For	m 5500-SF	Short Form Annual R	•	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	nd 4065 of the Employe	<u>6</u>	2	2013
	partment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058			s Open to Public
Pension Be	nefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	Ins	pection
Part I	i	dentification Information					
For calenda	ar plan year 2013 or fisc		3	and ending 1	12/31/2	2013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	oant plan
B This ret	urn/report is:	the first return/report	the final return/report				
_			a short plan year return	n/report (less than 12 m	onths)	_	
C Check	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
-		special extension (enter description	,				
Part II		mation—enter all requested inform	ation		41-		
1a Name PROXIMA C	•	T, LLC 401(K) PROFIT SHARING PL	AN AND TRUST			Three-digit plan number (PN) ▶	001
					1c	Effective date o	•
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PROXIMA CAPITAL MANAGEMENT, LLC						Employer Identi (EIN) 20-13	fication Number 85704
845 THIRD	VENUE. 21ST FLOOR				2c	Sponsor's telep 212-89	
NEW YORK	NY 10022				2d	Business code (81299	see instructions)
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
							elephone number
	EIN, and the plan num	plan sponsor has changed since the l ber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c		
		t the beginning of the plan year			5a		6
		t the end of the plan year			5b		6
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	fit plans do not			
		during the plan year invested in eligib					5 X Yes No
	•	he annual examination and report of	•	,			X Yes No
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditions.)	· · · ·	·····		🗙 Yes 🗌 No
•		her line 6a or line 6b, the plan cann					1
C If the p	lan is a defined benefit	plan, is it covered under the PBGC ir	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	r incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	use is	established.	
SB or Sche		er penalties set forth in the instruction d signed by an enrolled actuary, as we ete.					
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ining as plan adr	ninistrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual sig	ining as employe	r or plan sponsor
LEE KAMIN PENSION A	ETZKY, PH.D., E.A. CTUARIES, LLC ND AVENUE	me, if applicable) and address; includ	le room or suite numbe	r (optional)	Prep	arer's telephone 201-53(number (optional))-0666

