For	m 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 12				
Department of the Treasury Internal Revenue Service		BC This form is required to be filed u	nd 4065 of the Employee	е	2013					
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) a           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form is Open to Public Inspection				
Pension Be	enefit Guaranty Corporation	tions to the Form 5500								
Part I Annual Report Identification Information										
						12/31/2013				
A This ret	This return/report is for:						pant plan			
<b>B</b> This ret	urn/report is:		e final return/report							
			nonths)							
C Check I	box if filing under:		utomatic extension	DFVC progra	DFVC program					
		special extension (enter description)								
Part II		nation—enter all requested information	on		46					
1a Name	of plan ER WORKS, LLC RETIR					Three-digit plan number				
11.1.0. W/11						(PN) ▶	001			
					1c	Effective date of plan				
						01/01/				
	er works, LLC	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	1	fication Number 29988			
40 BRUCKN	IER BOULEVARD				2c	Sponsor's telephone number 718-292-5494				
BRONX, NY	10454				2d	Business code (see instructions) 811110				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN				
		<u> </u>			3c					
		lan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN				
		per from the last return/report.			4c PN					
·	or's name	the beginning of the plan year			-					
	• •				5a	34				
<ul><li>b Total number of participants at the end of the plan year</li><li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li></ul>					5b	36				
					5c		27			
<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>							X Yes No			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and 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.										
-		plan, is it covered under the PBGC insu					Not determined			
				,			Not determined			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Filed with authorized/va	lid electronic signature.	10/13/2014	SAMUEL FOLEY Enter name of individual signing as plan administrator						
HERE	Signature of plan adn	ninistrator	Date							
SIGN										
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sid	al signing as employer or plan sponsor				
Preparer's		ne, if applicable) and address; include r			_		number (optional)			

	Fian Assets and	Liabilities		(a) Beginning of Yea	a) Beginning of Year			(b) End of Year		
C       Not plan assets (subtract line 7b from line 7a)	a Total plan assets		. 7a	97473	7	1083470				
3       income. Expenses, and Transfers for this Plan Year       io       (a) Amount       (b) Total         4       Contributions received or receivable from:       6a(1)       0       0         (2)       Participants.       6a(2)       14746       0         (3)       Other income (loss)       8a(2)       14746       0         (3)       Other income (loss)       8a(2)       14746       143591         (4)       Benefits paid (including direct rollovers)       8d       34655       143591         6       Cotal income (loss)       8d       34655       143591         7       Total expenses (loss)       8d       34655       143591         9       Other expenses.       8g       0       143591         10       Total expenses (loss)       8t       0       143591         11       Total expenses (loss)       8t       0       109733         12       Total expenses (loss)       8t       109733       107733         13       Total expenses (loss)       8t       109733       107733         14       V       Compliance Questions       8t       109733         14       Plan Characteristics       34655       34555	<b>b</b> Total plan liabilitie	9S	7b		0	C				
a Contributions received or receivable from:       8e(1)       0         (1) Employees       8e(2)       14748         (3) Others (including rolovers)       8e(3)       0         (3) Others (including rolovers)       8e(3)       0         (3) Others (including rolovers)       8e(3)       0         (4) Ending the ending the ending of the	C Net plan assets (subtract line 7b from line 7a)			97473	974737			1083470		
(1)       Employers       8a(1)       0         (2)       Participants       8a(2)       14745         (3)       Others (including rollovers)       8a(3)       0         D       Other income (loss)       8b       128843         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       143391         d       Benefits paid (including rollovers) and insurance premiums ad       34858       143391         C       Cartain deend addro: corrective distributions (see instructions)       8e       0       143391         g       Other expenses       8g       0       0       164       108733         g       Other expenses       8g       0       0       108733       108733         j       Transfers to (from) the plan (see instructions)       8j       0       108733       108733         g       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 Income, Expense	s, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
(i) Dipply and the provides and the provide of the			0-(4)		0					
(a) Other income (idea)       Ba(3)       0         b Other income (idea)       Bb       128843         c Total income (idea)       Bb       128843         c Total income (idea)       Bb       143391         d Benefits paid (including direct rolivoirs and insurance premiums to provide benefits)       Bd       34856         c Cartain demed and/or corrective distributions (see instructions)       Be       0         g Other expenses       Bg       0       9         g Other expenses       Bg       0       9         j Transfers to (rom) the plan (see instructions)       Bi       108733         j Transfers to (rom) the plan (see instructions)       Bj       0       9         Part IV       Plan Characteristics       9       0       108733         30       If the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       25 ± 2 ≤ 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2					-	_				
b) Other income (loss)       c) Other income (loss)       c										
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       143591         d       Benefits paid (including direct rollovers and insurance premiums to provide periodics, and status escrete providers (salaries, fees, commissions).       8d       34858         e       Certain deemed and/or corrective distributions (see instructions).       8e       0       1         g       Other expenses       9g       0       1       34858       1         g       Other expenses.       9g       0       1       34858       1       1         g       Other expenses.       9g       0       1       34858       1       1       1       34858       1       1       34858       1       1       3       1       3       3       1       3       3       1       3       1       3       1       3       1       3       1       3       1       3       1       3       1       3       1       3       1       3       1       3       1       3       1       1       3       1       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3<					-					
