## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit MELVIN, INC. 401 (K) PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number MELVIN, INC. 95-4246896 (EIN) Sponsor's telephone number 914-494-5694 C/O CARIN VAN DER DONK 388 2ND AVENUE, #408 Business code (see instructions) NEW YORK, NY 10010 711510 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 3 **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature 06/02/2015 PATRICIA J. LAVALLEE **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator Filed with authorized/valid electronic signature. 06/02/2015 PATRICIA J. LAVALLEE SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
<u>a</u>	Total plan assets	7a	5127	777			0
	Total plan liabilities	7b	540-	,,,,			0
	Net plan assets (subtract line 7b from line 7a)	7c	5127	111			0
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)		0			
	2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	589	912			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					58912
	Benefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d	5716	889			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					571689
	Net income (loss) (subtract line 8h from line 8c)	8i					-512777
j ·	Transfers to (from) the plan (see instructions)	8j					
b Part	2A 2E 2F 2H 2J 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Corr	rection Program)	10a		X	
	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		265000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		Χ	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	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.	-			, and 6	enter th Day	<del>.</del>

	F	form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (tive amount)	`		12d			
е	Will t	he 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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

·	Form 5500-SF 2014		Page <b>2</b>					
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of a						********	MITESNO
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ne )				***************************************	X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA section 402	1)?	[	Yes	. □ No l	Not determined
DIRECTION.	ttill Financial Information	mms.						
_	Plan Assets and Liabilities		(a) Beginning of Year		1	-	(b) End o	Voar
	Total plan assets	7a	512,77		-		(b) Life 0	
-	Total plan liabilities	7b	512,7	1 1	<del> </del>			0
	Net plan assets (subtract line 7b from line 7a)	7c	E10 77	77	-			0
200	Income, Expenses, and Transfers for this Plan Year	and the same of the same of	512,77 (a) Amount	, ,			(b) To	0
	Contributions received or receivable from:		la) Amount	-	212 1136	SCHOOL ST	(b) 10	tai
	(1) Employers	8a(1)		0			<u> </u>	
	(2) Participants	8a(2)		0			3 S	
-	(3) Others (including rollovers)	8a(3)					Ę,	
	Other income (loss)	8b	58,91	L2				4
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	16世					58,912
u	to provide benefits)	8d	571,68	9			. 45	
	Certain deemed and/or corrective distributions (see instructions)	8e						
3250	Administrative service providers (salaries, fees, commissions)	8f		0				3 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
	Other expenses	8g		0			1.45	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	27 II.V		engan Dig			571,689
520	Net income (loss) (subtract line 8h from line 8c)	8i						(512,777)
90	Transfers to (from) the plan (see instructions)	8j		The second or o				· · · · · · · · · · · · · · · · · · ·
Pa	rt IV Plan Characteristics				1000000	October 1		
Carrier Contract	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charact	toricti	c Cod	ac in f	ho instruction	
	2A 2E 2F 2H 2J 3D	Jataro ocat	oo nom the Eist of Fight Offeraci	tenati	c cou	55 III L	ne msnuch	nis.
b	If the plan provides welfare benefits, enter the applicable welfare fea	sturo andor	from the List of Disc Observes		0.1.			
	The plan provides we have benefits, effect the applicable we have less	sture codes	s from the List of Flan Characte	ensuc	Code	s in th	e instruction	15:
Pa	rt V Compliance Questions			-				
10	During the plan year:				Yes	No		
a	Was there a failure to transmit to the plan any participant contribu	tions withir	the time period described in	Γ.	165	NO		mount
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х		
b	, in medical	? (Do not i	nclude transactions reported					8888880
	on line 10a.)			10b	-	Х		
c	, , , , , , , , , , , , , , , , , , , ,			10c	Х			265,000
u	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		х		
e	The state of the s			100				
	insurance service, or other organization that provides some or all	of the bene	efits under the plan? (See	1		521000		
	instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR		_			
	2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Pa	t VI Pension Funding Compliance					- 10-	25.00	
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes X No
11:	Enter the unpaid minimum required contribution for current year fr		· · · · · · · · · · · · · · · · · · ·					
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					1		
a				tions	and e	nter H	he date of t	ne letter ruling
	granting the waiver				,	_ Da		And the second s
			······································	IUI -			<del>y — </del>	Year

## 5500-SF Electronic Filing Authorization

		•
Plan Name: EIN/PN:	Melvin, Inc. 401 (K) Profit Sharing 95-4246896/001	g Plan
Plan Year:	01/01/2014 - 12/31/2014	
	orize Patricia J. La Vallee to elec Labor's Electronic Filing Acceptan	tronically file the above return with the U ce System (EFAST).
bearing my ma		nderstand a scanned copy of this return the electronic filing and posted on the c disclosure.