7 Plan Assets and Liabilities			(a) Beginning of Yea	ar			(b) End (of Year	
a Total plan assets		. 7a	69953	5				976328	
b Total plan liabilities		. 7b		0				0	
C Net plan assets (subtract line 7b from li	ne 7a)	7c	69953	5				976328	
8 Income, Expenses, and Transfers for th	nis Plan Year		(a) Amount				(b) To	otal	
a Contributions received or receivable fro		0-(1)	5100	0					
(1) Employers		8a(1)	7000						
(2) Participants		8a(2)		0					
(3) Others (including rollovers) b Other income (loss)		8a(3) 8b	16899	-					
C Total income (add lines 8a(1), 8a(2), 8a		80 80	10000					289994	
d Benefits paid (including direct rollovers	, , , , , , , , , , , , , , , , , , ,							200004	
to provide benefits)	•	. 8d	1320	1					
e Certain deemed and/or corrective distri	butions (see instructions)	8e		0					
f Administrative service providers (salarie	es, fees, commissions)	8f		0					
g Other expenses		. 8g		0	_				
h Total expenses (add lines 8d, 8e, 8f, ar	nd 8g)	8h			_			13201	
i Net income (loss) (subtract line 8h from	,				_			276793	
j Transfers to (from) the plan (see instruc	ctions)	- 8j							
Part V Compliance Questions									
0 During the plan year:					Yes	No		Amount	
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction 	ns and DOL's Voluntary Fide	uciary Correc	ction Program)	10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan year	ns and DOL's Voluntary Fidens with any party-in-interest	uciary Correct t? (Do not inc	ction Program) clude transactions reported	10a 10b				Amount	
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction Were there any nonexempt transaction 	ns and DOL's Voluntary Fidu ns with any party-in-interest	uciary Correct ? (Do not inc	ction Program) clude transactions reported		Yes	Х		Amount	2000
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction Were there any nonexempt transaction on line 10a.) 	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? 	iciary Correct ? (Do not inc fidelity bond	ction Program) clude transactions reported	10b		Х		Amount	2000
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction Were there any nonexempt transactio on line 10a.) Was the plan covered by a fidelity bo Did the plan have a loss, whether or n or dishonesty? Were any fees or commissions paid to insurance service, or other organization 	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? 	fidelity bond fidelity bond	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		x x		Amount	2000
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction Were there any nonexempt transactio on line 10a.) Was the plan covered by a fidelity bo Did the plan have a loss, whether or n or dishonesty? Were any fees or commissions paid to insurance service, or other organizatio instructions.) 	ns and DOL's Voluntary Fide ns with any party-in-interest and? Not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all	fidelity bond fidelity bond	ction Program) Clude transactions reported	10b 10c 10d 10e		× × ×		Amount	2000
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) Was the plan covered by a fidelity bo Did the plan have a loss, whether or n or dishonesty? Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan failed to provide any ben 	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the pla	iciary Correct (? (Do not ind fidelity bond her persons to of the benefition in?	ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f		× × × × ×		Amount	2000
 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) c Was the plan covered by a fidelity bo d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loan h If this is an individual account plan, was 	ns and DOL's Voluntary Fide ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period?	fidelity bond fidelity bond ner persons to of the benefit n? (See instruct	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR	10b 10c 10d 10e 10f 10g		× × × ×		Amount	2000
 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) c Was the plan covered by a fidelity bo d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loan h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the 	ns and DOL's Voluntary Fide ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan is? (If "Yes," enter amount a as there a blackout period? box if you either provided the	fidelity bond fidelity bond ner persons to of the benefit n? (See instruct he required r	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR clude transactions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×		Amount	2000
 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) c Was the plan covered by a fidelity bo d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loan h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app 	ns and DOL's Voluntary Fide ns with any party-in-interest and? not reimbursed by the plan's of any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the box if you either provided the box if you either provided the	fidelity bond fidelity bond ner persons to of the benefit n? (See instruct he required r	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported clude transactions and 29 CFR clude transactions and 29 CFR	10b 10c 10d 10e 10f 10g		× × × × × × ×		Amount	2000
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.). Was the plan covered by a fidelity bo Did the plan have a loss, whether or n or dishonesty? Were any fees or commissions paid to insurance service, or other organizatio instructions.) Has the plan failed to provide any ben Did the plan have any participant loan If this is an individual account plan, wa 2520.101-3.) If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant 	ns and DOL's Voluntary Fide ns with any party-in-interest and? 	fidelity bond fidelity bond ner persons to of the benefit an? (See instruct (See instruct he required r 1-3	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	(Form	Amount	2000
 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) c Was the plan covered by a fidelity bo d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loan h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to 5500) and line 11a below) 	ns and DOL's Voluntary Fide ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all refit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance	iciary Correct (Do not ind fidelity bond her persons to of the benefit in? (See instruct he required r 1-3	ction Program) Clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) clons and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Ule SE	(Form		
 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) c Was the plan covered by a fidelity bo d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loan h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to 5500) and line 11a below)	ns and DOL's Voluntary Fide ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance o minimum funding requirem	in construct (See instruct (See instruct he required r 1-3	ction Program) clude transactions reported clude tran	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Ule SB	3 (Form		
 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) c Was the plan covered by a fidelity bo d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loan h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant I a Enter the unpaid minimum required complexity of the second second	ns and DOL's Voluntary Fide ns with any party-in-interest and? nd? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance o minimum funding requirem contribution for current year fin ject to the minimum funding	iciary Correct (Do not ind fidelity bond her persons to of the benefit an? (See instruct he required r 1-3 hents? (If "Ye rom Schedulo prequirement	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X Ule SB	3 (Form	Yes	
 During the plan year: Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transactio on line 10a.) Was the plan covered by a fidelity bo Did the plan have a loss, whether or n or dishonesty? Were any fees or commissions paid to insurance service, or other organizatio instructions.) Has the plan failed to provide any ben Did the plan have any participant loan If this is an individual account plan, wa 2520.101-3.) If 10h was answered "Yes," check the exceptions to providing the notice app Pension Funding Compliant Is this a defined benefit plan subject to 5500) and line 11a below) 	ns and DOL's Voluntary Fide ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance o minimum funding requirem ontribution for current year fin ject to the minimum funding tb, 12c, 12d, and 12e below ndard for a prior year is beil	in?	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code de.) l in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i 10i	X Sched	X X X X X X Ule SE	B (Form B (Form ERISA?	Yes	

