Form 5500-SF	Short Form Annual Ret		of Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service		enefit Plan	04 and 4065 of the Employee 2012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058(a	This Form is	s Open to Public pection	
Pension Benefit Guaranty Corporation	Complete all entries in accordant	nce with the instruc	ctions to the Form 5500-	-SF.	1115	pection
Part I Annual Report Ide For calendar plan year 2012 or fisca	entification Informationplan year beginning01/01/2012		and anding 12	2/31/2	2012	
				2/31/2		
A This return/report is for:			an (not multiemployer)		a one-particip	bant plan
B This return/report is:		e final return/report		- (1)		
			n/report (less than 12 mor	ntns)		
C Check box if filing under:		utomatic extension			DFVC progra	m
Dort II Dooio Dion Inform	special extension (enter description)					
Part II Basic Plan Inform 1a Name of plan	ation—enter all requested information	on		1h	Three-digit	
ORANGE PEDIATRIC ASSOCIATES,	PC 401K PROFIT SHARING PLAN A	ND TRUST		10	plan number	
			_		(PN) 🕨	002
				1c	Effective date of	•
2a Plan sponsor's name and addre	ss; include room or suite number (emp	lover if for a single-	employer plan)	2h	07/01/ Employer Identif	
ORANGE PEDIATRIC ASSOCIATES	, PC	boyer, in for a single-		20	(EIN) 14-16	
400 MIDWAY PARK DRIVE				2c	Sponsor's telep 845-343	
MIDDLETOWN, NY 10940				2d	Business code (62111	
3a Plan administrator's name and a	ddress XSame as Plan Sponsor Nan	ne Same as Plar	n Sponsor Address	3b	Administrator's	EIN
			-	20	A .l	elephone number
4 If the name and/or EIN of the pl name, EIN, and the plan number	an sponsor has changed since the last er from the last return/report.	t return/report filed fo	or this plan, enter the	4b	EIN	
a Sponsor's name	·			4c	PN	
5a Total number of participants at	he beginning of the plan year			5a		19
b Total number of participants at	he end of the plan year			5b		9
	ount balances as of the end of the pla			5c		9
	iring the plan year invested in eligible a					X Yes No
b Are you claiming a waiver of the	annual examination and report of an ee instructions on waiver eligibility and	independent qualifie	ed public accountant (IQP	A)		X Yes No
	r line 6a or line 6b, the plan cannot	,				
Caution: A penalty for the late or i	ncomplete filing of this return/repor	t will be assessed	unless reasonable caus	se is	established.	
	penalties set forth in the instructions, I signed by an enrolled actuary, as well a e.					
SIGN Filed with authorized/valid electronic signature. 07/17/2013 WILLIAM ROSE, MD						
HERE Signature of plan adm	inistrator	Date	Enter name of individua	al sig	ning as plan adn	ninistrator
SIGN						
HERE Signature of employer	/plan sponsor	Date	Enter name of individual signing as employer or plan sponse			
	e, if applicable) and address; include r					number (optional)