Plan Administ	rator	Plan Sponsor
(sign)		(sign)
(date)		(date)

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		Form 5500-SF 2014	Page 3-					
C Enter the amount contributed by the employer to the plan for this plan year	lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13.					
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)	<u>b</u>	Enter the minimum required contribution for this plan year			12b			
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)		Fata-th- and the latest the second state of th			Т			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					12c		Care	
Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?		subtract the amount in line 12c from the amount in line 12b. Enter the result (ent	er a minus sign to the left	of a	12d			
Has a resolution to terminate the plan been adopted in any plan year?  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 control of the PBGC?  If during his 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.)	e	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?			Yes [	No 🗆	N/A
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Part	VII Plan Terminations and Transfers of Assets						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		X Y	es 🔲 N	0	
of the PBGC?					13a			C
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.)	b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or brought i	inder the c	ontrol	[	X Yes	No
12o(1) Name of plan(a):		If during this plan year, any assets or liabilities were transferred from this plan to						
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	1	I3c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3) PI	V(s)
					,			
Part VIII Trust Information (optional)	Part	VIII Trust Information (optional)					<u> </u>	
14a Name of trust 14b Trust's EIN	14a N	Name of trust			14b T	rust's EIN		

		DAUGHT LIGHT			44.14.2VIII
Observers of Labor	This form is required to be	filed under sections 104 and 4065 o	f the Employee		2014
spinyee Bereits Becarty Administration	_ the is	Act of 1974 (ERISA), and section 605 on hiernal Revenue Code (the Code).	7(b) and 8068(a) of	***************************************	is Open to Public
Penalen Besult Quarterly Communica	Complete all entries in a	continue with the terminal	in Form 6500.85		repection
Attnual Report calender plan year 2014 or fe				***************************************	
	2 single-employer plan		ending 12	/31/2014	
This return/report is for:	(N) a surface-autholies beau	a multiple-employer plan (not m	ultiemployer) (Filers c	hecking this b	ox must attach a list
This are a second	a one-participant plan	of participating employer informs a foreign plan	allon in accordance w	ith the form in	structions)
This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (k	ses then 12 months)		
Check box if filing under:	Form 5558	automatic extension	r	1	
	apacial extension (enter dead		L	OFVC progr	em ·
Basic Plan Info	rmation — soler as requested				
Name of plan			16 1	hree-digit	T
Helvin, Inc. 401 (F	() Profit Sharing Plan		<b>1 2</b>	den number	
				PN) » Hective date :	001
Plan sponsor's name and ad	dess inches man an anim			1/01/1997	
Halvin, Inc.	COM OF NAME NUMB	er (employer, if for a single-employer	plan) 2b E	mployer ideni	Mication Number
			***************************************	EIN) 95-42	
c/o Carin van der Donk			ZC S	poneor's telep 914) 494-	hone number
380 2nd Avenue, \$408					(see instructions)
Of New York NY 10016				11510	( manucuumis)
· ····· ······························	nd address 🛣 Same as Plan Spi	onsor Hame	36 A	dministrator's	<b>BN</b>
				****	
			3c A	dministrator's	telephone number
	nber from the tast return/report.	the last return/report filed for this plan	, enter the 4b E	IN	100 m 1
Sponsor's name	nder nom die last nitum/report.		Ac s	· · · · · · · · · · · · · · · · · · ·	
Sponsor's name Total number of perscipants	at the beginning of the plan year		4c F	· · · · · · · · · · · · · · · · · · ·	
Sponsor's name Total number of perticipants Total number of perticipants Number of perticipants with a	at the beginning of the plan year at the end of the plan year		4c F	· · · · · · · · · · · · · · · · · · ·	3 0
Sponsor's name  Total number of perticipants  Total number of perticipants  Number of perticipants with a  complete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of	the plan year (defined benefit plans d	4c F	· · · · · · · · · · · · · · · · · · ·	The state of the s
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this learn)  1) Yotal number of active pers	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pi	the plan year (defined benefit plans d	4c F 5a 5b o net Sc	N	0
Sponsor's name  Total number of perticipants  Total number of perticipants  Number of perticipants with a complete this item)  1) Yotal number of active part  2) Total number of active part	at the beginning of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan bicipants at the end of the clan year	the plan year (defined benefit plans d	4c P 5a 5b o not 5c 5d(1	**************************************	0 0
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this item)  (1) Total number of active part  Number of perscipants that a	at the beginning of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan bicipants at the end of the plan year arminated employment during the	the plan year (defined benefit plans d	4c P 5a 5b o not Sc 5d(1 5d(2	**************************************	0 0