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
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?	. 🗌 Y	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) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	usťs EIN	

Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

Pa	t I Identification							
A	Name of filer, plan administrator, or plan sponsor (see instructions) Proxima Capital Management, LLC	В			fying numbe	•		•
	Number, street, and room or suite no. (If a P.O. box, see instructions)		20~2	.38570	4			
	845 Third Avenue, 21st Floor		Socia	d securit	y number (SS	SN) (9 dig	its XXX-X	X-XXXX)
	City or town, state, and ZIP code							·
	New York NY 10022	l						
С	Plan name	Employer identification number (EIN)(9 digits XX-X) 20-1385704 Social security number (SSN) (9 digits XXX-XX-XX) Plan Plan year ending number MM Ing Plan and Tr 0 0 1 12 31 d/or Form 8955-SSA	1g					
			numb	er	MM		DD	YYYY
	Proxima Capital Management, LLC 401(k) Profit Sharing Plan and Tr	Plan name Plan number Plan year ending number MM DD YY nent, LLC 401(k) Profit Sharing Plan and Tr 0 0 1 12 31 20 To File Form 5500 Series, and/or Form 8955-SSA To File Form 5500 series, and/or Form 8955-SSA	2013					
Pa	t II Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA			· · · · · ·	<u>-</u>	2.54°	
1	Check this box if you are requesting an extension of time on line 2 to file th in Part 1, C above.	e first	Form	5500 s	eries retur	n/report	for the p	olan listed
2	l request an extension of time until <u>10 / 15 / 2014</u> to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	5500 s orm 55	eries 00 sei	(see in ies.	structions)			
3	I request an extension of time until / / / to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	8955-S orm 89	68A (s 55-88	ee ins A.	tructions).			
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r	s exter	nsion i	s reau	i) the Form ested, and	a 5558 is (b) the (s filed or date on	n or before line 2
Par	Extension of Time To File Form 5330 (see instructions)							
4	I request an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the	5330. e norm	al due	e date o	of Form 53	30.		
а	Enter the Code section(s) imposing the tax	۲	a	1				
b	Enter the payment amount attached	••	•••		.)	• <u>b</u>	1.00	
с 5	State in detail why you need the extension:	/amen	dmen	t date .	. 1	c		
	<u>Client information is not yet complete.</u>			• ••				
	······································	·						
Under to pre	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on pare this application.	this forn	n are tr	ue, corre	ct, and comp	lete, and	that I am	authorized
Sign	ature ► Date ►							

