For	rm 5500-SF		al Return/Report of Small Employe			OMB Nos. 1210-011 1210-008			
Department of the Treasury Internal Revenue Service		This form is required to be filed	Benefit Plan d under sections 104 ar	nd 4065 of the Employe	е		013		
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	ctions 6057(b) and 6058	B(a) of This Form is Open to Inspection					
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	113	pection		
Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/2013	3	and ending 1	2/31/2	2013			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report						
	· Ē	an amended return/report	a short plan year returr	n/report (less than 12 mo	onths	)			
C Check	box if filing under:	an amended return/report       a short plan year return/report (less than 12 months)         Form 5558       automatic extension							
		special extension (enter descriptio							
Dort II	Basis Blan Inform		,						
Part II		nation—enter all requested information	ation		1h	Three digit			
1a Name	•	401 K PROFIT SHARING PLAN TRI	IST			Three-digit plan number			
NIDOL WOO	D DENTAL OROOF 10		501			(PN) 🕨	001		
					1c	Effective date of	f plan		
						01/01/	(1998		
	ponsor's name and addre	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 11-27			
5431 MYRT	LE AVE STE 1				2c	Sponsor's telep 718-82			
	DD, NY 11385-3403				2d	Business code ( 62121	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's EIN			
					30	Administrator s t	elephone number		
<ul> <li>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.</li> <li>a Sponsor's name</li> </ul>			4b EIN 4c PN						
		the beginning of the plan year			5a		11		
_					5a 5b				
					50		9		
	· ·			•	5c		8		
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming 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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>									
-		blan, is it covered under the PBGC in					Not determined		
Caution: A	A penalty for the late or	incomplete filing of this return/rec	ort will be assessed	unless reasonable cau	se is	established.			
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, 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	Filed with authorized/va	lid electronic signature.	07/23/2014	MARIETTA CUIFFO-MORADI					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator			ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individual signing as employer or plan sp					
Preparer's					Preparer's telephone number (optional)				

a Total plan assets       7a       408825       530731         b Total plan liabilities       7b       0       0         c Net plan sessed (subtract line 7b from line 7a)       7c       408825       C30371         8 Income. Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         2 Orbitbuints received or receivable from:       8a(1)       13398         (2) Participants       8a(2)       27091       (b) Total         (2) Others (including nolovers)       8a(3)       0       (c)         5 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       106424	7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
C         Net plan assets (subtract line 7b from line 7a)         7c         408825         530731           B         Incone, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           C         Contributions received or necevide from:         8a(1)         13338           (2) Participants.         8a(2)         27061           (3) Others (including rollovers).         8a(3)         0           (4) Detros (including rollovers).         8a(3)         0           (5) Others (including rollovers).         8a(3)         0           (6) Others (including rollovers).         8b         1066224         0           C Total income (deal lines 3a(1), 8a(2), 8a(3), and b)         8c         0         1           G mentifis, and (including rollovers).         8d         24632         0           C Addition detero (deal lines 3a(1), 8a(2), 8a(3), and b)         8e         0         1           G Other expenses         8g         0         121806         1           1 Tarafers for they line (deal set 3a(1), 8a(2), 8a(3), and b)         8h         121806         1           1 Tarafers for they line (deal set 3a(1), 8a(2), 8a(3), and b)         10         121806         1           1 Tarafers for they line (deal set 3a(1), 2a(2), 2a(2), 2a(3), 2a(3), 2a(3), 2a(3)	a Total plan assets	7a								
B         Income. Expenses. and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:         8a(1)         13398		7b		0			0			
B         Income. Expenses. and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:         8a(1)         13398	C Net plan assets (subtract line 7b from line 7a)	7c	40882	408825			530731			
(1)       Employers       8a(1)       13393         (2)       Participants       8a(2)       27081         (3)       Others (including nolovers)       8a(3)       0         5)       Other income (ded) lines 8a(1), 8a(2), 8a(3), and 8b)       8b       1006424         6       Contain demont end for concercive distributions (see instructions).       8c       148903         6       Contain demond and/or concercive distributions (see instructions).       8c       0         7       Additional and/or concercive distributions (see instructions).       8d       0         7       Additional and/or concercive distributions (see instructions).       8d       0         9       Other expanses       8g       0       0         1       Transfers to (from) the plan (see instructions).       8g       0       0         2A       2E       2J       2Z       2J       2A         2A       2E       2J       2Z       2J       2Z       2J       2Z         8d       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A       2Z       2J       2Z       2Z       2Z       2Z       2Z       2Z       2Z       2Z			(a) Amount	(a) Amount			(b) Total			
(1)       Durphyloc       200         (2)       Participants       84(2)       27081         (3)       Others (including notivers)       84(3)       0         b       Others (including notivers)       84(3)       0         c       Total income (add lines 84(1), 84(2), 84(3), and 8b)       8c       146903         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       0         f       Administrative service providers (stalaides, fees, commissions)       8d       0       24932         g       Other sciences       8g       0       24097         f       Administrative service providers (stalaides, fees, commissions)       8d       0       24097         f       Administrative service providers (stalaides, fees, commissions)       8g       0       24097         f       Total accence (stal) (starter infer infer infer)       8d       121906       121906         j       Transfers to (from) the plan (see instructions)       8g       0       24097         f       Part IV       Pin Characteristics       200       200       200       200         g       If the plan provides ension benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the ins	a Contributions received or receivable from:			_						