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants  Number of perscipants  (1) Total number of active perscipants  Number of perscipants that is seen than 100% vested	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan bicipants at the end of the plan year arminated employment during the	the plan year (defined benefit plans d an year  If  plan year with accrued benefits that v	4c P 5a 5b o not 5c 5d(1 5d(2 were 5e		0 0
Sponsor's name  Total number of perscipants Yotal number of perscipants Number of perscipants with a complete this item)  [1] Yotal number of active per Number of perscipants that a leas than 100% vested  unition: A penalty for the late- older penalties of persury and of	at the beginning of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan plants at the end of the plan yea arminated employment during the or incomplete filling of this return ther penulties, set forth in the learner	the plan year (defined benefit plans den year and the plan year with accrued benefits that we have year will be assessed unless and the plan year.	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e	) ) ) )	0 0 0 0 0 0
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants  (1) Yotal number of active part  Number of perscipants that a  leas than 100% vested	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla bicipants at the end of the plan year arminated employment during the or incomplete filing of this return the end of the promities are the matru- and eigned by an enrolled a scruary.	the plan year (defined benefit plans den year and the plan year with accrued benefits that we have year will be assessed unless and the plan year.	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e	) ) ) )	0 0 0 0 0
Sponsor's name  Total number of perscipents  Total number of perscipents  Number of perscipents with a complete this item)  1) Yotal number of active per  Number of perscipents that a less than 100% vested  aution: A penalty for the late- der penalties of perjury and of or Schedule MB completed a lief, it is true, correct, and com-	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla bicipants at the end of the plan year arminated employment during the or incomplete filing of this return the end of the promities are the matru- and eigned by an enrolled a scruary.	the plan year (defined benefit plans den year with accrued benefits that anyear with accrued benefits that anyear will be assessed unless or	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e	) ) ) )	0 0 0 0 0
Sponsor's name  Total number of perticipants  Number of perticipants  Number of perticipants  Number of perticipants  overpiete this item)  (1) Yotal number of active part  Number of perticipants that it leas than 100% vested  aution: A penalty for the late  of or Schedule MB completed a  lief, it is true, comed, and com	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan year arminated employment during the or incomplete filling of this refur the panetices set forth in the instrumed expectation of the presenting of the panetices.	the plan year (defined benefit plans defined benefit plans defined benefit plans defined benefits that variety was a second unless multiples that it have examined as well as the electronic version of the	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e secondote cause is a I this return/report, and to	stabilished.	0 0 0 0 0 0 scable, a Schedule ly knowledge and
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this item)  (1) Yotal number of active part  Number of perscipants that a leas than 100% vested  settion: A penalty for the late- der penalties of perjury and of 3 or Schedule MB completed a lief, it is true, coned, and com-	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan year arminated employment during the or incomplete filling of this refur the panetices set forth in the instrumed expectation of the presenting of the panetices.	the plan year (defined benefit plans defined benefit plans defined benefit plans defined benefits that variety was a second unless multiples that it have examined as well as the electronic version of the	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e	stabilished.	0 0 0 0 0 0 scable, a Schedule ly knowledge and
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants  Number of perscipants  Total number of active perscipants  Total number of active perscipants  Number of perscipants that is  teas than 100% vested  surfice: A penalty for the late- active penalties of perscipants  action: A penalty for the late-  action of the late-	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla ticipants at the end of the plan yea arminated employment during the or incomplete filling of this refur ther penalties set forth in the instru- ind signed by an enrolled actuary, spiete.	the plan year (defined benefit plans defined benefit plans defined benefit plans defined benefits that very an including the season of the season of the plans of the season of the	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e seconsbie cause is a 1 this return/report, include return/report, and to	stabilished. Suding, if appliante best of m	0 0 0 0 0 0 scable, a Schedule ly knowledge and
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this lern)  (1) Total number of active part  Number of perscipants that a less than 100% vested  unition: A pensetty for the late- der penalties of perjury and com-  sited, it is true, correct, and com-  Signature of pilin adm  Signature of active perscipants  Signature of pilin adm  Signature of active perscipants	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla ticipants at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru- ind signed by an enrolled accurry, splete.	the plan year (defined benefit plans den year with accrued benefits that very plan year with a	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e seconstite cause is a I his return/report, incle return/report, and it	gas plan adm	0 0 0 0 0 0 plicable, a Schedule by knowledge and