d Benefits paid (including direct rollovers and insurance premiums by divergence of the construction of the provide benefits)	(			12001	<u> </u>				1/13501	
to provide benefits)       8d       34868         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (selaries, fees, cormissions)       8f       0         g       Other expenses       8g       0       34868         i       Net income (loss) (subtract line 8h ron line 8c)									140001	
or outside density concerned to the provider (salaries, fee, commissions)	• •	•	8d	3485	8					
A minimization of the provides guards, real solution, real of the provides guards, and solution in the provide solution of the provide solution the provide solution of the provide the provide			8e							
g       b       3450         i       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       34658         i       Net income (loss) (subtract line 8h from line 8c)       8i       108733         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         B       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E         2F       2C       2U       XL       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       Yes       No       Amount         a       Was there any nonexempt transactions with any parti-in-Interest? (Do not include transactions reported on ine 10a)       X       10b       X         c       Was there any nonexempt transactions with any party-in-Interest? (Do not include transactions reported on ine 10a)       X       10c       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         c       Was there any nonexempt transactions reported on ine 10a)       10c       X       10c	f Administrative se	rvice providers (salaries, fees, commissions)	8f		0					
i       Net income (loss) (subtract line 8h from line 8c)	<b>g</b> Other expenses		8g		0					
j       Transfers to (from) the plan (see instructions)	h Total expenses (a	idd lines 8d, 8e, 8f, and 8g)	8h						34858	
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:         2a       2x       23       2X       21       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         Outing the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	· · · · ·								108733	
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2z       2Z       2J       2X       2T       3D         9at       V       Compliance Questions       Vestige       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	j Transfers to (from	i) the plan (see instructions)	8j		0					
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)										
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan	year:				Yes	No		Amount	
on line 10a.)       10b       X         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?       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         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: Second Secon										
c       Was the plan tovered by a fidelity bold ?       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?       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         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.)	29 CFR 2510.3				10a		Х			
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       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: the plan failed to provide any benefit when due under the plan?       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: the plan table of the benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<b>b</b> Were there any	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest	uciary Correc t? (Do not inc	tion Program) lude transactions reported						
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	<b>b</b> Were there any on line 10a.)	-102? (See instructions and DOL's Voluntary Fidu nonexempt transactions with any party-in-interest	uciary Correc t? (Do not inc	tion Program) lude transactions reported	10b	X				5000
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         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       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       10i       X         Part VI       Pension Funding Compliance       10i       Yes         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?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Inter the date of the letter rul granting the waiver.         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 rul granting the waiver.       Day Year	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan have</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's	iciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported 	10b 10c	X	Х			5000
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service</li> </ul>	-102? (See instructions and DOL's Voluntary Fidu nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or oth re, or other organization that provides some or all	iciary Correc (P (Do not inc fidelity bond ner persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d		Х			
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       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         vart 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       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       11a       11a         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 rul granting the waiver.       Day Year	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan has or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or other re, or other organization that provides some or all	fidelity bond fidelity bond for persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e		x			5000
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         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Yes         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (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 rul granting the waiver.       Month	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fail</li> </ul>	-102? (See instructions and DOL's Voluntary Fidu nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or other e, or other organization that provides some or all red to provide any benefit when due under the plan	iciary Correc (P (Do not inc fidelity bond ner persons b of the benefi in?	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f		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)       Yes         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (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 rul granting the waiver.	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan hav</li> <li>h If this is an indiv</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or oth ee, or other organization that provides some or all red to provide any benefit when due under the plan re any participant loans? (If "Yes," enter amount a idual account plan, was there a blackout period?	in?	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x			