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
b Total plan liabilities 7b 0 C Net plan assets (subtract line 7b from line 7a) 7c 4981323 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) To C Ontributions receivable from: 8a(1) 10536 (2) Participants 8a(2) 12830 10536 (3) Other income (loss) 8a(3) 0 10536 (3) Other income (loss) 8a(3) 0 10536 (4) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 4441889 10544 (5) Other expenses 8g 0 10544 10544 (4) Q Other expenses 8g 0 10544 10544 (5) Universe expenses 8g 0 10544 10544 (5) Universe expenses 8g 0 10544 10544 (7) Transfers to (from) the plan (see instructions) 8i 1 1 1 1 1 <t< th=""><th>Year</th></t<>	Year
C Net plan assets (subtract line 7b from line 7a)	678561
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) To a Contributions received or receivable from: 8a(1) 10536 (2) Parlicipants 8a(2) 12830 (3) Other income (loss) 8a(3) 0 b Others (including rollovers) 8a(3) 0 b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 520325 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 4841880 g Other expenses 8g 0	0
a Contributions received or receivable from: (1) Employers (1) Employers (1) Employers (2) Participants (2) Participants (2) (2) Participants (2) (2) Participants (2) (2) Participants (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	678561
(1) Employers Ba(1) 10536 (2) Participants Ba(2) 12830 (3) Others (including rollovers) Ba(3) 0 (3) Others (including rollovers) Ba(3) 0 (4) Der income (loss) Ba(2), Ba(2), Ba(3), and Bb) Bc (5) Other income (losd lines Ba(1), Ba(2), Ba(3), and Bb) Bc Composition (5) Other income (losd lines Ba(1), Ba(2), Ba(3), and Bb) Bc Composition (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd 4841889 (7) Administrative service providers (salaries, fees, commissions) Bd 4841889 (7) Administrative service providers (salaries, fees, commissions) Bf 44564 (7) Other expenses Bg 0 0 (8) Other expenses (add lines dd, 8e, 8f, and 8g) Bh 0 (9) Transfers to (from) the plan (see instructions) Bj 0 0 (7) Total expenses (add lines benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2R 2T 3D 0 (7) During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2R 2T 3D </td <td>al</td>	al
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b Other income (loss) 8b 520325 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Image: Control of the control o	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 4841889 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 4564 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c) 8i 0 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 8j 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 20 GFR 2510.3-102? (See instructions with any participant contributions within the time period described in 2.9 10b X 20 Was the plan covered by a fidelity bond	
to provide benefits) 8d 48d 4841889 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 4564 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 i Net income (loss) (subtract line 8h from line 8c) 8i 0 j Transfers to (from) the plan (see instructions) 8j 0 0 Part IV Plan Characteristics 9j 0 0 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E ZF 2G 2J 2R 2T 3D 0 0 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2E CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a x a Was there and novement transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10a x 10a x c Was the plan covered by a fidelity bond? 10c X 10d x 10d x 10d x 10d x	543691
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g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction g If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	4846453
j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of th	-4302762
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: Yes No A a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X V d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X V e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan fa	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2R 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction Part V Compliance Questions 10 During the plan year: Yes No A a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X V d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X V e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
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or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X	50000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10a ×	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	
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).	Yes No
11a Enter the amount from Schedule SB 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?	Yes X No
(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 being amortized in this plan year, see instructions, and enter the date of the	
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	e letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne 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	a resolution to terminate the plan been adopted in any plan year?	X	Yes No)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

		EIN 14-	1671328 / 1	PN 002				
For	m 5500-SF	Short Form Annual Re	eturn/Report o enefit Plan	of Small Employ	yee		DMB Nos. 1 1	210-0110 210-0089
	rtment of the Treasury nal Revenue Service	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).					012	
Employee B	epartment of Labor enefits Security Administration enefit Guaranty Corporation						s Open to pection	Public
		Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.			
Part I		entification Information	L/01/2012	and ending		12/31/201	2	-
_	ar plan year 2012 or fisca R							
A This ret	turn/report is for:			lan (not multiemployer)		a one-partici	oant pian	
B This ret	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths	5)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter description	ו)			_		
Part II	Basic Plan Inform	nation-enter all requested information						
1a Name					1b	Three-digit		
		SOCIATES, PC 401K				plan number		
					_	(PN) 🕨	0)2
PROF	IT SHARING PLAN	I AND TRUST			1c	Effective date of		
						07/01/1988		
		ess; include room or suite number (en	ployer, if for a single-	employer plan)	2 b	Employer Identif		mber
ORAN	GE PEDIATRIC AS	SSOCIATES, PC				(EIN) 14-167		
					2c	Sponsor's telepl		ber
400 1	MIDWAY PARK DRI	.VE			24	(845) 343-		
					Za	Business code (621111	see instruc	ctions)
	LETOWN			_10940	3h	Administrator's E		
Ja Pian a	dministrator's name and	address XSame as Plan Sponsor Na	ame USame as Plan	Sponsor Address	30	Administrators		
		lan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN		
		er from the last return/report.			4c			
a Sponse		the beginning of the plan year				PN		10
		• • • •			5a			19
		the end of the plan year			5b			9
	· · · ·	count balances as of the end of the pl			5c			9
							X Yes	
	•	uring the plan year invested in eligible annual examination and report of a		-			A les	
		See instructions on waiver eligibility a					X Yes	No
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.		
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.		
SB or Sche		penalties set forth in the instructions, signed by an enrolled actuary, as wel te.						
SIGN	Willia	m Rose MD	7-7-13	WILLIAM ROSE,	MD			
HERE	Signature of plan adm		Date	Enter name of individu		ning as plan adm	inistrator	
	eignature of plan dun		Duio		an org	a plan adh		
SIGN HERE							_	
	Signature of employe	r/plan sponsor ne, if applicable) and address; include	Date	Enter name of individu		ning as employed arer's telephone		
Preparer s	name (including tirm nan	ie, ir applicable) and address, include	room of suite numbe	r (optionar)	- Teb			