(a) Other income (ideal)       8a(3)       0         b) Other income (ideal)       8b       106424         c) Total income (ideal)       8c       148903         d) Benefits paid (including direct rolivors and insurance premiums to provide benefits)       8d       24932         c) Catal meet addror corrective distributions (see instructions)       8d       24932         c) Catal meet addror corrective distributions (see instructions)       8d       24932         c) Other expenses       8g       0         f) Administrative service provides (sealaries, fees, commissions)       8f       65         g) Other expenses       8g       0       24997         i Net income (oss) (subtract line 8h from line 8c)       8i       121906         j Transfers to (rom) the plan (see instructions)       9i       0         2A 2E 2C 2J 2K 2T 3D       0       24997         j If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A 2E C 2J 2K 2T 3D       0       X         j Was there a plan coverngt transactions with any party-in-interest? (Do not include transactions reported on in todo 1,	(1) Employers	8a(1)								
by Other income (loss)       Bit       106424         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Be       146503         d Benefits paid (including direct rollowers and insurance preniums by provide benefits)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Be       0         e Cartain deemed and/or corrective distributions (see instructions)       Bit       121906         e Tart Ser (of corr) the plan (see instructions)       Bit       121906         e Tart Ser (of corr) the plan any participant contributions within the List of Plan Characteristic Codes in the instructions:         e A 26 = 20 AJ 2K 2T 30       10       During the plan any participant contributions within the time period described in 20 CAR 26103-1027 (See instructions and DOL's Voluntary Floudary Correction Program)       10a       X         e Wee any free a failure to ransmit to the plan any participant contributions within the	(2) Participants	8a(2)								
C       Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       145903         G       Benefits paid (including direct rollovers and insurance preniums by provide herefits)       Bd       24932         G       Catal income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bd       24932         G       Catal income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bd       24932         G       Catal income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bd       24932         G       Other expenses       Bg       0       24997         I       Natincome (loss) (subtract line Bh from line Bc)       Bi       24997         I       Natincome (loss) (subtract line Bh from line Bc)       Bi       24997         J       Transfers to (from) the plan (see instructions:       Bj       0       24997         Part IV       Plan Characteristics       Bj       0       24997         So (Lo 2)       2.01 2.02 2.02 2.01 2.01 2.01 2.01 2.01		8a(3)		-						
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b Other income (loss)	8b	10642	4	_					
Ite provide benefits)		8c			-			146903		
e       Certain deemed and/or corrective distributions (see instructions)		8d	2493	2						
f       Administrative service providers (salaries, fees, commissions)										
g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       24997         i       Net income (loss) (subtract line 8h from line 8c)       8i       121906         j       Transfers (from) the plan (see instructions)       8i       121906         Part IV       Plan Characteristics       8i       0         Bar       Compliance Sension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2G 2J 2X 2T 3D         D       During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 7 3D         Part V       Compliance Questions       Yes       No       Amount         0       During the plan year:       Yes       No       Amount         29 CFR 2510-3102? (26 expensions       10a       X       2         Compliance Questions       10a       X       2       2       No       Amount         0       During the plan year:       Interest? (Do not include transactions reported on inter 06.3)       X       10a       X       10a       X         c       Was there an covered by a fidelity bond?       10a       X       10a       X       1	-		6							
a       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       24997         i       Net income (loss) (subtract line 8h from line 8c)       8i       121906         j       Transfers to (from) the plan (see instructions)       6j       0         Part IV       Plan Characteristics       0         30       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2G 2J 2K 21 3S         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       Part V         O       During the plan year:       Yes       No       Amount         0       During the plan year       10a       X       X         0       During the plan year       10a       X       X         0       During the plan year       10a       X       X         0       Duri		-								
i       Net income (toss) (subtract line 8ch from line 8c)       8i       121906         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         Part IV       Plan Characteristics       9j       0         Part IV       Plan Characteristics       9j       0         Part IV       Compliance functions       2A 2E 2G 2J 2K 2T 3D       0         b       If the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       10a       X         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       X         c       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10a       X       X         c       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b       X       X       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?,       10d       X       X	-			-				24997		
j       Transfers to (from) the plan (see instructions)		-								
Part IV       Plan Characteristics         Base       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2E       2G       2J       2K       2T       3D         If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       Part V       Compliance Questions:         Part V       Compliance Questions       Yes       No       Amount         0       During the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       2         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       2       2       2       2       2 </td <td></td> <td>-</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>.2.000</td> <td></td>		-		0				.2.000		
Ba       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2E       2J       2K       2T       3D         If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         If the plan year:       Yes       No         A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102* (See instructions and DOL's Voluntary Fiduciary Correction Program)		oj		0						
