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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		lance witl	n the instructions to the Form 5500	O-SF.		•			
Pä	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011				
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-particip	oant plan			
		•	eturn/report	L		·			
			•	antha)					
_			in year return/report (less than 12 mo	ontns) r	¬				
С	Check box if filing under:	automatic	extension	DFVC program					
	special extension (enter description	n)							
Pa	Irt II Basic Plan Information—enter all requested informa	ition							
1a	Name of plan			1b	Three-digit				
	HEN MEDICAL ASSOCIATES, PC 401K PROFIT SHARING PLAN &	TRUST			plan number				
					(PN) ▶	001			
				1c	Effective date of				
					01/01				
	Plan sponsor's name and address; include room or suite number (en HEN MEDICAL ASSOCIATES, PC	nployer, if	for a single-employer plan)		Employer Identif				
000	TEN WEDICAL AGGOCIATES, TO				(=114)	20592			
				2c	Sponsor's telep				
	OX 809		•	0-1	845-294				
GOS	HEN, NY 10924			2a		see instructions)			
2-	District the second sec	. "0	m)	26	62111				
	Plan administrator's name and address (if same as plan sponsor, ent HEN MEDICAL ASSOCIATES, PC PO BOX 809	iter "Same	(**)	3D /	Administrator's I 14-17	=IN 20592			
000	GOSHEN, NY	10924		3c		elephone numbe			
					845-294	1-8888			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.								
	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not						
	complete this item)			5c			2		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes I	No		
b	Are you claiming a waiver of the annual examination and report of a			,		Vaa □ ı			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes I	No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 550	JU.			_		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
а	Total plan assets	7a	3777348			3797108			
b	Total plan liabilities	7b	0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	3777348			3797108			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		64173						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	109897						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	-152066						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				22004			
d	Benefits paid (including direct rollovers and insurance premiums		2044						
	to provide benefits)	8d	2244						
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				2244			
i	Net income (loss) (subtract line 8h from line 8c)	8i				19760	_		
i	Transfers to (from) the plan (see instructions)		0						
,	- (- , - , -	8j							

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Form	5500	-SE	201	1

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2H 2R 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	ount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
Was the plan covered by a fidelity bond?	10c	Χ				400
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ				45
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
VI Pension Funding Compliance	1 1					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					П	
						Yes
ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	e or se	ction 3	302 of E	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or sections,	ction 3	302 of E	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections,	and e	302 of E	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or sections,	and e	nter the	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or sec	and e	nter the Day _	RISA?	[Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ctions, th of a	and e	anter the Day _	RISA?	if the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	anter the Day _	ERISA?	if the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or sections, ath	and e	12b 12c 12d	e date o	if the let	Yes X
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	12b 12c 12d Yourtrol	e date o	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d Yourtrol	e date o	f the let	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	anter the Day	e date o	f the let Year	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the participants or beneficiaries.	of a	and e	12b 12c 12d Yourtrol	e date o	f the let Year	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	anter the Day	e date o	f the let Year	Yes X

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/24/2012	WILLIAM CIEPLINSKI
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

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).

2011

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.

