## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

Pensio	on Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identi						
For cale	ndar plan year 2013 or fiscal pla	an year beginning 01/01/2013		and ending 12/3	/2013		
<b>A</b> This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
	·	a single-employer plan;	☐ a DFE (s	specify)			
		A complete plant,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<b>.</b>		the first return/reports	☐ the final	raturn/ranarts			
<b>B</b> This	return/report is:	the first return/report;		return/report;			
		an amended return/report;	a short p	lan year return/report (less	than 12 m	onths).	
C If the	plan is a collectively-bargained	plan, check here				. ▶ □	
	k box if filing under:	Form 5558;	_	c extension;		e DFVC program;	
<b>D</b> Onco	K box ii iiiiig dilder.	special extension (enter desc			ш	· · · · p· · · g· · · · · · ,	
D1	U Daa'a Blandu (anns		. ,				
Part		ation—enter all requested informa	ition		41.		I
	ne of plan				10	Three-digit plan	001
PROFII	SHARING PLAN FOR FANTAS	SY FLASH PHOTOGRAPHY AND	VIDEO INC		10	number (PN) ▶ Effective date of pla	
					10	01/01/1997	an
22 Dian	ananaar'a nama and addraga	include room or quite number (emp	lover if for a single	omployer plan)	2b		tion
Za Piai	i sponsoi s name and address,	include room or suite number (emp	bloyer, ir for a sirigle-	employer plan)	20	Employer Identifica Number (EIN)	ILIOII
FANTAS	SY FLASH PHOTOGRAPHY AN	ND VIDEO INC				13-3645388	
1744174		15 11525 1116			2c	Sponsor's telephon	ne
						number	
10EC E	POST RD	4050 F P/	OOT DD				
	PLAINS, NY 10601	195C E PO WHITE PL	AINS, NY 10601		2d	Business code (see	е
			,			instructions)	
						453990	
Caution	: A penalty for the late or inco	omplete filing of this return/repor	t will be assessed	unless reasonable cause	is establi	shed.	
Under pe	enalties of perjury and other per	nalties set forth in the instructions, I	declare that I have	examined this return/repor	t, including	accompanying sche	dules,
		the electronic version of this return					
SIGN	Filed with authorized/valid elec	otronio oignoturo					
HERE							
	Signature of plan administra	ator	Date	Enter name of individual	signing as	plan administrator	
		ļ					
SIGN HERE							
HEIKE	Signature of employer/plan	sponsor	Date	Enter name of individual	signing as	employer or plan sp	onsor
SIGN							
HERE	O'manatana at DEE		Data	Fatanasa of hadisida al	-11	DEE	
Prenarei	Signature of DFE	f applicable) and address; include re	Date	Enter name of individual		telephone number	
	TOSCANI	applicable) and address, include is	oom or saile nambe		(optional)	telephone number	
						828-885-5015	
VVILLIAN	1 TOSCANI						
PO BOX				-			
CEDAR	MOUNTAIN, NC 28718						

	Form 5500 (2012)	Po	ge <b>2</b>		
3a	Form 5500 (2013)  Plan administrator's name and address Same as Plan Sponsor Name	<b>3b</b> Administrator's EIN			
				<b>3c</b> Administrator number	's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return	n/report filed f	or this plan, enter the name	4b EIN	
	EIN and the plan number from the last return/report:	"Toport mod 1	or the plan, offer the flame,		
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year			5	3
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6	<b>a, 6b, 6c,</b> and <b>6d</b> ).		
а	Active participants			6a	5
b	Retired or separated participants receiving benefits			6b	0
С	Other retired or separated participants entitled to future benefits			6c	0
d	Subtotal. Add lines 6a, 6b, and 6c			6d	5
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	S	6e	0
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	5
g	Number of participants with account balances as of the end of the plan year complete this item)			6g	5
	Number of participants that terminated employment during the plan year with less than 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (only		<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	•	
	If the plan provides pension benefits, enter the applicable pension feature co 2E  If the plan provides welfare benefits, enter the applicable welfare feature cod				
	Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts  (3) X Trust (4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are a	(1) (2) (3) (4)	enefit arrangement (check all the linsurance Code section 412(e)(3 X Trust General assets of the state where indicated, enter the number of the state of the stat	sponsor	
	Pension Schedules	_	ral Schedules	(300	,
а	(1) R (Retirement Plan Information)	(1)	H (Financial Info	rmation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)		rmation – Small Plan	)

