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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

| | | | Complete all entries in ac | cordance with the instruc | tions to the Form 550 | Љ- Эг. | | |
|------------|---------------|---|--|---------------------------------|---------------------------|--|-------------------|--------------------|
| | art I | | Identification Information | | | | | |
| Fo | r calenda | ar plan year 2012 or fis | scal plan year beginning 01/01/ | /2013 | and ending | 06/30/2 | 2013 | |
| Α | This retu | urn/report is for: | x a single-employer plan | a multiple-employer pl | an (not multiemployer) | | a one-particip | oant plan |
| В | This retu | urn/report is: | the first return/report | x the final return/report | | | | |
| | | | an amended return/report | X a short plan year return | /report (less than 12 m | onths) |) | |
| С | Check b | oox if filing under: | Form 5558 | automatic extension | | | DFVC progra | am |
| | | | special extension (enter descr | • , | | | | |
| Р | art II | Basic Plan Info | rmation—enter all requested inf | formation | | | | 1 |
| | Name o | • | | | | 1b | Three-digit | |
| ORA | NGE PE | DIATRIC ASSOCIATE | ES, PC 401K PROFIT SHARING F | PLAN AND TRUST | | | plan number | 000 |
| | | | | | | 4. | (PN) • | 002 |
| | | | | | | 10 | Effective date o | • |
| 2 a | Plan sp | oonsor's name and add | dress; include room or suite number | er (employer, if for a single- | employer plan) | 2b Employer Identification Number (EIN) 14-1671328 | | |
| | | | | | | 20 | Sponsor's telep | |
| 400 | ΜΙΟΙΛΙΔΝ | Y PARK DRIVE | | | | 20 | 845-34 | |
| | | VN, NY 10940 | | | | 2d | | (see instructions) |
| 2- | . 51 | | | и По в | 0 11 | 26 | 62111 | |
| 3a | l Plan ad | dministrator's name an | nd address XSame as Plan Spons | sor Name Same as Plan | Sponsor Address | 3D | Administrator's | EIN |
| | | | | | | 3c | Administrator's | telephone number |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | ļ | | |
| 4 | | | e plan sponsor has changed since to mber from the last return/report. | the last return/report filed fo | r this plan, enter the | 4b | EIN | |
| а | | or's name | inder from the last return/report. | | | 4c | PN | |
| 5a | Total n | number of participants | at the beginning of the plan year | | | 5a | | 9 |
| b | Total n | number of participants | at the end of the plan year | | | 5b | | 0 |
| С | | | account balances as of the end of | . , , | • | 5c | | 0 |
| 62 | • | • | s during the plan year invested in e | | | | | X Yes ☐ No |
| b | | | the annual examination and repor | | | | | M 165 146 |
| _ | | | ? (See instructions on waiver eligib | | | | | X Yes No |
| | If you | answered "No" to ei | ther line 6a or line 6b, the plan c | annot use Form 5500-SF | and must instead use | Form | 5500. | |
| Ca | ution: A | penalty for the late of | or incomplete filing of this return | n/report will be assessed u | unless reasonable ca | use is | established. | |
| | | | her penalties set forth in the instruc | | | | | able, a Schedule |
| | | dule MB completed ar rue, correct, and comp | nd signed by an enrolled actuary, a | as well as the electronic vers | sion of this return/repor | t, and | to the best of my | knowledge and |
| Del | ilei, it is t | rue, correct, and comp | nete. | | | | | |
| | 3N | Filed with authorized/v | valid electronic signature. | 07/17/2013 | WILLIAM ROSE, MD | | | |
| HE | RE | Signature of plan ac | dministrator | Date | Enter name of individ | lual sig | ning as plan adr | ninistrator |
| SIC | GN | | | | | | | |
| HE | RE | Signature of employ | ver/plan sponsor | Date | Enter name of individ | lual sic | ning as emplove | er or plan sponsor |
| Pre | eparer's i | | ame, if applicable) and address; in | | | _ | | number (optional) |
| | | - | | | • | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Do | t III Financial Information | | <u> </u> | | | | | |
|------------|---|-------------|--------------------------------|---------|---------|-----------|-------------------|--|
| | t III Financial Information Plan Assets and Liabilities | | (a) Danimin mat Van | | Τ | | (h) Fud of Voor | |
| | | 7- | (a) Beginning of Yea | | | | (b) End of Year | |
| | Total plan assets Total plan liabilities | 7a 7b | 07030 | 678561 | | | 0 0 | |
| | Net plan assets (subtract line 7b from line 7a) | 7b | 67856 | | | 0 | | |
| | | 76 | | | | | - | |
| | Income, 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) | | 0 | | | | |
| b | Other income (loss) | 8b | 1436 | 35 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 14365 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 69292 | 26 | | | | |
| 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 | | | | | 692926 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -678561 | |
| j | Transfers to (from) the plan (see instructions) | 8i | | 0 | | | | |
| Par | t IV Plan Characteristics | <u> </u> | | | • | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in tl | he instructions: | |
| Part | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amarint | |
| a | | | | 10a | 100 | X | Amount | |
| b | | ? (Do not | include transactions reported | 10b | | X | | |
| | | | | | Χ | | | |
| | | | | 10c | | | 500000 | |
| d | or dishonesty? | | | 10d | | X | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | of the bene | efits under the plan? (See | 10e | | Χ | | |
| f | Has the plan failed to provide any benefit when due under the pla | | | | | X | | |
| | · · · · · · · · · · · · · · · · · · · | | | 10f | | X | | |
| g h | | (See instru | uctions and 29 CFR | 10g | | X | | |
| i | If 10h was answered "Yes," check the box if you either provided the | he require | d notice or one of the | 10h | | | | |
| D1 | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | | | | |
| Part 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | |
| 11a | 5500) and line 11a below) Enter the amount from Schedule SB line 39 | | | | | 11a | 165 110 | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | 302 of | ERISA? Yes X No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | 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 letter ruling granting the waiver | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedul | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | |
| | | | | _ | | _ | | |

