Form 5500-SF		Short Form Annual Return/Report of Small Employ Benefit Plan			/ее		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed u	inder sections 104 ar	nd 4065 of the Employer	е	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19	974 (ERISA), and sec Revenue Code (the Co	ctions 6057(b) and 6058	a) of	This Form is	s Open to Public		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Inspection 00-SF.			
Part I		lentification Information							
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ret	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
B This ret	turn/report is:	the first return/report th	e final return/report						
		an amended return/report a s	mended return/report 🛛 🗌 a short plan year return/report (less than 12 n			· _ ·			
C Check	box if filing under:	Form 5558 automatic extension			DFVC program				
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested information	วท						
<b>1a</b> Name	•				1b	Three-digit			
MOSBY S IN	NC 401(K) PROFIT SHAF	RING PLAN				plan number (PN) ▶	001		
					1c	Effective date of			
						01/01/	•		
2a Plan s MOSBY S I		ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identit (EIN) 31-15			
PO BOX 36	384				2c	Sponsor's telep 502-447			
LOUISVILLE					2d	Business code ( 48841	,		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
name	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.					4b EIN			
·	or's name					1c PN			
5a Totalı	number of participants at	the beginning of the plan year			5a		20		
		the end of the plan year			5b	_	20		
		count balances as of the end of the plar			5c		18		
						<b>I</b>	X Yes No		
<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)</li> </ul>									
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility and	d conditions.)	••••••	·····		X Yes No		
-	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see I	ERISA section 4021)?		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed ι	unless reasonable cau	se 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/val	lid electronic signature.	10/07/2014	STEPHANIE BARNES					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individual signing as en			r or plan sponsor		
Preparer's		ne, if applicable) and address; include r			_		number (optional)		
				·					

b       Total plan liabilities       To       244822       2743         c       Not plan assets (subtract line 7b from line 7a)       Tc       246822       2743         a       Income, Expenses, and Transfers for his Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       3265         (c)       Participants.       8a(2)       5304       3265         (d)       Others increating rollowers)       8a(3)       300       3265         (e)       Other increating rollowers)       8a(3)       300       364         (e)       Other increating and instance prenulting       8a       5854       364         c       Total income (ask)       8a       5854       364       364         d       Beenfits paid (including direct rollowers and instance prenulting       8d       5854       364       364         d       Contal expenses (add lines 8a, 68, e8,	Part III Financial Information								
Total pain labelities       70       246829       2744         C Net plan assets (softward line 7b from line 7a)       7c       246829       2744         B Income, Expenses, and Transfers for the Plan Year       (a) Amount       (b) Total       2         (2) Participants.       8a(1)       3265       3         (3) Others (cincluding rollowers)       8a(3)       2       5304       3         (3) Others (cincluding rollowers)       8a(3)       2       5304       3         (4) Deter income (cios)       8b       27897       3       3         (5) Other income (cios)       8b       27897       3       3         (6) Deter income (cios)       8b       27897       3       3       3         (7) Deter expenses       8d       5       5       3	7 Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year					
c       Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	246829	246829			27473		
B       income. Expenses. and Transfers for this Pain Year       (a) Amount       (b) Total         a       Contributions received or receivable form:       9a(1)       0.285         (2)       Participants.       8a(2)       5304         (3)       Other income (loss)       8a(3)       0         b       Other income (loss)       8a(3)       0         c       Total income (loss)       8b       27897         c       Total income (loss)       8b       27897         c       Total income (loss)       8c       0         d       Benefits paid (including direct rollovers and insurance premiums and control insurance insurance insurance insurance premiums and control insurance	<b>b</b> Total plan liabilities	7b							
a       Contributions receivable from:       Ba(1)       3285         (1)       Employees       5304       5304         (2)       Participants       Ba(2)       5304         (3)       Others (including onlowers)       Ba(3)       364         (3)       Others (including onlowers)       Ba(3)       364         (4)       Others (including onlowers)       Ba(2)       5304         (5)       Other (including onlowers)       Ba(2)       5304         (5)       Other (including onlowers)       Ba(2)       5854         (6)       Other (including onlowers)       Ba(2)       364         (7)       Other (including onlowers)       Ba(2)       364         (6)       Other (including onlowers)       Ba(2)       364         (7)       Other (including onlowers)       Ba(2)       364         (7)       Other (including onlowers)       Ba(2)       364         (7)       Transfers to (from) the plan (see instructions)       Ba(3)       377         (9)       Other (including neored) spatial to the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         (9)       If the plan provides velocities instructions and Divis Vuolutant pristre (including run pristructins)       106	<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	24682	274738				8	
