For	m 5500-SF	Short Form Annual R	eturn/Report c Senefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed		nd 4065 of the Employee	е	2	2013
	partment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058			s Open to Public
	nefit Guaranty Corporation	Complete all entries in accord	lance with the instruc	ctions to the Form 5500	)-SF.		pection
Part I	Annual Report Id ar plan year 2013 or fisca	entification Information al plan year beginning 01/01/2013	, ,	and anding 1	2/31/2	2012	
				<b>~</b>	2/31/2		
	urn/report is for:			an (not multiemployer)		a one-partici	bant plan
B This ret	urn/report is:		the final return/report	- / <b>1</b> 0 <b>1</b> 0			
•				n/report (less than 12 mo	ontns)		
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	im
Dent II	Desis Dise Inform	special extension (enter description	,				
Part II		nation—enter all requested informa	ation		1h	Three-digit	
1a Name	ONSTRUCTION 401(K)	PLAN			ID.	plan number	
						(PN) 🕨	001
					1c	Effective date o	•
22 Dian or	anaar'a name and addre	eser include room or quite number (or	malayor if for a single	omployer plan)	24	01/01	
	ONSTRUCTION CORP.	ess; include room or suite number (er	npioyer, if for a single-	employer plan)	20	Employer Identi (EIN) 26-26	fication Number
					2c	Sponsor's telep	
50 BROADW 23RD FLOO					24	212-33	
NEW YORK					20	Business code ( 23890	see instructions)
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	elephone number
		lan sponsor has changed since the la er from the last return/report.	ast return/report filed fc	or this plan, enter the	4b	EIN	
a Sponse					4c	PN	
		the beginning of the plan year			5a		31
		the end of the plan year			5b		28
		count balances as of the end of the p			5c		8
		uring the plan year invested in eligibl	,	•			🗙 Yes 🗌 No
		e annual examination and report of a See instructions on waiver eligibility a					🗙 Yes 🗌 No
		er line 6a or line 6b, the plan canno					
•		plan, is it covered under the PBGC in					Not determined
Caution: A	popality for the late or	incomplete filing of this return/rep	ort will be assessed	unloss rossonable cau	eo ie		-
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, ir	cluding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ining as plan adr	ninistrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sic	ining as employe	r or plan sponsor
Preparer's		ne, if applicable) and address; include			_		number (optional)
				-			

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ng of Year				(b) End of Year			
а	Total plan assets	7a	4075	3					80689	)	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	4075	3					80689		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	Total			
а	Contributions received or receivable from:										
	(1) Employers	8a(1)	3063	4	_						
	(2) Participants	8a(2)	3063	1							
<u> </u>	(3) Others (including rollovers)	8a(3)	000	-							
	Other income (loss)	8b	930	S							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				39936		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
		8i							39936	5	
j	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics	-,									
i Net income (loss) (subtract line 8h from line 8c) 39936   j Transfers to (from) the plan (see instructions) 8j   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:   2E 2F 2G 2J 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 V Compliance Questions											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	Code	es in tl	ne instruct	ions:			
Dor	V Compliance Questions										
				,	Vas	No		A			
	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 V V										
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		x					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	4.0		х					
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g		-		10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x					
— i	If 10h was answered "Yes," check the box if you either provided the			TUN							
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No	
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,			302 of	ERISA?		Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					-					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instrue		and e	nter th Day	e date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- ~ ,					
-	Enter the minimum required contribution for this plan year					12b					

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 of the PBGC?	control		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.)	to				
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				



## FILING SIGNER AUTHORIZATION

Company Name: Conelle Construction Corp.

EIN: 26-2673031

**Plan Year Ending:** 12/31/2013

Plan Name(s):

Conelle Construction 401(k) Plan

IRS Plan #(s):

001

As an authorized signer on behalf of the above named plan sponsor, the undersigned hereby grants permission to INTAC Actuarial Services, Inc. (INTAC) to electronically file the plan sponsor's Form(s) 5500 through EFAST2, but only after INTAC's receipt of a copy of the manually signed pages one and two of Form 5500.