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|--------|---|----------|--------|--------|-------|
| | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | 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 | res No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | control | | X Yes | No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) |) to | | _ | |
| 1: | 3c(1) Name of plan(s): | 13c(2) E | IN(s) | 13c(3) | PN(s) |
| | | | | | |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |

14b Trust's EIN

14a Name of trust

EIN 14-1671328 / PN 002

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

| Part I | Annual Report Identification Informat | | | | | |
|---|---|---|--|--|--|---|
| For calend | ar plan year 2012 or fiscal plan year beginning | 01/01/2013 | and ending | | 06/30/201 | .3 |
| A This ref | urn/report is for: X a single-employer plan | a multiple-employer p | olan (not multiemployer) | | a one-particip | oant plan |
| B This ref | urn/report is: the first return/report | X the final return/report | | | | |
| | an amended return/repo | rt 🗓 a short plan year retu | ırn/report (less than 12 r | nonth | s) | |
| C Check | pox if filing under: Form 5558 | automatic extension | | | DFVC progra | ım |
| | special extension (enter | | | | | |
| Part II | Basic Plan Information—enter all requeste | <u> </u> | | | | |
| 1a Name | | sa imormation | | 1b | Three-digit | |
| | GE PEDIATRIC ASSOCIATES, PC 401 | K | | | plan number | |
| | IT SHARING PLAN AND TRUST | ••• | | | (PN) ▶ | 002 |
| PROF | II SHARING PLAN AND IRUSI | | | 1c | Effective date of | |
| 2a Plan s | ponsor's name and address; include room or suite n | umber (employer, if for a single | omployer plan) | ۱ | 07/01/1988 | |
| | GE PEDIATRIC ASSOCIATES, PC | umber (employer, ir for a single | employer plan) | 26 | Employer Identification (EIN) 14-167. | |
| | | | | 2c | Sponsor's teleph | |
| | | | | | (845) 343- | |
| 400 | MIDWAY PARK DRIVE | | | 2d | Business code (s | see instructions) |
| | LETOWN | | 10940 | | 621111 | |
| 3a Plan a | dministrator's name and address $f X$ Same as Plan S | Sponsor Name Same as Plar | Sponsor Address | 3b | Administrator's E | EIN |
| | | | | 30 | Administrator's t | olonbono numbor |
| | | | | 30 | Administrator's to | elephone number |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | name and/or EIN of the plan sponsor has changed s | | or this plan, enter the | 4b | EIN | |
| name a Sponse | EIN, and the plan number from the last return/reports name | π. | | 4c | PN | |
| . | number of participants at the beginning of the plan y | ear | | 5a | | 9 |
| b Total r | number of participants at the end of the plan year | *************************************** | | 5b | | 0 |
| C Numb | er of participants with account balances as of the en | d of the plan year (defined bene | efit plans do not | | | U |
| | ete this item) | a e p , e (== | | | | U |
| | oto tillo itolii/ | | • | 5с | | 0 |
| 6a Were | all of the plan's assets during the plan year invested | | · | | | |
| b Are yo | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and i | d in eligible assets? (See instructereport of an independent qualific | ctions.)ed public accountant (IQ | PA) | | 0 X Yes No |
| b Are you | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and to 29 CFR 2520.104-46? (See instructions on waiver | d in eligible assets? (See instruction of an independent qualification) and conditions.) | ctions.)ed public accountant (IQ | PA) | | 0 |
| b Are you under If you | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and the 29 CFR 2520.104-46? (See instructions on waiver the answered "No" to either line 6a or line 6b, the p | d in eligible assets? (See instructive report of an independent qualified eligibility and conditions.) | etions.)ed public accountant (IQ | PA) Form | 5500. | 0 X Yes No |
| b Are younder If you Caution: A | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and of 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this response. | d in eligible assets? (See instruction of an independent qualification of an independent qualification of an armonia of a see | etions.)ed public accountant (IQ and must instead use unless reasonable cau | PA) Form | 5500. established. | 0 X Yes No X Yes No |
| b Are you under If you Caution: A | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and the 29 CFR 2520.104-46? (See instructions on waiver the answered "No" to either line 6a or line 6b, the p | d in eligible assets? (See instruction of an independent qualification of an independent qualification of an independent qualification of an independent qualification of an independent of assessed instructions, I declare that I have | etions.) | PA) Form use is | 5500. established. ncluding, if applica | 0 X Yes No X Yes No |
| b Are younder If you Caution: A Under pena SB or Sche | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and a 29 CFR 2520.104-46? (See instructions on waiver answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this rulties of perjury and other penalties set forth in the in | d in eligible assets? (See instruction of an independent qualification of an independent qualification of an independent qualification of an independent qualification of an independent of assessed instructions, I declare that I have | etions.) | PA) Form use is | 5500. established. ncluding, if applica | 0 X Yes No X Yes No |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is to | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and in 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the public penalty for the late or incomplete filing of this resulties of perjury and other penalties set forth in the infoldule MB completed and signed by an enrolled actual rue, correct, and complete. | d in eligible assets? (See instruction of an independent qualification of an independent qualification of an action of an independent qualification of an action of an action of an action of a see asset of a structions, I declare that I have ary, as well as the electronic vertice. | and must instead use unless reasonable cau examined this return/report | PA) Form use is cort, ir | 5500. established. ncluding, if applica | 0 X Yes No X Yes No |
