Description Description 2013 Impairment of the Takky Montalian American Structure State	Foi	rm 5500-SF	Short Form Annual Re	C	OMB Nos. 1210-0110 1210-0089						
Desperation of Lass: Desperation of Lass: This Form is Open to Public inspection The new of Careford Part I. Annual Report Identification Information and ending 1221/2013 and ending 1221/2013 A This returningport is in: in single-employer plan in of single-employer plan in of sing			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				(a) of This Form is Open to Public Inspection				
Part II Annual Report Identification Information For calendary plan year 2013 or fiscal plan year Leginary many segment of the start return/report Is for: a single employer plan be first return/report Is for: be first return/report be first be first be first return/report be first	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and the Internal Revenue Code (the Code). Reside Reset Correction Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and the Internal Revenue Code (the Code).				ections 6057(b) and 6058 Code).	8(a) of					
For candar plan year 2013 or fiscal plan year beginning 0.01/2013 and ending 1223/2013 A This return/report is for: is single-employer plan is multiple-employer plan (not multiemployer) is one-participant plan B This return/report is: in the first return/report is a short plan year return/report C Oheck box if filing under: Form 5558 is unmation extension is bort plan year return/report is bort plan year return/report 1 A Name of plan Is a Single-employer plan is bort plan year return/report is bort plan year return/report is bort plan year return/report 2 PowyteRS INC 401 K PROPIT SHARING PLAN TRUST Ib Three-digit plan number (mployer, if for a single-employer plan) 2D Employer Meant/Leation Number (END/2014) 2 A Plan sponsor's name and address, include room or sulte number (employer, if for a single-employer plan) 2D Employer Meant/Leation Number (END/2014) 3 B Plan administrator's name and address ISame as Plan Sponsor Address 3D Administrator's EIN 3 A Plan administrator's name and address ISame as Plan Sponsor Address 3D Administrator's EIN 3 Total number of participants at the end of the plan year 5D 5D 3C 3 Tot	Part I	Annual Report Ic	•			• • • •					
B This return/report □ In the final return/report □ a short plan year return/report (ses than 12 months) C Check box if filing unde::: □ Form 5558 □ automatic extension ○ DFVC program 13 Name of plan □ DFVC program □ DFVC program 14 Neasie Plan Information—enter all requested information 1 D Three-digit plan number 001 15 Name of plan DFVC program 001 1c Effective date of plan 19 DWYERS INC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number 001 28 Plan sponsor's name and address: include room or suite number (employer: if for a single-employer plan) 2b Engloyer Identification Number 29 DWYERS INC 2b Engloyer Identification Number 2c Sponsors stelephone number 66 WEBSTER ST NORTH TONAWANDA. NY 14120-5811 2c Sponsor Address 3b Administrator's telephone number 39 Plan administrator's name and address: [Same as Plan Sponsor Name [Same as Plan Sponsor Address 3b Administrator's telephone number 30 Total numb	For calend				and ending 1	2/31/2	2013				
C Check box if filing under: a annended return/report a short plan year return/report (less than 12 months) PC Check box if filing under: G PDVC program genetal extension Special extension (enter description) Part II Basic Plan Informationenter all requested information 1b Three-digit 1a Name of plan DPWTERS INC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit 2a Plan sponsor's name and address; include room or suite number (employer; if for a single-employer plan) 2b Employer Identification Number (EIN) 24 Plan sponsor's name and address; include room or suite number (employer; if for a single-employer plan) 2b Employer Identification Number (EIN) 33 Plan administrator's name and address; Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 716-602-4037 34 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 (form the last return/report. 3b Administrator's telephone number 5a 35 Total number of participants at the edo of the plan year 5a 3a 3a 26 Nombre of participants at the edo if the plan year invested in eighe asset? (See instructions)	A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participant plan				
C Check box if filing under: Form 5558 automatic extension DPVC program Part II Basic Pian Information—enter all requested information 1a Name of pan 001 Part II Basic Pian Information—enter all requested information 1b Three-digit plan more date of plan JP DWYERS INC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan more date of plan 001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (int) 16:1572043 2c Sponsor's telephone number 716:692-4837 2c Sponsor's telephone number 716:692-4837 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 716:692-4837 3a Plan administrator's name and address Same as Plan Sponsor Name Isame as Plan Sponsor Address 3b Administrator's telephone number 722410 3a Plan administrator's name and address Same as Plan sponsor Address 3b Administrator's telephone number 722410 3c Administrator's telephone number 3c Administrator's telephone number 722410 3c 4 If the name andor EIN	B This re	B This return/report is:									