	art I Annual Report Identification Information				
For		01/01/2	011 and ending		12/31/2011
Α	This return/report is for:] a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final r	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)	
C i	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descript	ر ion)			
Ps	art II Basic Plan Information—enter all requested inform				
	Name of plan	, accord		1b	Three-digit
	GOSHEN MEDICAL ASSOCIATES, PC 401K PROF	IT SHAR	ING		plan number
	PLAN & TRUST				(PN) ▶ 001
	I IAN & IROSI				Effective date of plan 01/01/1988
22	Plan sponsor's name and address; include room or suite number (employer if	for a single-employer plan	 	Employer Identification Number
	GOSHEN MEDICAL ASSOCIATES, PC	employer, ii	Tot a strigite-employer planty		(EIN) 14-1720592
				2c	Sponsor's telephone number
					(845) 294-8888
	PO Box 809			2d	Business code (see instructions)
	Goshen		NY 10924		621111
3a	Plan administrator's name and address (if same as plan sponsor, & SAME	enter "Same	")	3b	Administrator's EIN
	D-110			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	4b	EIN
9	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			5a	24
_	Total number of participants at the end of the plan year			5b	29
	Number of participants with account balances as of the end of the			35	
	complete this item)			5c	26
	Were all of the plan's assets during the plan year invested in eligi				X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use I		•		Д 166 [] 116
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	T	. (b) End of Year
а	Total plan assets	7a			
b	Total plan lightities		3,777,34	8	3,797,108
	Total plan liabilities		3,777,34	8	3,797,108
<u> </u>	· · · · · · · · · · · · · · · · · · ·	7b	3,777,34	0	3,797,108
8	Net plan assets (subtract line 7b from line 7a)	7b		0	(C
8	Net plan assets (subtract line 7b from line 7a)	7b	3 , 777 , 34 (a) Amount	8	3,797,108
8	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1)	3,777,34 (a) Amount 64,17	8	3,797,108
8	Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2)	3 , 777 , 34 (a) Amount	8	3,797,108
8 a	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7b 7c 8a(1) 8a(2) 8a(3)	3,777,34 (a) Amount 64,17 109,89	3 7	3,797,108
8 a b	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7b 7c 8a(1) 8a(2) 8a(3) 8b	3,777,34 (a) Amount 64,17	3 7	3,797,108 (b) Total
8 a	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7b 7c 8a(1) 8a(2) 8a(3) 8b	3,777,34 (a) Amount 64,17 109,89 (152,066	3 7 0	3,797,108
8 a b	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7b 7c 8a(1) 8a(2) 8a(3) 8b	3,777,34 (a) Amount 64,17 109,89	3 7 0	3,797,108 (b) Total
8 a b	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c	3,777,34 (a) Amount 64,17 109,89 (152,066	3 7 0	3,797,108 (b) Total
8 a b c	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c 8d	3,777,34 (a) Amount 64,17 109,89 (152,066	3 7 0	3,797,108 (b) Total
8 a b c d	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions)	8a(1) 8a(2) 8a(3) 8b 8c 8d	3,777,34 (a) Amount 64,17 109,89 (152,066	3 7 0	3,797,108 (b) Total 22,004
8 a b c d	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	3,777,34 (a) Amount 64,17 109,89 (152,066	3 7 0	3,797,108 (b) Total 22,004
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	3,777,34 (a) Amount 64,17 109,89 (152,066	3 7 0	3,797,108 (b) Total 22,004

Part IV	Plan Characteristics
Cally	i Fiaii Chalactensiics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2H 2R 2J 2K 3D

Page **2** -

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

										
Part	v	Compliance Questions	·-							
10	Duri	ng the plan year:		ı		Yes	No		Amount	
	29 (there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Progra	ım)	10a		Х			
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)			10b		Х			
С	Was	the plan covered by a fidelity bond?			10c	Х			4	00,000
d		he plan have a loss, whether or not reimbursed by the plan's fidel shonesty?			10d		Х	_		
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	e benefits under the	plan? (See	10e		x			
f	Has	the plan failed to provide any benefit when due under the plan?		***************************************	10f		Х			
q	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a	Х		_		45,466
'n	If this	s is an individual account plan, was there a blackout period? (See	instructions and 2	9 CFR	10h		х			
i	If 10	h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i			٠		
Part	VI [Pension Funding Compliance		·						
11		s a defined benefit plan subject to minimum funding requirements							Ye	s No
12		is a defined contribution plan subject to the minimum funding requ							Ye	s 🛛 No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а		vaiver of the minimum funding standard for a prior year is being ar ting the waiver.							he letter r Year	
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB					Day.		Cal	
-		r the minimum required contribution for this plan year				[12b			
		the amount contributed by the employer to the plan for this plan					12c			
		ract the amount in line 12c from the amount in line 12b. Enter the tive amount)				[12d			
е	Will t	he minimum funding amount reported on line 12d be met by the fu	unding deadline?	<u>.</u>				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 N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year		1	3a				·
b		all the plan assets distributed to participants or beneficiaries, trar e PBGC?							Ye	s 🗓 No
С		ring this plan year, any assets or liabilities were transferred from the hassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plar	n(s) to				
1	3c(1)	Name of plan(s):				13	c(2) Ell	N(s)	13c(3) PN(s)
									ı	
Cauti	on: A	penalty for the late or incomplete filing of this return/report v	will he seeses ad I	inless reasonahi	le cau	eo ie	establi	ishod	<u> </u>	
Unde SB or	pena Sche	alties of perjury and other penalties set forth in the instructions, I didule MB completed and signed by an enrolled actuary, as well as true, corrects and complete.	leclare that I have e	examined this retu	ırn/rep	ort, in	cluding	g, if applica	able, a Sc knowledg	hedule e and
SIGN	Ţ	1 the Clipher		WILLIAM CI	EPLI	NSK	I			
HERI	- 1	Signature of plan administrator	Date 5/11:2014					plan adm	inistrator	
SICF							-			
SIGN	- 1	Signature of employer/plan sponsor	Date	Enter name of in	ndividu	ıal sigi	ning as	employer	or plan s	ponsor