5500) and line 11a below)       Yes         11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Yes         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 rul granting the waiver.       Day       Year	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan have h If this is an indivent 2520.101-3.)</li> <li>i If 10h was answere the plan have h If the plan have here the plan here the pl</li></ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or oth ee, or other organization that provides some or all ed to provide any benefit when due under the plan re any participant loans? (If "Yes," enter amount a idual account plan, was there a blackout period? rered "Yes," check the box if you either provided the	iciary Correc (Do not inc fidelity bond ner persons b of the benefi in? Is of year end (See instruction he required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x			
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Yes         (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 rul granting the waiver.       Day       Year	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan hav 2520.101-3.)</li> <li>i If 10h was answe exceptions to present the plan have service in the plan have service planes.</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or other e, or other organization that provides some or all red to provide any benefit when due under the plan re any participant loans? (If "Yes," enter amount a idual account plan, was there a blackout period? rered "Yes," check the box if you either provided to oviding the notice applied under 29 CFR 2520.10	iciary Correc (Do not inc fidelity bond ner persons b of the benefi in? Is of year end (See instruction he required n	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x			
(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 rul granting the waiver	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan hav</li> <li>h If this is an indivent 2520.101-3.)</li> <li>i If 10h was answer exceptions to present VI</li> <li>Pension</li> <li>11 Is this a defined</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? 	in fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond finer persons b of the benefit in? (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Aule SE			432
(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 rul granting the waiver	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan hav</li> <li>h If this is an indiventiation of the plan have exceptions to present VI</li> <li>Pension</li> <li>11 Is this a defined 5500) and line 1</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or oth ee, or other organization that provides some or all red to provide any benefit when due under the plan re any participant loans? (If "Yes," enter amount a idual account plan, was there a blackout period? rered "Yes," check the box if you either provided the oviding the notice applied under 29 CFR 2520.10 <b>Funding Compliance</b> benefit plan subject to minimum funding requirem 1a below)	iciary Correc (Do not inc fidelity bond ner persons b of the benefi in? is of year enc (See instruction he required n 1-3	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SE			432
granting the waiver	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan hav</li> <li>h If this is an indiventiation of the plan have exceptions to preserve the plan fai</li> <li>i If 10h was answee exceptions to preserve the plan fai</li> <li>part VI Pension</li> <li>11 Is this a defined 5500) and line 1</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond?	inclary Correc (Do not include) fidelity bond, ner persons b of the benefit in? (See instruction he required n 1-3	tion Program) lude transactions reported that was caused by fraud that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Aule SE		Yes	432
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skin to line 13	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan hav</li> <li>h If this is an indiventiation of the plan have exceptions to present VI</li> <li>Pension</li> <li>11 Is this a defined 5500) and line 1</li> <li>11a Enter the unpaid</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? re a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or oth ee, or other organization that provides some or all ed to provide any benefit when due under the plan re any participant loans? (If "Yes," enter amount a idual account plan, was there a blackout period? rered "Yes," check the box if you either provided the oviding the notice applied under 29 CFR 2520.10 <b>Funding Compliance</b> benefit plan subject to minimum funding requirem 1a below) I minimum required contribution for current year fin contribution plan subject to the minimum funding	in?	tion Program) lude transactions reported , that was caused by fraud , the plan? (See , the plan? (See , the plan? , the pla	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Aule SE		Yes	432
	<ul> <li>b Were there any on line 10a.)</li> <li>c Was the plan c</li> <li>d Did the plan hav or dishonesty?</li> <li>e Were any fees of insurance service instructions.)</li> <li>f Has the plan fai</li> <li>g Did the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is an indiventiation of the plan have</li> <li>h If this is a defined of the plan have of the plan have</li> </ul>	-102? (See instructions and DOL's Voluntary Fide nonexempt transactions with any party-in-interest overed by a fidelity bond? The a loss, whether or not reimbursed by the plan's or commissions paid to any brokers, agents, or oth ee, or other organization that provides some or all red to provide any benefit when due under the plan re any participant loans? (If "Yes," enter amount a idual account plan, was there a blackout period? Funding Compliance benefit plan subject to minimum funding requirem 1a below) I minimum required contribution for current year fit contribution plan subject to the minimum funding the line 12a or lines 12b, 12c, 12d, and 12e below is minimum funding standard for a prior year is bein	in?	tion Program) lude transactions reported , that was caused by fraud , the plan (See , t	10b 10c 10d 10e 10f 10g 10h 10i 10i	Scheo	X X X X X Aule SE 11a 302 of	ERISA?	Yes Yes	432

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	14b Trust's EIN					