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		Distriction in the second second				OMB Nos. 1210-0110
Form 5500-SF	Short Form Annual	Benefit Plan	r Small Employe	e	•	1210-0089
Internal Revanue Service	This form is required to be				2	2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security A the In	ct of 1974 (ERISA), and s ternal Revenue Code (the	ection 6057(b) and 6058(a Code).	a) of		is Open to Public
Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instru	ctions to the Form 5500	SF.	In	spection
	dentification Information					
For calendar plan year 2013 or fisc		01/01/2013	and ending	12,	/31/2013	
,	x a single-employer plan		lan (not multiemployer)	L	a one-partici	pant plan
B This return/report is:	the first return/report	the final return/report				
	x an amended return/report	a short plan year retu	n/report (less than 12 mo	onths)		
C Check box if filing under:	x Form 5558	automatic extension		L	DFVC progra	m
	special extension (enter descr	iption)				
	mation enter all requested	information				
1a Name of plan					hree-digit lan number	
Proxima Capital Man	agement, LLC 401(k) Pr	ofit Sharing Plan	and Trust	,	PN) ►	001
			ffective date o	f plan		
2a Plan sponsor's name and add	a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)					
Proxima Capital Man	agement, LLC	(EIN) 20-13	ification Number 85704
		2c s	Sponsor's telep	hone number		
845 Third Avenue, 2			(212) 897-	··· · · · · · · · · · · · · · · · · ·		
			Business code B12990	(see instructions)		
US New York 3a Plan administrator's name an	NY 10022 Id address X Same as Plan Sp	ansor Name Same as	Dian Shanpar Address		dministrator's	EINI
	iv address [A] danie as man op		rian oponsor Address	-30 F	vurninstrator s	CIIN
			-	36 4	Administrator's	telephone number
					WHITE CONTRACTOR	telephone.number
£						
	plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b E	EIN	
a Sponsor's name	sou sou ale sectores appos			4c F	N	
	at the beginning of the plan year	******		5a	1	6
	at the end of the plan year			5b		6
C Number of participants with a	account balances as of the end of	the plan year (defined ben	efit plans do not	-		
6a Were all of the plan's assets	duding the side year invested in a	linitie aceta (Cas instrum		<u>5c</u>	1	5
	the annual examination and repor				F7+36#20FFE40FF / FF6	X Yes No
	(See instructions on waiver eligib			•		XYes 🔲 🕫
	her line 6a or line 6b, the plan c					
c If the plan is a defined benefi	it plan, is it covered under the PB	GC insurance program (see	e ERISA section 4021)?		Yes N	o
Caution: A penalty for the late	or incomplete filing of this retu	n/report will be assesse	i uniess reasonable cau	ise is e	established.	
Under penalties of perjury and ot	her penalties set forth in the instru	ictions, I declare that I hav	e examined this return/rep	oort, in	cluding, if appl	icable, a Schedule
SB or Schedule MB completed a belief, it is true correct, and com	nd signed by an enrolled actuary,	as well as the electronic v	ersion of this return/report	, and t	o the best of n	ny knowledge and
WWW AT		Homber			······································	······
SIGN A	·	<u> </u>	DAVID TRAVIS			
HERE Signature of plan adm	mistrator	Datė	Enter name of individua	signin	ig as plan adm	inistrator
SIGN		<u> </u>	DAVID TRAVIS		···· ··· · ··· ···	
HERE Signature of employer	<pre>/plan sponsor name, if applicable) and address;</pre>	Dafe	Enter name of individua			· · · · · · · · · · · · · · · · ·
		include foom of suite num	ver (optional)	·	·	number (optional)
LEE KAMINETZKY, PI DENSION ACTUARTES				(2	01) 530-00	566
PENSION ACTUARIES, 584 RUTLAND AVENUE						
	, ^					
US TEANECK	NJ 07666					
				ننندر عمدوه		· · · · · · · · · · · · · · · · · · ·