(1)       Employers       8a(1)       3285         (2)       Participants       8a(2)       6304         (3)       Other income (loss)       8a       27897         (4)       Formal formation (loss)       8a       27897         (5)       Other income (loss)       8a       27897         (6)       Formal formation (loss)       8a       27897         (7)       Other separates       8d       5854         (7)       Other separates       8d       5854         (7)       Other separates       8g       1         (7)       Other separates       8g       27723         (7)       Other separates       8g       2773         (7)       Other separates       8g       2773         (7)       Transfers to (from) the pain (see instructions)       8g       2773         (7)       Transfers to (from) the pain (see instructions)       8g       2773         (7)       Transfers to (from) the pain (see instructions)       8g       2773         (7)       Transfers to (from) the pain (see instructions)       8g       2773         (8)       Transfers to (from) the pain (see instructions)       8g       277         (8)	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
10       Durpoise       Ba(2)       5304         (3)       Others (including rollovers)       Ba(3)       S304         b       Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       364         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       364         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       Bc       364         d       Benefits pad (including direct rollovers and insurance premiums to provide providers (salaties, fees, commissions)       Bf       27723         g       Other acpenses       Bg       27723       2773         g       If the plan provides pension benefits, enter the applicable version feature codes from the List of Plan Characteristic Codes in the instructions:       2774         g       If the plan provides werdirare benefits, enter the applicable werdirare feature codes from the List of Plan Characteristic Codes in the instructions:       2784         D       During the plan year:       100       100       100 <td></td> <td></td> <td colspan="2">2005</td> <td colspan="3"></td> <td></td> <td></td>			2005						
(a) Other income (loss)       (b) Other income (loss)       (b) Other income (loss)       (c) Total income (loss) <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td>				_					
b       Other income (loss)       8b       27897         c       Total income (ded lines 8a(1), 8a(2), 8a(2), and 8b).       8c       364         d       Benefits paid (including direct rollovers and insurance premiums 8d       5854       364         d       Denoting the plan (backing direct rollovers and insurance premiums 8d       5854       364         d       Certain deemed and/or corrective distributions (see instructions)			530	4	_				
a transmit quart       Bac       304         d Benefits paid (including direct rolloves and insurance premiums to provide benefits).       Bac       304         d Benefits paid (including direct rolloves and insurance premiums to provide benefits).       Bac       304         d Catalin deemed and/or corrective distributions (see instructions)       Bat       304         g Other expenses       Bg       9         h Total expenses (add lines 6d, 8e. 6f, and 8g)			0700	7					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       5854         e Certain deemed and/or corrective distributions (see instructions)       8d       2723         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8d       2723         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8d       2723         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8d       2723         g This corrective growides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       8i       273         g 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         D During the plan syst       V       Compliance Questions       10a       X         10 During the plan syst       V       No       Amount         29 CFR 2510.3-102? (See instructions and DOL's Volumay Fiduciary Correction Program)       10a       X         0 Did the plan have a loss, whether or not reimbursed by the plans?       10a       X         0 Did the plan have a loss, whether or not reimbursed by the plans?       10a       X         29 CFR 2510.3-102? (See instructions and DOL's Volumay Fiduciary Correction Program)       10a       X         0 Did the plan have a loss, whether or nor te			2789	/	_			0040	_
to provide benefits).       8d       5854         e       Certain deemed and/or corrective distributions (see instructions)       8e       2         f       Administrative service providers (salaries, fees, corrunissions)       8f       2773         g       Other expenses       8g       2         f       Net income (loss) (subtract line 8h from line 8c)	_	8c			_			3648	Ó
e       Certain deemed and/or corrective distributions (see instructions)       8e       2723         f       Administrative service providers (salaries, fees, commissions)       8f       2723         g       Other expenses       8g          h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h          i       Net income (loss) (subtract line 8h from line 8c)       8i       2773         j       Transfers to (from) the plan (see instructions)       8j       277         9a       Part IV       Plan Characteristics       9j       1         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       22f       276       22j       22k       22k       21 month       20k       2k       2k       3k       Amount         9       User there any nonexempt transactions with any participant contributions within the time period described in the 2k month       2k       2		8d	5854						
OTHer expenses       0         OTHer expenses       0         B       0         Total expenses       0         Note the come (loss) (subtract line B) from line 8c)       8i         J Transfer to (from) the plan (see instructions)       8j         Part IV       Plan Characteristics         Sa       1         Part IV       Plan Characteristics         Sa       1         If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions         10       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 22 OFR 25103-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a         V       See instructions and DOL's Voluntary Fiduciary Correction Program)       10a         0       Was there a nonexempt transactions with any participant contributions within the time period described in 20 OFR 25103-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a         0       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to not include transactions reported to not include transactions reported to tot		8e							