(3)

(4)

(5)

(6)

A (Insurance Information)

**C** (Service Provider Information)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

Purchase Plan Actuarial Information) - signed by the plan

**SB** (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

actuary

(3)

# SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending 12/31/2013
A Name of plan PROFIT SHARING PLAN FOR FANTASY FLASH PHOTOGRAPHY AND VIDEO INC	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
FANTASY FLASH PHOTOGRAPHY AND VIDEO INC	13-3645388
Complete Schoolule Lift the plan severed fower than 100 participants as of the hosinging of the	a plan year. You may also complete Schodule Lift you are filing as a

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	457048	518654
b	Total plan liabilities	1b	0	
С	Net plan assets (subtract line 1b from line 1a)	1c	457048	518654
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	<b>(b)</b> Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	46420	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	15186	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		61606
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		
k	Net income (loss) (subtract line 2j from line 2d)	2k		61606
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Р	'age	2	-

Schedule I (Form 5500) 2013

			r			1			
				Yes	No			Amour	nt
3f	Loans	(other than to participants)	3f		X				
g	Tangib	le personal property	3g		Χ				
Pa	art II	Compliance Questions							
4	Durir	ng the plan year:		Yes	No			Amou	nt
а		here a failure to transmit to the plan any participant contributions within the time period			1.0			7411041	
_	describ	ped in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully ted. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X				
b	Were a	any loans by the plan or fixed income obligations due the plan in default as of the close of plan r classified during the year as uncollectible? Disregard participant loans secured by the			V				
	particip	pant's account balance.	4b		X				
С		any leases to which the plan was a party in default or classified during the year as ectible?	4c		X				
d		here any nonexempt transactions with any party-in-interest? (Do not include transactions							
		ed on line 4a.)	4d		X				
е	Was th	ne plan covered by a fidelity bond?	4e		X				
f		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	4f		X				
g		e plan hold any assets whose current value was neither readily determinable on an established to nor set by an independent third party appraiser?	4g		X				
h		e plan receive any noncash contributions whose value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4h		X				
i	Did the	e plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel estate, or partnership/joint venture interest?	4i		X				
j	Were a	all the plan assets either distributed to participants or beneficiaries, transferred to another plan, upht under the control of the PBGC?	4j		X				
k	Are you	u claiming a waiver of the annual examination and report of an independent qualified public ntant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 ent. (See instructions on waiver eligibility and conditions.)	4k	X					
ı		e plan failed to provide any benefit when due under the plan?	41		X				
		s an individual account plan, was there a blackout period? (See instructions and 29 CFR	71						
•••		01-3.)	4m		Х				
n		vas answered "Yes," check the "Yes" box if you either provided the required notice or one of ceptions to providing the notice applied under 29 CFR 2520.101-3	4n						
	If "Yes	resolution to terminate the plan been adopted during the plan year or any prior plan year? s," enter the amount of any plan assets that reverted to the employer this year		s XN		Amou			
5b	trans	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ferred. (See instructions.)	entify t	he plar				or liabilit	
	5b(1)	Name of plan(s)			5b(2	2) EIN(	s)		<b>5b(3)</b> PN(s)
5c	If the	plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection	4021)?		Yes	No	Not	determined
Par	rt III	Trust Information (optional)							
6a	Name o	f trust			<b>6b</b> ⊤	rust's E	ΞIN		

## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identif	fication Information		·	
For calendar plan year 2013 or fiscal plan	n year beginning		and ending	
A This return/report is for:	a multiemployer plan;	a mul	tiple-employer plan; or	
	X a single-employer plan;	a DFI	E (specify)	
<b>B</b> This return/report is:	the first return/report;	the fir	nal return/report;	$\sim$
	an amended return/report	; a sho	rt plan year return/report (le	ess than 12 months).
<b>C</b> If the plan is a collectively-bargained	plan, check here			
<b>D</b> Check box if filing under:	Form 5558;		natic extension;	the DFVC program;
one on the same of	special extension (enter d	<del></del>		
Part II Basic Plan Informa	tion—enter all requested info	•		
1a Name of plan	criter ail requested line	mation		<b>1b</b> Three-digit plan
PROFIT SHARING PLAN FOR FANTA	SY FLASH			number (PN) ▶ 001
PHOTOGRAPHY AND VIDEO INC				1c Effective date of plan 1/1/1997
2a Plan sponsor's name and address;	include room or suite number (	employer, if for a sing	gle-employer plan)	<b>2b</b> Employer Identification Number (EIN)
FANTASY FLASH PHOTOGRAPHY		- 1		13-3645388
AND VIDEO INC				2c Sponsor's telephone
195C E POST RD		<b>Y</b>		number
WHITE PLAINS		NY	10601	2d Business code (see instructions)
195C E POST RD	<b>*</b> (	1		453990
WHITE PLAINS		NY	10601	
		<u>'</u>		
Caution: A penalty for the late or inco	mplete filing of this return/re	port will be assess	ed unless reasonable ca	use is established.
Under penalties of perjury and other penaltie				
statements and attachments, as well as the	electronic version of this return/rep	ort, and to the best of i	my knowledge and belief, it is	true, correct, and complete.
SIGN	X	= (00)(00)		
HERE Signature of plan administ	rator	7/28/2014 Date	JAMES NOLA	signing as plan administrator
Signature of plan administ	iatoi	Date	Litter flame of flidividual	signing as plan aurilinistrator
SIGN				
HERE Signature of employer/plai	n sponsor	Date	Enter name of individual	signing as employer or plan sponsor
SIGN				
HERE Signature of DFE		Date	Enter name of individual	signing as DFF
Preparer's name (including firm name, if an	oplicable) and address; include			parer's telephone number
			(opt	tional)
WILLIAM TOSCANI			828-	-885-5015
WILLIAM TOSCANI				
PO BOX 240				
CEDAR MOUNTAIN	NC 28718			