a Was there a failure to transmit to the plan any participant contributions within the time period described in       10a       X         b Ware there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions									
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       A         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       62         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       X       62         h       If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X       11a         11a       Eater the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         11a       Is this a defined contribution plan subject to the minimum funding requi	rait v Compliance Questions									
on line 10a.)       10b       ^         C       Was the plan covered by a fidelity bond?       10c       ×         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×          g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       ×       62         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h       ×        62         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10h       ×          i       If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete SB (Form 5500) line 39       11a          111       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a        Yes X       11a         122 <td><b>10</b> During the plan year:</td> <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td> <td></td> <td>Amount</td> <td></td>	<b>10</b> During the plan year:				Yes	No		Amount		
c       Was the plan covered by a indenty bond r       inc       inc       inc         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)</li> </ul>	ciary Correc	tion Program)		Yes	-		Amount		
or dishonesty? 10d     e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)   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 as of year end.)   h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3   tart VI Pension Funding Compliance   11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)   112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   i If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurent Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Correc ? (Do not inc	tion Program)	10a	Yes	X X		Amount		
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> </ul>	ciary Correc ? (Do not inc	tion Program) clude transactions reported	10a 10b	Yes	X X		Amount		
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       62         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       62         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X       10h       10h       X       10h	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond?</li> </ul>	ciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported 	10a 10b 10c	Yes	× × ×		Amount		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       62         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       62         i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all comparisons and the provides some or all comparisons to the provides some or all comparisons.</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud	10a 10b 10c 10d	Yes	x x x x		Amount		
i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidual</li> <li>Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10d	Yes	x x x x x		Amount		
i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons t of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10d 10e 10f		x x x x x		Amount		
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes X         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.       Day       Year	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit n? s of year end See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g		x x x x x		Amount	620	
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>11b Yes X</li> <li>11c (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> <li>Month Day Year</li> </ul>	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the service of the plan is for the plan is the plan have any participant is for the plan is the provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any service if you either provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any participant box if you either provided the plan have any participant "Plan have any participant box if you either provided the plan have any participant plan have any participant box if you either provided the plan have any participant plan have any plan have box if you either provided the plan have any plan have any plan have box if you either plan have any plan have box if you either plan have backout plan have b</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit a? 	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h		x x x x x		Amount	620	
<ul> <li>11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39</li> <li>11a</li> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes K (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver</li></ul>	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit a? 	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h		x x x x x		Amount	620	
<ul> <li>Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?</li> <li>Yes X</li> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.</li> </ul>	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (32520.101-3.)</li> <li>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</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruct e required n I-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	X X X X X X X X			626	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not inc fidelity bond er persons to of the benefit a? s of year end See instruct le required no I-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	X	X X X X X X X Ile SB				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Correc ? (Do not ind fidelity bond er persons b of the benefi n? s of year end See instruct e required n I-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X Schedu	X X X X X X Ule SB	9 (Form	Yes	X	
	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not ind fidelity bond er persons to of the benefit a? See instruct be required no I-3 ents? (If "Ye com Schedule requirement	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X Schedu	X X X X X X Ule SB	9 (Form	Yes	X	
	<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li></ul>	ciary Correc ? (Do not ind fidelity bond er persons to of the benefit as of year end See instruct e required no I-3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10a         10b         10c         10c         10d         10d         10e         10f         10g         10h         10g         10h         10g         10h         10i         cor sec         ctions,	X Schedu	X X X X X X X X X Ile SE Ile SE Ile SE Ile SE Ile SE Ile SE	e date of th	Yes P	× N	

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