For	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-01 1210-00		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					e	2	013	
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						58(a) of This Form is Open to Pu Inspection		
	nefit Guaranty Corporation	0-SF.	115	pection				
Part I	Annual Report Id ar plan year 2013 or fisca	entification Information		and ending 1	2/24/	2012		
					2/31/:			
	urn/report is for:			an (not multiemployer)		a one-particip	ant plan	
B This return/report is:						,		
an amended return/report a short plan year return/report (less than 12 r								
C Check box if filing under: Form 5558 automatic extension						DFVC program	m	
		special extension (enter description)						
Part II		nation—enter all requested informati	on		1h	Three-digit		
1a Name ERGOTECH	GROUP, INC. 401(K) P	LAN				plan number (PN)	001	
					1c	Effective date of	•	
	oonsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identifi (EIN) 13-409	ication Number	
	STER PLAZA				2c	Sponsor's telept 914-347		
ELMSFORD	, NY 10523				2d			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's E		
					3c Administrator's telephone number			
name,	EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fc	or this plan, enter the		EIN		
a Sponse		the beginning of the plan year				PN	10	
		the end of the plan year			5a		13	
		count balances as of the end of the pla			5b		12	
			•	•	5c		10	
		uring the plan year invested in eligible					🗙 Yes 🗌 No	
		e annual examination and report of an See instructions on waiver eligibility an					X Yes 🗌 No	
		er line 6a or line 6b, the plan cannot	,					
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	nenalty for the late or	incomplete filing of this return/repo	rt will be assessed i	unless reasonable cau	ise is	established		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, ir	ncluding, if applica		
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	nter name of individual signing as plan administ			
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individual signing as employer or plan sp				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)								
	999-999-9999							

L

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
a Total plan assets	7a	(a) Beginning of Tea 381704				488946	
b Total plan liabilities	7a 7b		0			0	
C Net plan assets (subtract line 7b from line 7a)	70 70	381704	4			488946	
8 Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total	
a Contributions received or receivable from:		(a) Amount					
(1) Employers	8a(1)	9119	9				
(2) Participants	8a(2)	71259	9				
(3) Others (including rollovers)	8a(3)	(0				
b Other income (loss)	8b	58525	5				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					138903	
d Benefits paid (including direct rollovers and insurance premiums							
to provide benefits)	8d	17244					
e Certain deemed and/or corrective distributions (see instructions)	8e)				
f Administrative service providers (salaries, fees, commissions)	8f	3417	7				
g Other expenses	8g	11000)				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					31661	
i Net income (loss) (subtract line 8h from line 8c)	8i					107242	
j Transfers to (from) the plan (see instructions)	8j	(C				
Part IV Plan Characteristics							
Part V Compliance Questions							
				Yes	No	Amount	
10 During the plan year:a Was there a failure to transmit to the plan any participant contribut			10a	Yes	No X	Amount	
10 During the plan year:	ciary Correct ? (Do not incl	ude transactions reported	10a 10b	Yes		Amount	
 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 Fidu b Were there any nonexempt transactions with any party-in-interest? 	ciary Correct ? (Do not incl	ion Program) ude transactions reported		Yes X	x		
 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 Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	ciary Correct ? (Do not incl fidelity bond,	tion Program) ude transactions reported that was caused by fraud	10b		x		000
 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 Fidu 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 of the plan base o	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x	20	000
 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 Fidu 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 o instructions.) 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e	x	x x	20	000
 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 Fidu 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 o instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	x	x x x	20	
 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 Fidu 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 as 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See .)	10b 10c 10d 10e	x	x x x	20	000
 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 Fidu 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 as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f	x	x x x	20	
 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 Fidu 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 as h If this is an individual account plan, was there a blackout period? (If the plan have any plan have	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction er required not	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g	x	x x x x x x x x x x x x x x x x x x x	20	000
 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 Fidu 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 o 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 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 set of the provide the plan is provided the plan have any participant for the plan is the provided the plan have any participant plan. 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction er required not	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	x	x x x x x x x x x x x x x x x x x x x	20	000
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 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 Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction re required not I-3	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Ie SB (3	0000 3339
 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 Fidu 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 o 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 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 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction re required not I-3 ents? (If "Yes	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X Schedu	X X X X X X X Ie SB (20 3 Form	339
 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 Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction required not I-3	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X X Schedu	X X X X X X X Ie SB (20 3 Form	0000 3339
 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 Fidu 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 o 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 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 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit as of year end See instruction required not I-3	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se 	X X Schedu	X X X X X X X X Ie SB (1a D2 of El	20 3 Form Yes X RISA? Yes X	0000 3339] N
 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 Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not incl fidelity bond, er persons b of the benefit n? s of year end See instruction le required not l-3 ents? (If "Yes om Schedule requirements as applicable g amortized	tion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se 	X X Schedu	X X X X X X X X X Ie SB (1a 12 of Ef	20 3 Form Yes X RISA? Yes X date of the letter ruling	0000 3339] N