EIN 14-1671328 / PN 002

Form 5500-SF 2012

Page **2**

Part III Financial Information					_	
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year
a Total plan assets	7a	4,98		23		678,561
b Total plan liabilities	7b			0		0
C Net plan assets (subtract line 7b from line 7a)	7c	4,98	1,32	23		678,561
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0(1)		о г -			
(1) Employers	8a(1)		0,53			
(2) Participants	8a(2)		2,83	~		
(3) Others (including rollovers)	8a(3)		0,32	25		
b Other income (loss)	8b	52	0,32	.5		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			+		543,691
to provide benefits)	8d	4,84	1,88	9		
e Certain deemed and/or corrective distributions (see instructions)	8e			0		
f Administrative service providers (salaries, fees, commissions)	8f		4,56	54		
g Other expenses	8g			0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4,846,453
i Net income (loss) (subtract line 8h from line 8c)	8i					(4,302,762)
j Transfers to (from) the plan (see instructions)	8j			0		
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare ference Part V Compliance Questions			_			
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x	
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		x	
C Was the plan covered by a fidelity bond?			10c	x		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?		-	10d		x	
e Were any fees or commissions paid to any brokers, agents, or othe						
insurance service or other organization that provides some or all o instructions.)		under the plan? (See				
			10e		x	
f Has the plan failed to provide any benefit when due under the plan			10e			
 f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes." enter amount as 			10f	v	x x	
g Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		x		0
	of year end. See instructio	ns and 29 CFR	10f	x		0
g Did the plan have any participant loans? (If "Yes," enter amount ash If this is an individual account plan, was there a blackout period? (\$	of year end. See instruction e required no	ns and 29 CFR tice or one of the	10f 10g	x	x	0
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	of year end. See instruction e required no	ns and 29 CFR tice or one of the	10f 10g 10h	x	x	0
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	e required no -3	ns and 29 CFR tice or one of the " see instructions and com	10f 10g 10h 10i	Sched	X X	
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 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	of year end. See instructione required no -3	ns and 29 CFR tice or one of the " see instructions and com	10f 10g 10h 10i	Sched	X X ule SB (Fo	orm Yes No
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 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding requirements and the minimum funding requirements and the average of the minimum funding standard for a prior year is being granting the waiver. 	e required no -3 ents? (If "Yes requirements as applicable g amortized in	ns and 29 CFR tice or one of the " see instructions and com of section 412 of the Code .) n this plan year, see instruc- 	10f 10g 10h 10i plete or se	Sched	X X ule SB (Fo	SA?
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being 	e required no -3 ents? (If "Yes requirements as applicable g amortized in MB (Form 5	ns and 29 CFR tice or one of the " see instructions and com of section 412 of the Code .) n this plan year, see instruc 	10f 10g 10h 10i plete or se ctions,	Sched	X X ule SB (Fo 11a 302 of ERI	orm Yes No SA? Yes No

EIN 14-1671328 / PN 002

Form 5500-SF	2012
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Page 3 -

С	Enter	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 (enter a minus sign to the left of a tive amount)	12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	o 🗌	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	X	Yes	No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the or PBGC?	ontrol			Yes	X No
C		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	a				
1	3c(1)	Name of plan(s): 1	Bc(2) E	IN(s)	1	3c(3)	PN(s)
Part	VIII	Trust Information (optional)					
14a I	Name	of trust	1 4b ⊺	rust's EIN	I		