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013) v.130118

Par	III Financial Information						
7 P	lan Assets and Liabilities	s an again the Traine and the	(a) Beginning of Year				(b) End of Year
ат	otal plan assets	7a	699,53	5	<u> </u>		976,328
bт	otal plan liabilities	7b		0	ļ	_,	0
C N	et plan assets (subtract line 7b from line 7a)	7c	699,53	5	[976,328
8 Ir	come, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	ontributions received or receivable from:	8a(1)	51,00	0			
	Employers Annotation	8a(2)	70,00		a contra a	i de de	
······································	Participants Others (including rollovers)	8a(3)		0	in Kita Use		
,	b) Others (including tonovers)	8b	168,99	4		i Nik din	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	10,000,000	(#18tAULA	289,994
	enefits paid (including direct rollovers and insurance premiums				Ng kata	nee eest	
	provide benefits)	8d	13,20	1	SHARE	n linn	
<u>e</u> (ertain deemed and/or corrective distributions (see instructions)	8e		0		e da turje	inertie and the second second
f A	dministrative service providers (salaries, fees, commissions)	8f		0	NO MONT		
g	Other expenses	8g		0			
<u>h</u> 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					13,201
ir	let income (loss) (subtract line 8h from line 8c)	81	NET CONTRACTOR OF THE CONTRACTOR	1-1-1-1			276,793
j٦	ransfers to (from) the plan (see instructions)	. 8j					Sound to the state of the second second second
Pai	IV Plan Characteristics						
9a	f the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Charact	eristi	c Code	es in t	ne instructions:
	2F 2G 2J 2K 3B 3D						
bI	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instructions:
Clonast	2///S88				÷		······································
	t V Compliance Questions				·	· · · ·	·
10	During the plan year:				Yes	No	Amount
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		x	
C	Was the plan covered by a fidelity bond?	**************		10c	x		20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		x	
e	Were any fees or commissions paid to any brokers, agents, or ot	her persor	is by an insurance carrier,				· ·
	Insurance service, or other organization that provides some or all						
	instructions.)			10e		X	· · · · · · · · · · · · · · · · · · ·
†	Has the plan failed to provide any benefit when due under the pla	in?	};;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	10f		X.	······································
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x	
í	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101			
Pa	(2010)/24C	1-0	#14499971119672499776497649764976497649877498776976978777975	101	1	I	
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	-					
11:	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	y requirem	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					Ι	
a		ing amorti	zed in this plan year, see instruc			enter t	
·	you completed line 12a, complete lines 3, 9, and 10 of Schedu					<u> </u>	·/ · · · · · · · · · · · · · · · ·
	Enter the minimum required contribution for this plan year					12b	

Form 5500-SF 2013

		40.			
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	12d			
	negative amount)		Yes		🗌 N/A
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				
Dart	VII Plan Terminations and Transfers of Assets			-	
[ait			es X	No	
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		<u> </u>		
	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	X No
	or the PBGC/	to			
С	If during this plan year, any assets of liabilities were transferred north this plan to mountil planto, technic planto, technic planto,				
<u></u>	which assets or liabilities were transferred. (See instructions.)	c(2) EIN	(s)	13c	(3) PN(s)
	13c(1) Name of plan(s):		(0)		
				1	

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN

Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

Pa	t I Identification							
A	Name of filer, plan administrator, or plan sponsor (see instructions) Proxima Capital Management, LLC	В			fying numbe	•		•
	Number, street, and room or suite no. (If a P.O. box, see instructions)		20~2	.38570	4			
	845 Third Avenue, 21st Floor		Socia	d securit	y number (SS	SN) (9 dig	its XXX-X	X-XXXX)
	City or town, state, and ZIP code							·
	New York NY 10022	l						
С	Plan name	Employer identification number (EIN)(9 digits XX-X) 20-1385704 Social security number (SSN) (9 digits XXX-XX-XX) Plan Plan year ending number MM Ing Plan and Tr 0 0 1 12 31 d/or Form 8955-SSA	1g					
			numb	er	MM		DD	YYYY
	Proxima Capital Management, LLC 401(k) Profit Sharing Plan and Tr	Plan name Plan number Plan year ending number MM DD YY nent, LLC 401(k) Profit Sharing Plan and Tr 0 0 1 12 31 20 To File Form 5500 Series, and/or Form 8955-SSA To File Form 5500 series, and/or Form 8955-SSA	2013					
Pa	t II Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA			· · · · · ·	<u>-</u>	2.54°	
1	Check this box if you are requesting an extension of time on line 2 to file th in Part 1, C above.	e first	Form	5500 s	eries retur	n/report	for the p	olan listed
2	l request an extension of time until <u>10 / 15 / 2014</u> to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	5500 s orm 55	eries 00 sei	(see in ies.	structions)			
3	I request an extension of time until / / / to file Form Note. A signature IS NOT required if you are requesting an extension to file Fo	8955-S orm 89	68A (s 55-88	ee ins A.	tructions).			
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which this and/or line 3 (above) is not later than the 15th day of the third month after the r	s exter	nsion i	s reau	i) the Form ested, and	a 5558 is (b) the i	s filed or date on	n or before line 2
Par	Extension of Time To File Form 5330 (see instructions)							
4	I request an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the	5330. e norm	al due	e date d	of Form 53	30.		
а	Enter the Code section(s) imposing the tax	۲	a	1				
b	Enter the payment amount attached	••	•••		.)	• <u>b</u>	1.00	
с 5	State in detail why you need the extension:	/amen	dmen	t date .	. 1	c		
	<u>Client information is not yet complete.</u>			• ••				
	······································							
Under to pre	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on pare this application.	this forn	n are tr	ue, corre	ct, and comp	lete, and	that I am	authorized
Sign	ature ► Date ►							