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number JP DWYERS INC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number 2a Plan sponsor's name and address; include room or suite number (employer; if for a single-employer plan) 1c Effective date of plan JP DWYERS INC 2b Employer Identification Number (EIN) of 16-1527043 2c Sponsor's name and address; include room or suite number (employer; if for a single-employer plan) 2b Employer Identification Number (EIN) of 16-1527043 3a Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan) 2c Sponsor's telephone number (EIN) of 16-1527043 3a Plan administrator's name and address; include room or suite number of the plan sponsor Name [Same as Plan Sponsor Address 3b Administrator's telephone number 716-692-4837 2d Business code (see instructions) 722-10 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. 3c Administrator's telephone number 5a Total number of participants at the end of the plan year 5a 3c Administrator's telephone number 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 1 fb e N 6a								OFVC program			
Part II Basic Plan Information—enter all requested information 1a Name of plan De WYERS INC 401 K PROFIT SHARING PLAN TRUST 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 1 = 0.57243 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 1 = 0.527243 2d Somosor's name and address; Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3a Plan administrator's name and address: Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 7164692.4837 2d If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the as ponsor's telephone number 4c PN 3a Nan administrator's telephone number form the last return/report filed for this plan, enter the as ponsor's at the end of the plan year	• oncen										
1a Name of plan 1b Three-digit plan number (PN) > 001 1c Effective date of plan 010 1c Effective date of plan 010 2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2c Sponsor's telephone number 716-682:4837 2d Business code (see instructions) 722410 3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the end of the plan year 5a 3a 5d Total number of participants at the degrining of the plan year 5a 3c 3c 6Were all of the plan is as	Part II	Basic Plan Infor		,							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (E(N) 16-1527843 2c Sponsor's telephone number 716-692-4837 2c Sponsor's telephone number 716-692-4837 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's rame and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3c Administrator's telephone number 722410 3c Administrator's telephone number 722410 3c Administrator's telephone number 722410 3c Administrator's telephone number 722410 3c Administrator's telephone number 722410 3c Administrator's telephone number 722410 3c Administrator's telephone number 73 Total number of participants at the beginning of the plan year 5a 3c Number of participants at the end of the plan year 5b 3c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Yes No 3c Admining a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No 3c Admini at the plan is a corine 0, the plan contou see Form 5500. Yes No 3c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 3c If the plan is a defined benefit plan, is it covered under the PBGC insur	1a Name	e of plan				1b	plan number	001			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 16-1527843 2b DWYERS INC 2c Sponsor's telephone number 716-692-4837 3a Plan administrator's name and address [XSame as Plan Sponsor Name [Same as Plan Sponsor Address] 3b Administrator's EIN 3a Plan administrator's name and address [XSame as Plan Sponsor Name [Same as Plan Sponsor Address] 3b Administrator's telephone number 716-692-4837 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3b Administrator's telephone number 5a Total number of participants at the beginning of the plan year. 5a 32 5b 3a 3c complete this item) 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). Yes No 1f dae number of participants of the plan year invested in eligible assets? (See instructions). Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). Yes No 1f dae ubmined of the plan is a colline 6b, the plan connot use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021?)? Yes No 1f due plan is a defined benefit plan, is it covered under the PBGC in						1c	Effective date of	plan			
66 WEBSTER ST NORTH TONAWANDA, NY 14120-5611 2C Sponsor's telephone number 716-692-4837 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3c Administrator's 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 form the last return/report. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year 5a 5a Total number of participants at the end of the plan year 5a 33 c Number of participants at the end of the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No c If the plan is a defined benefit plan, is it covered under the PBCG insurance program (see ERISA section 4021)? Yes No Inder penalties of perity and other penalties set forth in the instructions, well as the electronic version of this return/report, including, if applicable, a Schedule			ess; include room or suite number (em	ployer, if for a single	-employer plan)		Employer Identifi	cation Number			
APPENDIAL CONAWANDA, NY 14120-5811 2d Business code (see instructions) 722410 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 5a 3a Plan administrator's name 4c PN 5a 5a 32 b Total number of participants at the beginning of the plan year 5a 3c complete this item) 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xer Sono 6a Were all of the plan is a defined benefit plan, sit covered under the PBGC insurance program (see ERISA section 4021)? Xer Sono c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Xer Sono Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Nor Xi determined this return/report, and to the best of my knowledge and belief, it is true, correct, an						-	Sponsor's telephone number				