The undersigned has been notified that an image of the manual signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure. INTAC will notify the undersigned about any inquiries and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual Return/Report.

INTAC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization. INTAC will retain a copy of this authorization in its records.

The employer/plan sponsor also understands that INTAC will charge a filing fee of \$100.00 for this service, which will be billed separately and must be paid in advance. This service is only made available to clients whose accounts are current.

By signing this form, the authorized person agrees to all statements above. This form will give INTAC signing authorization only for the plans and plan year-end listed above.

Printed Full Name:	CHURC VOYLES	Title: PLAN AD	MINISTRATOR
Signature:	-C	Date: 10/14/	14
Completed	form can be returned to Intac via:		
	Email: Form5500@intacinc.com	Fax: 201-447-9634	

Corporate Office: 545 Route 17 South / Ridgewood, NJ 07450 / 201.447.2525 / Fax 201.447.9634

95 Brighton Avenue / Long Branch, NJ 07740 / 732.229.7891 www.intacinc.com

	orm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee			OMB Nos. 1210- 1210-			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee								2013			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Comparison Pension Benefit Bene								is Open to Put			
Pension	Benefit Guaranty Corporation	Complete all entries in a	A.	,	00-SF.			spection			
Part I	Annual Report Id	entification Information	1								
72	dar plan year 2013 or fisca		1/2013	and ending	12/31/	2013					
		X a single-employer plan	Ē	olan (not multiemployer)	)	🗌 a	one-partic	pant plan			
<b>B</b> This r	eturn/report is:	the first return/report	the final return/report								
Columb		an amended return/report		rn/report (less than 12 n	nonths	)					
Check	く box if filing under: 2	Y Form 5558	automatic extension				FVC progr	am			
Part II	Basic Plan Inform	special extension (enter desonation—enter all requested in									
1a Name	e of plan	nation—enter all requested in	formation		16	Thur	e-digit	1			
	onstruction 401(k) Plan				ai		e-aigit number				
						(PN)		001			
					1c	Effec	tive date c 01/01/				
2a Plan Conelle Co	sponsor's name and addre	ess; include room or suite numb	per (employer, if for a single	-employer plan)	2b	Empl	oyer Ident	ification Numbe			
						(EIN)					
50 Broadw					2c	Spor	sor's telep (212) 33	phone number			
23rd Floor	ay				2d	Busir		(see instruction			
New York,							23890				
Ja Plan	administrator's name and a	address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Admi	nistrator's	EIN			
					3c	Admi	nistrator's	telephone num			
4 If the	name and/or EIN of the pl	lan sponsor has changed since	the last return/report filed f	or this plan, enter the	4h	EIN					
name	e, EIN, and the plan numbe sor's name	er from the last return/report.									
	and the second se	the beginning of the plan year.			4c	PN	-				
		the end of the plan year			5a						
		count balances as of the end of			5b						
comp	plete this item)			•••••••••••••••••••••••••••••••••••••••	5c						
6a Were	e all of the plan's assets du	uring the plan year invested in e	eligible assets? (See instruc	ctions.)				X Yes			
<b>D</b> Are y	ou claiming a waiver of the	e annual examination and repo See instructions on waiver eligit	rt of an independent qualifie	ad public accountant (IC	DA1						
If you	u answered "No" to eithe	er line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.		X Yes			
c If the	plan is a defined benefit p	lan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?		Yes	ΠNo Γ	Not determine			
		incomplete filing of this retur						]			
Under pen	alties of perjury and other	penalties set forth in the instru-	ctions. I declare that I have	ovamined this return/re	nort in	abudia	16	able a Schedu			
00 01 0011	edule MB completed and s true, correct, and completed	Signed by an enfolied actuary a	as well as the electronic ver	sion of this return/repor	t, and t	o the l	best of my	knowledge and			
				T							
SIGN		VX	11/12/14	Chuck Voyles							
	Signature of plan adm	inistrator	Date	Enter name of individ	ual sig	ning a	s plan adn	ninistrator			
SIGN											
	Signature of employer	r/plan sponsor Date Enter name of individual sign ne, if applicable) and address; include room or suite number (optional) Prepa						r or plan spons			
- ichatel S	name (including firm name	e, ii applicable) and address; ir	iclude room or suite numbe	r (optional)	Prepa	arer's	telephone	number (option			
								-			
For Paperw	ork Reduction Act Notice or	nd OMB Control Numbers, see the	instructions for F								
2014-10-0211	2.54:53.345-05:00	one cond of Numbers, see the	- mstructions for Form 5500-	56.			F	orm 5500-SF (20 v. 130			