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Form 5500-SF	Short Form Annual Re	eturn/Report	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed	Senefit Plan	and 4065 of the Employe			2013	
Department of Labor Employee Benefits Security Administration	I concurrent movine Second MCI 0	f 1974 (ERISA), and al Revenue Code (th	Section 6057/h) and 605	ee 8(a) of		is Open to Public	
Pension Benefit Guaranty Corporation	 Complete all entries in accord 			10.95		is open to Public	
Partis Annual Report Ic For calendar plan year 2013 or fisc	ACTICITICATION INTORMATION			<u></u>			
Α		01/01/2013	and ending	12,	/31/2013		
B This return/report is:			plan (not multlemployer)		a one-particl	pant plan	
		the final return/repor					
C Check box if filing under:			urn/report (less than 12 n	nonths)			
Concert box in ming under.	special extension (enter description	automatic extension			DFVC progra	am	
Part III Basic Plan Inform							
1a Name of plan	mation enter all requested inform	nation	····				
Proxima Capital Mana	gement, LLC 401(k) Profit	· · · · · · · · · · · · · · · · · · ·			hree-digit Ian number		
	gemente, Inc 401(x) Prorit	c Sharing Plan	and Trust	(F	PN) ►	001	
20.01				10 8	ffective date o 1/01/2007	of plan	
22 Plan sponsor's name and addr Proxima Capital Mana	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Proxima Capital Management, LLC						
			EIN) 20-13	ification Number 85704			
845 Third Avenue, 21	•	2c s	ponsor's telep	hone number			
vio inita Avenue, 21	St FLOOT				212) 897-	5711 (see instructions)	
US New York	NY 10022			8	12990	(see instructions)	
Ja Plan administrator's name and	address X Same as Plan Sponsor	Name 🔄 Same as	Plan Sponsor Address	3b A	dministrator's	EIN	
				3C Ad	dministrator's	telephone number	
·····							
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b El	IN	······································	
a Sponsor's name	er norn me iast returnneport.						
5a Total number of participants at	the beginning of the plan year			4c Pl	N		
and a second of participating at			TTESTOCHER CONCINENTS AND	5a		6	
 Potar number of paracipants at 	the end of the plan year			5h		~	
C Number of participants with acc	count balances as of the end of the el		*****	5b		6	
C Number of participants with acc complete this item)	count balances as of the end of the plan	an year (defined ben	nefit plans do not	5b 5c		5	
 C Number of participants with accomplete this item)	the end of the plan year	an year (defined ben assets? (See instruct	efit plans do not	5c			
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S 	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an	an year (defined ben assets? (See instruct independent qualifi ind conditions.)	efit plans do not ctions.) ed public accountant (IQ)	5c ⊃A)		5 XYes No	
 Four number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (Sift you answered "No" to either 	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot	an year (defined ben assets? (See instruct independent qualifi ind conditions.)	efit plans do not ctions.) ed public accountant (IQF	5c	~~	5 XYes No XYes No	
 C Number of participants with accomplete this item)	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins	an year (defined ben assets? (See instruct independent qualifi id conditions.) t use Form 5500-SF surance program (see	efit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)?	5 c PA) Form 55	00. Yes No	5 XYes No XYes No	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or 	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins incomplete filling of this return/repo	an year (defined ben assets? (See instruct independent qualifi ind conditions.) t use Form 5500-SF surance program (sec ort will be assessed	tefit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)?	5c	00. Yes No	5 XYes No XYes No Not determined	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of periury and other 	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins incomplete filling of this return/rep-	an year (defined ben assets? (See instruct independent qualifi id conditions.) t use Form 5500-SF surance program (see ort will be assessed	tefit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)? d unless reasonable cau	Sc PA) Form 55 use is es	00. Yes No stablished.	5 XYes No Yes No Not determined	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of periury and other 	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins incomplete filling of this return/rep- r penalties set forth in the instructions is signed by an enrolled actuary as we	an year (defined ben assets? (See instruct independent qualifi id conditions.) t use Form 5500-SF surance program (see ort will be assessed	tefit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)? d unless reasonable cau	Sc PA) Form 55 use is es	00. Yes No stablished.	5 XYes No Yes No Not determined	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedole MB completed and 	uring the plan year invested in eligible e annual examination and report of an See instructions on waiver eligibility an ar line 6a or line 6b, the plan cannot plan, is it covered under the PBGC ins incomplete filling of this return/rep- r penalties set forth in the instructions is signed by an enrolled actuary as we	an year (defined ben assets? (See instruct independent qualifi id conditions.) t use Form 5500-SF surance program (see ort will be assessed	efit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)? d unless reasonable cat e examined this return/repor	Sc PA) Form 55 use is es	00. Yes No stablished.	