | | | | |
| 10 During the plan year: | | | | Yes No | | Amount |
| a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | iciary Correct | ion Program) | 10a | x | | |
| b Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not incl | ude transactions reported | 10b | х | | |
| c 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? | fidelity bond | that was caused by fraud | 10d | x | 1 | |
| e Were any fees or commissions paid to any brokers, agents, or oth | er persons h | / an insurance carrier | 100 | | + | |
| insurance service or other organization that provides some or all or instructions.) | of the benefits | under the plan? (See | | | 1 | |
| Has the plan failed to provide any benefit when due under the plan? | | | 10e | Х | | |
| | | | | X X | | |
| f Has the plan failed to provide any benefit when due under the plan | n? | | 10f | X | | |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (| n? is of year end (See instruction | .) | 10f 10g | X X | | |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) i If 10h was answered "Yes," check the box if you either provided the plan that the plan the pl | n? s of year end (See instruction of required not | .) | 10f 10g 10h | X | | |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) 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 | n? s of year end (See instruction of required not | .) | 10f 10g | X X | | |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | n? s of year end (See instruction ne required not 1-3 nents? (If "Yes | ons and 29 CFR otice or one of the ," see instructions and com | 10f 10g 10h 10i | X X X | B (Form | Yes X No |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance | n? s of year end (See instruction ne required not 1-3 nents? (If "Yes | ons and 29 CFR otice or one of the ," see instructions and com | 10f 10g 10h 10i | X X X | B (Form | Yes X No |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) 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 Part VI Pension Funding Compliance 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 for the provided minimum funding for current year for the second seco | n? s of year end (See instruction ne required no 1-3 nents? (If "Yes rom Schedule |) | 10f 10g 10h 10i plete S | X X X Schedule S | Ţ | |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) 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 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding | n? is of year end (See instruction ne required not 1-3 nents? (If "Yes rom Schedule requirements | ," see instructions and com SB (Form 5500) line 39 | 10f 10g 10h 10i plete S | X X X Schedule S | Ţ | |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) 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 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being the standard for a prior y | n? s of year end (See instruction ne required not 1-3 nents? (If "Yes rom Schedule requirements , as applicable ng amortized i | ," see instructions and com SB (Form 5500) line 39 of section 412 of the Code a.) | 10f 10g 10h 10i plete S or sec | x x x schedule S 11a | f ERISA? | Yes No |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) 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 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | n? is of year end (See instruction ne required not 1-3 nents? (If "Yes rom Schedule requirements , as applicable ng amortized i | see instructions and com SB (Form 5500) line 39 of section 412 of the Code) n this plan year, see instructions Mon | 10f 10g 10h 10i plete S or sec | X X X Schedule S 11a 11a and enter | f ERISA? | Yes 🕅 No |
| f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? (2520,101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 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 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. | n? is of year end (See instruction ne required not 1-3 nents? (If "Yes rom Schedule requirements as applicable ng amortized i e MB (Form § | s," see instructions and com SB (Form 5500) line 39 of section 412 of the Code (S) n this plan year, see instruction (S500), and skip to line 13. | 10f 10g 10h 10i plete S or sec ctions, th | x x x x x x x x x x x x x x x x x x x | f ERISA? | Yes No |

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| raye - | |

| <u> </u> | Enter the amount contributed by the employer to the plan for this plan year | 12c | | |
|----------|--|-----------------|------------|--------------|
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | res 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 No |
| 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.) | | | |
| 1 | 3c(1) Name of plan(s): | 3c(2) El | IN(s) | 13c(3) PN(s) |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | 14b T | rust's EIN | |
| | | | | |