b Total plan liabilities	Pa	art III Financial Information									
a Total plan isabilities. 7a 40753 5068   b Total plan isabilities. 7b 7b 7b   c Net plan assets (subtract line 7b from line 7a) 7c 40753 8068   a Contributions reached or rescalable from: 6a(1) (a) Amount (b) Total   (1) Employers. 6a(2) 30631 (b) Total   (2) Participants. 6a(2) 30631 (c) Total income (close). 8c 39956   C Total income (close). 8c (d). 8c (d). 39956 39956 39956   C Total income (close). 8c (d). 39956 39956 39956 39956   C Total income (close). 8c (d). 39956 39956 39956 39956   G Total income (close). 8c (d). 8c (d). 39956 39956 39956   G Total income (close). 8d (d). 8d (d). 40	7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Τ		(b) En	d of Y	ear	
b Total plan labilities	а	Total plan assets	. 7a			+		(2) 211		80689	
8 Income, Expenses, and Transfers for this Plan Year 10 10 Forder   a Contributions received or receivable from: 8a(1) (a) Amount (b) Total   (2) Participants	b		. 7b								
a Contributions received or receivable from: 8a(1) (b) Finder   (1) Employers 8a(2) 30631   (2) Participants 8a(2) 30631   (3) Other income (loss) 8a(3) 8b 9305   (2) Total income (loss) 8a(3) 8b 9305   (3) Other income (loss) 8a(3) 8b 9305   (4) Endowing for the lowers an insurance preniums 8d 9305   (5) Other income (loss) 8a(4) 9305   (5) Other income (loss) 8a(4) 9305   (5) Other income (loss) 8a(7) 8d 9305   (6) Cartain deemed and/or corrective distributions (see instructions) 8e 9305 9305   (7) Compression 8d 9305 9305 9305   (7) Antinostrative service providers (salaries, fees, commissions) 8f 96 94   (8) Other expenses 8g 94 9305 9305   (9) The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 C 3 2 1 3 D 90 94   (9) During the plan year: Yes No Amount	С	Net plan assets (subtract line 7b from line 7a)	. 7c	4075					80689		
a Contributions received or receivable from: ga(1)   (1) Employers ga(2)   (2) Participants ga(3)   (3) Others (including rollovers) ga(3)   b Other income (lass) ga(3)   c Total income (lass) ga(3)   b Other income (lass) ga(3)   c Total income (lass) ga(3)   g Other expenses ga   g Other expenses ga   g Other expenses ga   j Transfers to (from) the plan (see instructions) ga   g It to plan provides pension bornflis, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   ZE Z C 2J T 3D j   j Tunsfers to (from) the plan (see instructions) gi   j Tunsfers to (from) the plan sections gi   j Transfers to (from) the plan (see instructions) gi   j Transfers to (from) the plan (see instructions) gi   j Table provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   ZE Z C 2J J T 3D j   j D During the plan year: Yes   a Was there a failure to transmit to the plan any participant contributions within the time poriod desc	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b)	Total			
(3) Others (including rollovers)	a		ributions received or receivable from:								
(3) Others (including rollovers)		(2) Participants	8a(2)	3063	31						
b Other income (loss) 8b 9305 39335   c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 39335   d Benefits paid (including direct rollowers and insurance premiums to provide benefits) 8d 39335   d Certain deemed and/or corrective distributions (see instructions) 8e 39335   e Certain deemed and/or corrective distributions (see instructions) 8e 39335   g Other expenses (add lines 8d, 6e, 8f, and 8g) 8f 39335   j Transfers to (rom) the pian (see instructions) 8i 393934   j Transfers to (rom) the pian (see instructions) 8j 393934   Part IV Plan Characteristics 9j 100 1114 114 the pian provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2E 2 2S 2J 2T 3D D 10 During the plan year: Yes No Amount   a Was there any incluse to transmit to the plan any participant contributions within the time period described in 29 GFR 2510.3-102? (See instructions and DOL's Voluntary Fluctuary Correction Program) 10a X   b Were there any nonexempt transections with any participant c			Others (including rollovers)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		930	)5						
d Benefits paid (including direct rollowers and insurance premiums to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							39936	
e Certain deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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   j Transfers to (from) the plan (see instructions) 8j   Part IV Plan Characteristics   ga 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 T   b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   Part V Compliance Questions   10 During the plan year: Yes   a Was there a failure to transmit to the plan any participant contributions within the time period described in 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 nove a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty? 10d X   d Did the plan have a loss, whether or not reimbursed by the plan's fidelity under the plan? (See instructions.) 10d X   f Has the plan failed	e		8e							100	