5 XYes No Yes No Not determined	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct and completed and belief. 	the end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi ad conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed of the electronic ver- l as the electronic ver-	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor	Sc PA) Form 65 Juse is es port, incl t, and to	00. Yes No stablished. uding, if applic the best of my	5	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of perjury and othe SB or Scheddle MB completed and belief, it is true, correct and complete 	the end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be astation ort will be astation ort will be assessed ort will be	efit plans do not ctions.) ed public accountant (IQF and must Instead use e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor DAVID TRAVIS Enter name of Individua	Sc PA) Form 65 Juse is es port, incl t, and to	00. Yes No stablished. uding, if applic the best of my	5	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to either a lift the plan is a defined benefit p Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct and complete SIGN SIGN Signature of phanotyperiod 	the end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua	Sc PA) Form 65 use is es port, incl t, and to I signing	00. Yes No stablished. uding, if applic the best of my as plan admir	5	
 C Number of participants with accomplete this item) Gomplete this item (Gomplete the formation of the second the seco	the end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua	Sc PA) Form 55 use is esport, inclit, and to I signing I signing	00. Yes No stablished. uding, if applic the best of my as plan admir as employer of	5 X Yes No Yes No Not determined Cable, a Schedule v knowledge and nistrator or plan sponsor	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either or Under penalties of perjury and other SB or Scheddte MB completed and belief, it is true, correct and completed and belief, it is true, correct and completed SIGN SIGN Signature of penalty for market in the second s	The end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua	Sc PA) Form 55 Use Is es port, Incl t, and to I signing I signing Prepare	00. Yes No stablished. uding, if applic the best of my as plan admir as employer of	5 XYes No Yes No Not determined Cable, a Schedule whowledge and nistrator or plan sponsor number (optional)	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either c If the plan is a defined benefit p Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and ballef, it is true, correct and completed and ballef, it is true, correct and completed and ballef, Signature of plan additional structure of plan additional structure of the structure	The end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua	Sc PA) Form 55 Use Is es port, Incl t, and to I signing I signing Prepare	00. Yes No stablished. uding, if applic the best of my as plan admin as employer of r's telephone i	5 XYes No Yes No Not determined Cable, a Schedule whowledge and nistrator or plan sponsor number (optional)	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either or Under penalties of perjury and other SB or Scheddte MB completed and belief, it is true, correct and completed and belief, it is true, correct and completed SIGN SIGN Signature of penalty for market in the second s	The end of the plan year	an year (defined ben assets? (See instruc- n independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed ort will be assessed ort will be	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable cat e examined this return/re ersion of this return/repor DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua	Sc PA) Form 55 Use Is es port, Incl t, and to I signing I signing Prepare	00. Yes No stablished. uding, if applic the best of my as plan admin as employer of r's telephone i	5 XYes No Yes No Not determined Cable, a Schedule whowledge and nistrator or plan sponsor number (optional)	
 C Number of participants with accomplete this item) Ga Were all of the plan's assets due to the plan's due to the pla	The end of the plan year	an year (defined ben assets? (See instruc- independent qualifi- ind conditions.) t use Form 5500-SF surance program (see ort will be assessed ort will be assessed ort will be assessed of t will be assessed of t will be assessed of t will be assessed ort will b	efit plans do not ctions.) ed public accountant (IQF and must instead use i e ERISA section 4021)? d unless reasonable can e examined this return/repor DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua DAVID TRAVIS Enter name of Individua DAVID TRAVIS	Sc PA) Form 55 Use Is es port, Incl t, and to I signing I signing Prepare	00. Yes No stablished. uding, if applic the best of my as plan admir as employer of r's telephone i 1) 530-066	5 XYes No Yes No Not determined Cable, a Schedule whowledge and nistrator or plan sponsor number (optional)	