	Form 5500 (2013)			Page 2				
<b>3a</b> Same	<u>—</u>	Same as Plan Sponsor Name	X Sam	e as Plan	Sponsor Address	3b	Administrator	's EIN
						3c	Administrator	's telephone
							number	
4	If the name and/or EIN of the plan sponsor ha	s changed since the last return	/report fi	ed for this	plan, enter the	4b	EIN	
•	name, EIN and the plan number from the last	=	лороген	ica for tillo	pian, enter the	1.0		
а	Sponsor's name					4c	PN	
5	Total number of participants at the beginning	of the plan year				5		3
6	Number of participants as of the end of the pl		e only lin	es <b>6a, 6b</b> ,	<b>6c,</b> and <b>6d</b> ).			
а	Active participants					66	a	5
							•	
b	Retired or separated participants receiving be	nefits				<u>6</u> t	) 	0
С	Other retired or separated participants entitled	I to future benefits				60		0
ام	Outstand Add Street Co. Ob. and Co.					6.		-
d	Subtotal. Add lines 6a, 6b, and 6c				<b>J</b> )	60	,	5
е	Deceased participants whose beneficiaries ar	e receiving or are entitled to re	ceive ber	nefits		66	<b>9</b>	0
f	Total. Add lines <b>6d</b> and <b>6e</b>					61	f	5
g	Number of participants with account balances complete this item)					6 <u>c</u>	ני	5
h	Number of participants that terminated emplo less than 100% vested					6ł	,	0
7	Enter the total number of employers obligated							
8a	If the plan provides pension benefits, enter the	e applicable pension feature co	des from	the List of	f Plan Characterist	ics Code	s in the instruc	tions:
2E								
b	If the plan provides welfare benefits, enter the	applicable welfare feature cod	es from t	he List of	Plan Characteristic	cs Codes	in the instructi	ons:
		·O`						
9a	Plan funding arrangement (check all that app	y)	9b		nefit arrangement (	check all	that apply)	
	(1) Insurance (2) Code section 412(e)(3) insur	anno contracto		(1)	Insurance		o)(2) inqurance	oontrooto
	(2) Code section 412(e)(3) insur (3) X Trust	ance contracts		(2) (3)	X Trust	11011 4 12(1	e)(3) insurance	CONTRACTS
	(4) General assets of the spons			(4)			the sponsor	
10	Check all applicable boxes in 10a and 10b to	indicate which schedules are a	ttached,	and, where	e indicated, enter t	he numb	er attached. (S	ee instructions)
а	Pension Schedules		b	General	Schedules			
	(1) R (Retirement Plan Informat	on)		(1)	П	(Financi	al Information)	
	(2) MB (Multiemployer Defined	Benefit Plan and Certain Mone	/	(2)	ΧI	(Financi	al Information	– Small Plan)
		rmation) - signed by the plan		(3)	A	`	nce Information	•
	actuary  SB (Single-Employer Define	d Renefit Plan Actuarial		(4) (5)	C		Provider Infor articipating Pla	
	(3) SB (Single-Employer Define Information) - signed by the			( <del>5</del> ) (6)			al Transaction	

## 2013 Electronic Filing Information (5500/5500-SF)

### Signature Method

Option (1). Plan Admin., Sponsor and DFE (if applicable) are physically present and able to enter their UserID and PIN(s).

- 1. Indicate agreement with the DOL-required 'Filer Signature Agmt' statement below.
- 2. Enter their Name(s) and Signature Date(s) at the bottom of page 1 of Form 5500, or page 2 of Form 5500-SF.
- 3. Enter their DOL-assigned UserID and DOL-assigned PIN(s) in the appropriate field(s) below.

	User ID*	PIN	Date PIN Entered	Name
Plan Administrator				
Employer/Plan Sponsor				
Direct Filing Entity (DFE)				

\*Note: User ID is an 8-character personal identifier assigned in EFAST2 registration by IREG. PIN is assigned by DOL for all registrants. See <a href="https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1">https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1</a> for registration or PIN recovery info.

- X Option (2). E-Signature: Practitioner will sign as Plan Administer according to expanded EFAST 2 Signature options.
  - 1. Print pages 1 and 2 of Form 5500 or 5500-SF to pdf, along with statement titled "Practitioner Signature Agmt" below.

    The Plan Admin, Sponsor/Employer and/or DFE on the pdf form should be that of the plan, without regard to these modified instructions.
  - 2. Send these 3 pages to the Plan Administrator to physically sign and return to the practitioner.
  - 3. Practitioner is to keep the "Practitioner Signature Agmt" on record.
  - 4. Attach pages 1 and 2 of the Form 5500 or 5500-SF to this return via the 'E-File' 'Attach PDF...' menu above, (selecting '5500/SF pg 1 and 2 Practitioner Signature'.)
  - 5. On Form 5500 (or 5500-SF), edit the Plan Administrator signature date to reflect the same date as is shown in the 'Date PIN Entered' field below.
  - 6. Create the 5500/SF Electronic file, resolve any red Error Check messages and transmit the return.