| b Are younder If you Caution: A Under pena SB or Sche | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and in 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this relation of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. | d in eligible assets? (See instruction report of an independent qualification of an independent qualification of an independent qualification of an independent qualification of an independent | and must instead use unless reasonable cau examined this return/reprison of this return/report | Form use is cort, ir | 5500. established. ncluding, if applicate to the best of my | 0 X Yes No X Yes No ble, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is t | all of the plan's assets during the plan year invested ou claiming a waiver of the annual examination and in 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the public penalty for the late or incomplete filing of this resulties of perjury and other penalties set forth in the infoldule MB completed and signed by an enrolled actual rue, correct, and complete. | d in eligible assets? (See instruction of an independent qualification of an independent qualification of an action of an independent qualification of an action of an action of an action of a see asset of a structions, I declare that I have ary, as well as the electronic vertice. | and must instead use unless reasonable cau examined this return/report | Form use is cort, ir | 5500. established. ncluding, if applicate to the best of my | 0 X Yes No X Yes No ble, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is t | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and in 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this relation of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. | d in eligible assets? (See instruction report of an independent qualification of an independent qualification of an independent qualification of an independent qualification of an independent | and must instead use unless reasonable cau examined this return/reprison of this return/report | Form use is cort, ir | 5500. established. ncluding, if applicate to the best of my | 0 X Yes No X Yes No ble, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE SIGN HERE | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and it 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this rullities of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor | d in eligible assets? (See instruction report of an independent qualification of the property of an independent qualification of the property | etions.) | PA) Form Ise is Oort, ir , and ual sig | 5500. established. ncluding, if applicate to the best of my light in the property of the prope | O X Yes No X Yes No Able, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE SIGN HERE | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and it 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this rulties of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. Signature of plan administrator | d in eligible assets? (See instruction report of an independent qualification of the property of an independent qualification of the property | etions.) | PA) Form Ise is Oort, ir , and ual sig | 5500. established. ncluding, if applicate to the best of my light in the property of the prope | O X Yes No X Yes No ble, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE SIGN HERE | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and it 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this rullities of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor | d in eligible assets? (See instruction report of an independent qualification of the property of an independent qualification of the property | etions.) | PA) Form Ise is Oort, ir , and ual sig | 5500. established. ncluding, if applicate to the best of my light in the property of the prope | O X Yes No X Yes No Able, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE SIGN HERE | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and it 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this rullities of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor | d in eligible assets? (See instruction report of an independent qualification of the property of an independent qualification of the property | etions.) | PA) Form Ise is Oort, ir , and ual sig | 5500. established. ncluding, if applicate to the best of my light in the property of the prope | O X Yes No X Yes No Able, a Schedule knowledge and |
| b Are you under If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE SIGN HERE | all of the plan's assets during the plan year invested by claiming a waiver of the annual examination and it 29 CFR 2520.104-46? (See instructions on waiver of answered "No" to either line 6a or line 6b, the penalty for the late or incomplete filing of this rullities of perjury and other penalties set forth in the indule MB completed and signed by an enrolled actual rue, correct, and complete. Signature of plan administrator Signature of employer/plan sponsor | d in eligible assets? (See instruction report of an independent qualification of the property of an independent qualification of the property | etions.) | PA) Form Ise is Oort, ir , and ual sig | 5500. established. ncluding, if applicate to the best of my light in the property of the prope | O X Yes No X Yes No Able, a Schedule knowledge and |