Sponsor's name  Total number of perticipants  Number of perticipants  Number of perticipants with a complete this lern)  1) Total number of active part  2) Total number of active part  Number of perticipants that a less than 100% vested  unition: A pensetty for the late- der pensities of perjury and or  2 or Schedule MB completed a lief, it is true, correct, and com-	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla ticipants at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru- ind signed by an enrolled accurry, splete.	the plan year (defined benefit plans defined benefit plans defined benefit plans defined benefits that very an including the season of the season of the plans of the season of the	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e seconstite cause is a I his return/report, incle return/report, and it	gas plan adm	0 0 0 0 0 0 0 kable, a Schedule hy knowledge and
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this lern)  (1) Total number of active part  Number of perscipants that a less than 100% vested  unition: A pensetty for the late- der penalties of perjury and com-  sited, it is true, correct, and com-  Signature of pilin adm  Signature of active perscipants  Signature of pilin adm  Signature of active perscipants	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla ticipants at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru- ind signed by an enrolled accurry, splete.	the plan year (defined benefit plans den year with accrued benefits that very plan year with a	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e seconstite cause is a I his return/report, incle return/report, and it	gas plan adm	0 0 0 0 0 0 plicable, a Schedulery knowledge and
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this lern)  (1) Total number of active part  Number of perscipants that a less than 100% vested  unition: A pensetty for the late- der penalties of perjury and com-  sited, it is true, correct, and com-  Signature of pilin adm  Signature of active perscipants  Signature of pilin adm  Signature of active perscipants	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla ticipants at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru- ind signed by an enrolled accurry, splete.	the plan year (defined benefit plans den year with accrued benefits that very plan year with a	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e seconstite cause is a I his return/report, incle return/report, and it	gas plan adm	0 0 0 0 0 0 plicable, a Schedulery knowledge and
Sponsor's name  Total number of perscipants  Total number of perscipants  Number of perscipants with a complete this lern)  (1) Total number of active part  Number of perscipants that a less than 100% vested  unition: A pensetty for the late- der penalties of perjury and com-  sited, it is true, correct, and com-  Signature of pilin adm  Signature of active perscipants  Signature of pilin adm  Signature of active perscipants	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the pla ticipants at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru- ind signed by an enrolled accurry, splete.	the plan year (defined benefit plans den year with accrued benefits that very plan year with a	4c F 5a 5b o not 5c 5d(1 5d(2 were 5e seconstite cause is a I his return/report, incle return/report, and it	gas plan adm	0 0 0 0 0 0 plicable, a Schedulery knowledge and
Sponsor's name  Total number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants with a complete this item)  (1) Yotal number of active part  Number of perscipants that a leas than 100% vested  suition: A penalty for the late after penalties of perjury and on  action: A penalty for the late after penalties of perjury and on  suition: A penalty for the late after penalties of perjury and on  Signature of employer  Signature of employer  sparer's name (including firm r	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan yea arminated employment during the or incomplete filling of this return ther penalties set forth in the instru- mid signed by an enrolled actuary, splete.  (plan sponsor name, if applicable) and address, i	the plan year (defined benefit plans den year and the plan year with accrued benefits that we have year with accrued benefits that we have year with electronic version of the plan year.  Date Enter name of the plan year year year year year year year.	4c F 5a 5b 0 not 5c 5d(1 5d(2 seere 5e seconsble cause is a I this return/report, inte is return/report, and to ne of individual signin Prepar	gas plan adm	0 0 0 0 0 0 plicable, a Schedulery knowledge and
Sponsor's name  Total number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants with a complete this item)  (1) Yotal number of active part  Number of perscipants that a leas than 100% vested  suition: A penalty for the late after penalties of perjury and on  action: A penalty for the late after penalties of perjury and on  suition: A penalty for the late after penalties of perjury and on  Signature of employer  Signature of employer  sparer's name (including firm r	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan yea arminated employment during the or incomplete filling of this return ther penalties set forth in the instru- mid signed by an enrolled actuary, splete.  (plan sponsor name, if applicable) and address, i	the plan year (defined benefit plans den year with accrued benefits that very plan year with a	4c F 5a 5b 0 not 5c 5d(1 5d(2 seere 5e seconsble cause is a I this return/report, inte is return/report, and to ne of individual signin Prepar	g as plan adming as employer	0 0 0 0 0 0 inable, a Schedule by knowledge and inastrator or plan sponsor number (optional)