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		1		(b) End o	f Year	
а	Total plan assets	7a	699,53	35				976	5,328
b	Total plan liabilities	7b		0					,
c	Net plan assets (subtract line 7b from line 7a)	7c	699,53					976	5,328
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_			(b) To		
а	Contributions received or receivable from:		hardware hare and here and h						
·	(1) Employers	8a(1)	51,00	_					
	(2) Participants	8a(2)	70,00						
b	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	155,79	5.5	S S S S S S S S S S S S S S S S S S S				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		0				276	5,793
е	Certain deemed and/or corrective distributions (see instructions)	8e	· · · · · · · · · · · · · · · · · · ·	0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1597-02					0
i	Net income (loss) (subtract line 8h from line 8c)	81						276	5,793
j	Transfers to (from) the plan (see instructions)	8j							
Р	rt IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·						
b	If the plan provides pension benefits, enter the applicable pension for 2F 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare fea								
	rt V Compliance Questions								
10	During the plan year:				Vaa i	M.		A A	
	Allow the second fully second states the second states of the second sta				Yes	No	· · · · ·	Amount	
a	and the second	tions withi	n the time period described in	10a	res		<u> </u>	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre ? (Do not i	ction Program)	10a 10b	Tes	x x	, , , , , , , , , , , , , , , , , , ,	Amoune	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not i	ction Program) nclude transactions reported	10b		x	, , , , , , , , , , , , , , , , , , ,		
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Corre ? (Do not i fidelity bor	nclude transactions reported			x		<u></u>	20,000
k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corre ? (Do not i fidelity bor her person of the ben	s by an insurance carrier, efits under the plan? (See	10b 10c		x			
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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [<u> N₀ </u>	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes 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?				
С	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.)				
13c(1) Name of plan(s):		13c(2) EIN(s)		13c(3) PN(s)	
				<u></u>	
Part	VIII Trust Information (optional)				
14a Name of trust		14b Trust's EIN			

14a Name of trust	