3c Administrator's telephone number 3c Mumber of participants at the beginning of the plan year 3c Number of participants at the end of the plan year 3c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 3c Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.) 3c Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.) 3c Number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.) 3c Number of an independent qualified public accountant (IQPA) 3c Yes 3c No 3c No 3c Number of participants at the end of the plan year invested in eligible assets? (See instructions.) 3c Yes 3c No 3c No <tr< td=""><td></td><td colspan="4"></td><td>2d</td><td colspan="5">· · · · · · · · · · · · · · · · · · ·</td></tr<>						2d	· · · · · · · · · · · · · · · · · · ·				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 32 b Total number of participants at the end of the plan year 5b 33 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the ennual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). Yes No Yes No c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No No tedetermined 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, and to the best of my knowledge and belief, it is true, correct, and complete. <	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's E	IN			
name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 32 b Total number of participants at the end of the plan year 5b 33 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xere Social						30	Administrator's te	ephone number			
5a Total number of participants at the beginning of the plan year 5a 32 b Total number of participants at the end of the plan year 5b 33 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No c If the plan is a defined benefit plan, is it cove				st return/report filed for	or this plan, enter the	4b EIN					
b Total number of participants at the end of the plan year 5b 33 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Xes No c If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 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 c						4c PN					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a Total	number of participants at	t the beginning of the plan year			5a	a 32				
complete this item) 5c 1 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/26/2015 GREGORY STENIS HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor	b Total	number of participants at	t the end of the plan year			5b	З				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						5c		1			
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No X determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. 10/26/2015 GREGORY STENIS Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No wide region of the second region of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No X Yes No No X Yes No										
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/26/2015 GREGORY STENIS Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	-		•			_		Not determined			
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 10/26/2015 GREGORY STENIS Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	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										
Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Filed with authorized/va	alid electronic signature.	10/26/2015	GREGORY STENIS						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	r name of individual signing as plan administrator					
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor											
						-					

Pa	t III Financial Information		-							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Y	ear	
а	Total plan assets	144	1443			1521				
b	b Total plan liabilities			0	0					
С	C Net plan assets (subtract line 7b from line 7a)		144	3					1521	
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total					
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)	130							
				0						
	(3) Others (including rollovers)	8a(3)	21	-						
	Other income (loss)	8b	21	5	-				1515	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-				1515	
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e	143	7						
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							1437	,
i	Net income (loss) (subtract line 8h from line 8c)	8i							78	}
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:	
	2A 2E 2G 2J 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cteristi	c Cod	es in t	ne instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	t	
	a Was there a failure to transmit to the plan any participant contributions within the time period described in				100	-		AIII	Juni	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest					х				
	on line 10a.)			10b		Х				
	, , ,			10c		~				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х				
6	Were any fees or commissions paid to any brokers, agents, or oth			Tou						
U	insurance service, or other organization that provides some or all				х					
	instructions.)			10e	~					11
f	f Has the plan failed to provide any benefit when due under the plan?					Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	If this is an individual account plan, was there a blackout period?					х				
<u> </u>	2520.101-3.)			10h		~				
I	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
5500) and line 11a below)										
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				and e	enter th Day	e date of	the le Yea		ing
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					12b				

C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13				13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Trust's EIN					