Sponsor's name  Total number of perticipants  Number of perticipants with a complete this lenn)  1) Total number of active part  2) Total number of active part  Number of perticipants that a less than 100% vested  unition: A penalty for the late- der penalties of perjury and com-  active penalties of perjury and com-  state of active MB completed a  lief, it is true, correct, and com-  Signature of employer approach  Signature of employer approach  Signature of employer approach  Signature of employer approach  Total functions from a	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ficipants at the beginning of the plan property at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru ind signed by an enrolled actuary, glete.  Instituted  Insti	the plan year (defined benefit plans d  the plan year (defined benefit plans d  the plan year with accrued benefits that v  m/report will be sesseed unless re citions, I declars that I have examined as well as the electronic version of th  Date Enter nan  Date Enter nan include moorn or suite number (options	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e semonable cause is a I this return/report, incle return/report, and it ne of individual signin Preper  BOO-SF.	g as plan adming as employer	0 0 0 0 0 0 inable, a Schedule by knowledge and inastrator or plan sponsor number (optional)
Sponsor's name  Total number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants  Total number of active part  Total number of active part  Number of perscipants that a less than 100% vested  action: A pensetty for the late- der pensities of perjury and or or Schedule MB completed a  lief, it is true, correct, and com-  Signature of employer  Signature of	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ticipants at the beginning of the plan ticipants at the end of the plan yea arminated employment during the or incomplete filling of this return ther penalties set forth in the instru- mid signed by an enrolled actuary, splete.  (plan sponsor name, if applicable) and address, i	the plan year (defined benefit plans of an year plan year with accrued benefits that year year with accrued benefits that year year with accrued benefits that year with accrued benefits that year year with accrued benefits that year year year year year year year year	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e semonable cause is a I this return/report, incle return/report, and it ne of individual signin Preper  BOO-SF.	g as plan adming as employer	0 0 0 0 0 0 0 inable, a Schedule hy knowledge and inastrator or plan sponsor number (optional)
Sponsor's name  Total number of perticipants  Number of perticipants with a complete this lenn)  1) Total number of active part  2) Total number of active part  Number of perticipants that a less than 100% vested  unition: A penalty for the late- der penalties of perjury and com-  active penalties of perjury and com-  state of active MB completed a  lief, it is true, correct, and com-  Signature of employer approach  Signature of employer approach  Signature of employer approach  Signature of employer approach  Total functions from a	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ficipants at the beginning of the plan property at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru ind signed by an enrolled actuary, glete.  Instituted  Insti	the plan year (defined benefit plans d  the plan year (defined benefit plans d  the plan year with accrued benefits that v  m/report will be sesseed unless re citions, I declars that I have examined as well as the electronic version of th  Date Enter nan  Date Enter nan include moorn or suite number (options	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e semonable cause is a I this return/report, incle return/report, and it ne of individual signin Preper  BOO-SF.	g as plan adming as employer	0 0 0 0 0 0 0 inable, a Schedule hy knowledge and inastrator or plan sponsor number (optional)
Sponsor's name  Total number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants  Number of perscipants with a complete this lenn)  (1) Yotal number of active part  Number of perscipants that a leas than 100% vested  unition: A pensity for the late- der pensities of perjury and on  active AB completed a lief, it is true, correct, and com-  Signature of prim adm  Signature of employer  sparer's name (including firm r  or Paperwork Reduction Act in	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of ficipants at the beginning of the plan property at the end of the plan yea arminated employment during the or Incomplete filling of this refur ther penalties set forth in the instru ind signed by an enrolled actuary, glete.  Instituted  Insti	the plan year (defined benefit plans d  the plan year (defined benefit plans d  the plan year with accrued benefits that v  m/report will be sesseed unless re citions, I declars that I have examined as well as the electronic version of th  Date Enter nan  Date Enter nan include moorn or suite number (options	4c F 5a 5b 0 not 5c 5d(1 5d(2 were 5e semonable cause is a I this return/report, incle return/report, and it ne of individual signin Preper  BOO-SF.	g as plan adming as employer	0 0 0 0 0 0 plicable, a Schedule by knowledge and