Page **2**

| Pa | t III Financial Information | | | | | | | |
|-----------|--|-------------|---------------------------------|---------|---------|-----------|---------------------------------------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End of Year | |
| а | Total plan assets | 7a | 67 | 8,56 | 51 | | 0 | |
| b | Total plan liabilities | 7b | | | 0 | | 0 | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 67 | 8,56 | 61 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | |
| а | Contributions received or receivable from: 1) Employers | | | | | | - | |
| | (2) Participants | 8a(2) | | | 0 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | |
| b | | | | 4,36 | 55 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 14,365 | |
| | Benefits paid (including direct rollovers and insurance premiums | | - | | | | | |
| | to provide benefits) | 8d | 69 | 2,92 | _ | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | |
| <u>_f</u> | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | · · · · · · · · · · · · · · · · · · · | |
| <u>g</u> | Other expenses | 8g | | | 9 | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | + | | 692,926 | |
| <u> </u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | + | | (678,561) | |
| | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | |
| | t IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2R 2T 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | the instructions: | |
| | In the plan provides wehate benefits, enter the applicable wehate is | sature cou | es nom the clat of Fran Onara | Clerist | 000 | 103 111 1 | are matructions. | |
| Par | V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| а | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | х | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not | include transactions reported | 10b | | х | | |
| С | | | | 10c | х | | 500,000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | х | | |
| e | Were any fees or commissions paid to any brokers, agents, or other | | | | | | | |
| | insurance service or other organization that provides some or all of instructions.) | | | 10e | | х | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | х | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Х | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | | 10h | | х | | |
| j | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | ne required | d notice or one of the | 10i | | | | |
| Part | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | |
| 11a | Enter the amount from Schedule SB line 39 | | | | | 11a | | |
| 12 | ls 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 | 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 letter ruling granting the waiver | | | | | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | Ι | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | |

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|--|--|---|---|---|---|
| Enter the amount contributed by the employer to the plan for this plan year | | 12c | Ι _ | | |
| Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign | to the left of a | 12d | | | |
| Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | N/A |
| VII Plan Terminations and Transfers of Assets | | | | <u></u> | |
| Has a resolution to terminate the plan been adopted in any plan year? | | X, | Yes No | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | 0 |
| | | control | | X Yes | □ No |
| If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.) | , identify the plan(s) | to | | | |
| 3c(1) Name of plan(s): | 1: | 3c(2) El | N(s) | 13c(3) | PN(s) |
| | | | | | |
| | I | | | | |
| VIII Trust Information (optional) | | | | | |
| lame of trust | | 14b Tr | ust's EIN | | |
| | | | | | |
| | | | | | |
| | 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 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, of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): | 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 of a 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 under the of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) Trust Information (optional) | Enter the amount contributed by the employer to the plan for this plan year | Enter the amount contributed by the employer to the plan for this plan year | Enter the amount contributed by the employer to the plan for this plan year |