g Other expenses       8g       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       8c         i Net income (loss) (subtract line 8h from line 8c)       8i       275         j Transfers to (from) the plan (see instructions)       8j       275         g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2G 2J 2K 2R 2T 3D         b If the plan provides veltare benefits, enter the applicable veltare feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2G 5J 2K 2R 2T 3D         D During the plan year:       Yes       No       Amoun         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 have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesit?       10d       X         g Did the plan have a loss, whether on the indure or all of the plans (See instructions 1)       10d       X       X         g H as the plan failed to provide any benefit when due under the plan's fidelity bond, that was caused by fraud or dishonesity?       10d       X <td< td=""><td>f Administrative service providers (salaries, fees, commissions)</td><td>8f</td><td>2723</td><td colspan="3">2723</td><td></td><td></td><td></td></td<>	f Administrative service providers (salaries, fees, commissions)	8f	2723	2723					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       8t         i       Net income (loss) (subtract line 8h from line 8c)       8i       275         j       Transfers to (from) the plan (see instructions)       8j       275         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2z       2x	· · · · · · · · · · · · · · · · · · ·	-							
i       Net income (loss) (subtract line 8h from line 8c)								857	7
j       Transfers to (from) the plan (see instructions)								2790	9
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:              ZE 2F 2G 2J 2K 2R 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               If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:          0       During the plan year:               Yes No             Amount          10       During the plan year:               Yes Vo          29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)               10a          b       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported             on line 10a.)               10c          c       Was the plan covered by a fidelity bond?               10c               X          d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud             or dishonesty?               10c               X          f       Has the plan failed to provide any benefit when due under the plan?	j Transfers to (from) the plan (see instructions)	8i							
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2b       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         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics	-7							
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)		eature codes	from the List of Plan Charac	cterist	ic Cod	es in tł	he instructi	ons:	
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       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).       10e       X       10e       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	es in th	he instruction	ons:	
on line 10a.)	b       If the plan provides welfare benefits, enter the applicable welfare fer         Part V       Compliance Questions         10       During the plan year:			cterist				ons: Amount	
c       Was the plan tovered by a fidelity bond r       10c       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?	b       If the plan provides welfare benefits, enter the applicable welfare fer         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within tl	ne time period described in tion Program)			No			
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.)       10e       ×         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       ×          h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       ×          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       10i       ×          Part VI       Pension Funding Compliance       10i       ×       10i       ×         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)       11a       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?       Yea         (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 b	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare fer</li> <li>Part V Compliance Questions</li> <li>10 During the plan year:         <ul> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul> </li> </ul>	tions within tl iciary Correc ? (Do not inc	ne time period described in tion Program) lude transactions reported	10a	Yes	No X			
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	b       If the plan provides welfare benefits, enter the applicable welfare fer         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.).	tions within tl iciary Correc ? (Do not inc	ne time period described in tion Program) lude transactions reported	10a 10b	Yes	No X			100000
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       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       X         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       X         Part VI       Pension Funding Compliance       10i       Image: Compliance 200 and line 11a below)       Yei         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a       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?       Yei         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Image: 200 and line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Day Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: 200 and skip to line 13.	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare ference.</li> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>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</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></li></ul>	tions within tl iciary Correc ? (Do not inc fidelity bond,	ne time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b 10c	Yes	No X X			100000