	User ID*	PIN	Date PIN Entered	Name
Practitioner Signing as				
Admin	A1428427	****	07/28/2014	WILLIAM TOSCANI

\*Note: User ID is an 8-character personal identifier assigned in EFAST2 registration by IREG. PIN is assigned by DOL for all registrants. See <a href="https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1">https://www.efast.dol.gov/portal/app/userCreate?execution=e1s1</a> for registration or PIN recovery info.

#### Filina ID

CEDAR MOUNTAIN

The Filing ID for this return will be computed automatically when you create the e-file and will be displayed here.

you create the e-file and will be displayed here.						
Filing ID: <u>133645388140728042628</u>						
Plan Information						
Name of plan				Plan number		
PROFIT SHARING PLAN FOR FANTASY FLASH PHOTOGRAPHY AND VIDE	O INC			001		
Plan sponsor or employer's name				EIN		
FANTASY FLASH PHOTOGRAPHY AND VIDEO INC				13-3645388		
Street address				Telephone number		
195C E POST RD						
Location address	In care of na	ame				
195C E POST RD				<u></u>		
City	State	Zip C	ode	Foreign country		
WHITE PLAINS	NY	1060	1			
Plan administrator's name	Telephone r	numbe	r	EIN		
SAME						
Street address	In care of na	ame				
City	State	Zip C	ode	Foreign country		
Paid Preparer (Enter data in the Preparer Manager)						
Paid preparer's name	Non-paid pre	p type	Check if self-	Preparer's SSN or PTIN		
WILLIAM TOSCANI			employed X	P01249050		
Firm's name	Email address					
WILLIAM TOSCANI	WTOSCAN	@AOL	COM	13-6721662		
Address	Phone Foreign Phone Number					
PO BOX 240	828-885-50	15				

State

NC

ZIP code

28718

Foreign country

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning	and ending	
A Name of plan	<b>B</b> Three-digit	
PROFIT SHARING PLAN FOR FANTASY FLASH PHOTOGRAPHY AND VIDEO	plan number (PN)	001
INC		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Nur	mber (EIN)
FANTASY FLASH PHOTOGRAPHY AND VIDEO INC	13-3645388	
	*** 1 Y	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year		
а	Total plan assets	1a	457,048	518,654		
b	Total plan liabilities	1b <sup>4</sup>				
С	Net plan assets (subtract line 1b from line 1a)	1c	457,048	518,654		
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total		
а	Contributions received or receivable:		•			
	(1) Employers	2a(1)	46,420			
	(2) Participants	2a(2)				
	(3) Others (including rollovers)	2a(3)				
b	Noncash contributions	2b				
С	Other income	2c	15,186			
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		61,606		
е	Benefits paid (including direct rollovers)	2e				
f	Corrective distributions (see instructions)	2f				
g	Certain deemed distributions of participant loans					
	(see instructions)	2g				
h	Administrative service providers (salaries, fees, and commissions)	2h				
i	Other expenses	2i				
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		0		
k	Net income (loss) (subtract line 2j from line 2d)	2k		61,606		
I	Transfers to (from) the plan (see instructions)	21		0		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	. 3a		Χ	
b	Employer real property	3b		Χ	
С	Real estate (other than employer real property)			Χ	
d	Employer securities	3d		Х	
е	Participant loans	3e		Χ	

			Yes	No		Amo	unt
3f	Loans (other than to participants)	3f		Х			
g	Tangible personal property	3g		Χ			
Part	II Compliance Questions						
4	During the plan year:		Yes	No		Amo	unt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until						
	fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		Х			0
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		1 ×			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	<b>4</b> /	X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		Х			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		Х			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		Х			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		Х			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes X No Amount:					
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), were transferred. (See instructions.)	identify the plan(s) to which assets or liabilities					
	5b(1) Name of plan(s)	<b>5b(2)</b> EIN(s)			<b>5b(3)</b> PN(s)		
5c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA s	ection 4	021)?	Ye	s No		Not determined
Part	III Trust Information (optional)						
6a	Name of trust		6b	) Tru	ıst's EIN		

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