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   j Transfers to (from) the plan (see instructions) 8j   Part IV Plan Characteristics   ga 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 T   b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   Part V Compliance Questions   10 During the plan year: Yes   a Was there a failure to transmit to the plan any participant contributions within the time period described in 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 nove a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty? 10d X   d Did the plan have a loss, whether or not reimbursed by the plan's fidelity under the plan? (See instructions.) 10d X   f Has the plan failed	f	Administrative service providers (salaries, fees, commissions)	8f	The second s							
h Total expenses (add lines 8d, 8e, 6f, and 8g) 8h 39933   i Net income (loss) (subtract line 8h from line 8c) 8i 39933   j Transfers to (from) the plan (see instructions) 8j 39933   Part IV Plan Characteristics 8j 39933   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 T 3D 10   b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   Part V Compliance Questions 10a X   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 198 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X   b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X   c Was the plan covered by a fidelity bond? 10c X 10d X   c Was the plan have aloss, whether or not reim	g	Other expenses	8g						1999 A.S.		
i Net income (loss) (subtract line 8h from line 8c)	h									Addin Grander	
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:   2t 2F 2G 2J 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 V Compliance Questions 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)	i		8i						-	39936	
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:   2E 2F 2G 2J 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 V Compliance Questions 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)	j	Transfers to (from) the plan (see instructions)	- 8i			19.6					
9a 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 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 V 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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Pa	rt IV Plan Characteristics	- 2 - 1			a la con					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   Part V 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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Char	acteris	stic Co	des ir	the instru	ictions	3:	
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b		eature code	s from the List of Plan Chara	cterist	ic Cod	es in	the instruc	tions:		
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
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)	10			and a subscription of the second s		Yes	No		Am		
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   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.) 10g X   i 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   ii 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   ii If this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SP	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 Iciary Corre	the time period described in ction Program)	10a				And	Junt	
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, 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.) 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 X 10i 25	b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions reported							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	с						x				
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 10e X) 10e X   f Has the plan failed to provide any benefit when due under the plan?	d			second a second s	10c						
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f				Tue						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 100 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			10f		<u> </u>			<b>1</b> 5-22-11-22-2			
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   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. 50 (Form.)											
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.		2520.101-3.)									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form		exceptions to providing the notice applied under 29 CFR 2520.101	ie required i 1-3	notice or one of the	10i					R	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	Part	VI Pension Funding Compliance									
5500) and line 11a below)	11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	ule SI	3 (Form	Гп	Yes	X No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a	Enter the unpaid minimum required contribution for current year fro	om Schedul	e SB (Form 5500) line 39							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code				ERISA?		Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicab	ble.)							
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		granung the walver.			ctions, th	and e		ie date of			ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b Enter the minimum required contribution for this plan year	b	Enter the minimum required contribution for this plan year			<u></u>		12b				