Integrat handled to provide any benefit when due title plant?       10f         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare fer</li> <li>Part V Compliance Questions</li> <li>10 During the plan year:         <ul> <li>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</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 or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or the service or the plan that provides some or all or the service.</li> </ul> </li> </ul>	tions within th iciary Correc ? (Do not inc fidelity bond, er persons b of the benefi	that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No           X           X           X			100000
bit the plan have any pandopain toaris (in res, enter amount as of year entr.)	b       If the plan provides welfare benefits, enter the applicable welfare ference         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary 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 or instructions.)	tions within the ciary Correction of the benefition of the benefit	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No           X           X           X           X           X           X			100000
2520.101-3.)       10h       1         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       10i       10i         Part VI       Pension Funding Compliance       10i       10i       10i         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)       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?       Yet         (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 granting the waiver.       Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Image: State Stat	b       If the plan provides welfare benefits, enter the applicable welfare ference         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest' on line 10a.)	tions within the ciary Correc ? (Do not inc fidelity bond, fidelity bond, er persons bo of the benefit	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No           X           X           X           X           X           X			
exceptions to providing the notice applied under 29 CFR 2520.101-3         10i         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)         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? <pre></pre>	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefit when due under the plan plan benefit when due under the plan</li></ul>	tions within the ciary Correction of the benefit of	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No           X           X           X           X           X           X			
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)       Ye         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?       Ye         (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 granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.       Head	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides and provides and poly of the plan provides provides and poly of the plan provides provides and poly of the plan provides plan provides provides provides plan provides provides provides plan provides provides plan provides plan provides plan provides provides plan provides plan provides plan provides plan plan provides plan plan provides provides provides provides plan plan provides plan plan plan plan provides plan plan provides plan plan plan provides plan plan plan plan provides plan plan plan plan plan plan plan plan</li></ul>	tions within the ciary Correction of the content of	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Yes	No           X           X           X           X           X           X			
<ul> <li>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 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>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>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 granting the waiver.</li> <li>Month Day Year</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</li> </ul>	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides and policity.</li> <li>b Were there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 29 CFR 2510.3-102? (See instructions 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 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 originstructions.).</li> <li>f Has the plan failed to provide any benefit when due under the plan for 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 plan provide the plan failed to provide any benefit when a provide the plan failed to provide the plan, was there a blackout period?</li> </ul>	tions within the ciary Correct of the ciary correct	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No           X           X           X           X           X           X			
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(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 granting the waiver.         Month       Day       Year         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides welfare benefits, enter the applicable welfare ference of the plan provides the plan and provides and DOL's Voluntary Fidure 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure benefit velocity on line 10a.)</li></ul>	tions within the ciary Correct ? (Do not inc ? (Do not inc fidelity bond, fidelity fidelit	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i plete	Yes X	No X X X X X Iule SB			93934
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	b       If the plan provides welfare benefits, enter the applicable welfare fer         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within the ciary Correct ? (Do not income control of the con	ne time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10g 10h 10j 10h 10i 0 or se	Yes X X Scheo	No X X X X X X Iule SB Iule SB Iule SB Iule SB Iule SB	3 (Form ERISA?	Amount Amount Yes Yes ne letter ru	93934

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.)							
1	<b>3c(1)</b> Name of plan(s): 13	8 <b>c(2)</b> EIN	l(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	<b>14b</b> Tru	ust's EIN				