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			r	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		0
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		0
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?	ı 🗌 ۱	res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to 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.)	to		
1	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊺ı	rust's EIN	

Form 5500-SF	Short Form Annual		of Small Employ	ee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service						2013		
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058(code).	a) of	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in act	cordance with the instruc	tions to the Form 5500	-SF.				
	Ientification Information	1/1/2013	and ending	1	2/31/2013			
For calendar plan year 2013 or fisc	al plan year beginning a single-employer plan	-			a one-particip	ant plan		
A This return/report is for:			an (not multiemployer)			bant plan		
B This return/report is:	the first return/report	the final return/report	- / then 12 me	nthe)				
l	an amended return/report	H	n/report (less than 12 mo	muns)	DFVC progra	222		
C Check box if filing under:	Form 5558	automatic extension						
	special extension (enter descr							
	mation—enter all requested info	ormation		1h	Three-digit			
1a Name of plan Ergotech Group, Inc. 40	1(k) Plan			10	plan number (PN)	001		
				1c	Effective date or 2/1/2			
2a Plan sponsor's name and addr Ergotech Group, Inc.	ess; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 13	fication Number 34097171		
8 Westchester Plaza			_	2c	Sponsor's telep 91434			
Elmsford	NY			2d		(see instructions)		
10523			Courses Address	2h	332 Administrator's	2510		
3a Plan administrator's name and	address MSame as Plan Spons		n Sponsor Address	55	Administrators			
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b	EIN			
name, EIN, and the plan num a Sponsor's name	ber from the last return/report.		2	4c	PN			
5a Total number of participants a	t the beginning of the plan year			5a		13		
b Total number of participants a						12		
c Number of participants with a		the plan year (defined bene	efit plans do not	5c		10		
6a Were all of the plan's assets	during the plan year invested in e	ligible assets? (See instruc	ctions.)			🖌 Yes 🗌 No		
under 29 CFR 2520.104-46? If you answered "No" to eit	he annual examination and report (See instructions on waiver eligib her line 6a or line 6b, the plan o	ility and conditions.) annot use Form 5500-SF	and must instead use	Form	5500.	Yes 🗌 No		
c If the plan is a defined benefit	plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A penalty for the late of	r incomplete filing of this return	n/report will be assessed	unless reasonable cau	ise is	established.			
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions. I declare that I have	examined this return/rep	oort, in	ncluding, if applic	cable, a Schedule / knowledge and		
SIGN (M	talm	9/22/14	Christophe	r	Maliss	C		
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	gning as plan ad	ministrator		
SIGN					1. P			
HERE Signature of employ	er/plan sponsor	Date	Enter name of individu					
Preparer's name (including firm na	ame, if applicable) and address; in	nclude room or suite numb	er (optional)	Pre	parer's telephone	e number (optional)		
For Paperwork Reduction Act Notice	and OND Control Numbers cooth	instructions for Form EEN	A SE			Form 5500-SF (2013)		

Pa	rt III Financial Information						10			_
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End	of Year		_
а	Total plan assets	7a	38	1704	704 48894			8946	_	
b	Total plan liabilities	7b		(ו				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	38	381704			488946			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		911	9					
	(2) Participants	8a(2)	7	125	9					
	(3) Others (including rollovers)	8a(3)		(
b	Other income (loss)	8b	5	852	5	R. Harris				
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The state of the				1	13	8903	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	7244	4					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		341	7					
g	Other expenses	8g	1	100	0			-	1001	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A set Chart Line 151				1		1661	
i	Net income (loss) (subtract line 8h from line 8c)	8i						10	7242	
j	Transfers to (from) the plan (see instructions)	8j		(S Loges		
Pa	Plan Characteristics If the plan provides pension benefits, enter the applicable pension						1			
b Par	If the plan provides welfare benefits, enter the applicable welfare for t V Compliance Questions									_
10	During the plan year:				Yes	No	14	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ection Program)	10a		~	- A			0
k	 Were there any nonexempt transactions with any party-in-interest on line 10a.) 			10b		1				0
c	Was the plan covered by a fidelity bond?			10c	\checkmark		3		20	000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		1				0
e	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	her persons of the bene	by an insurance carrier, afits under the plan? (See	10e	~				3	397
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		1				0
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		1				0
-	 If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instru	ctions and 29 CFR	10h		1		P		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						
Par	t VI Pension Funding Compliance						- 12			
11	Is this a defined benefit plan subject to minimum funding requiren							. 🗌 Ye	es 🖌	No
11	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12						302 of	ERISA?	. 🗌 Y	es 🖌	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
1	 If a waiver of the minimum funding standard for a prior year is being ranting the waiver. 	ing amortize	ed in this plan year, see instru	ctions	, and e	enter t Day	he date o	f the letter Year	ruling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	m 5500), and skip to line 13.				1			
-	b Enter the minimum required contribution for this plan year					12b	10			

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с	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d		
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?		Yes 🗙 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?	e control	2	🗌 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.)	i) to		
1	I3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust

14b Trust's EIN