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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information									
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/	2012					
A This ref	turn/report is for: a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan				
B This ref	turn/report is: the first return/report th	e final return/report		_						
	an amended return/report as	short plan year returr	/report (less than 12 m	nonths)					
C Check	box if filing under: X Form 5558	utomatic extension			DFVC progra	ım				
	special extension (enter description)									
Part II	Basic Plan Information—enter all requested information	n .								
1a Name) ii		1b	Three-digit					
	OGY & HYPERTENSION ASSOCIATES PC PROFIT SHARING	401(K) PLAN			plan number					
					(PN) •	003				
				1c	Effective date o	•				
22 Dlan a	nancer's name and address; include room or suite number (amo	lover if for a single	ompleyer plan)	2h	01/01					
NEPHROLO	ponsor's name and address; include room or suite number (emp DGY & HYPERTENSION ASSOCIATES PC	oloyer, if for a single-	employer plan)	ZD	Employer Identification (EIN) 20-35	43470				
				20	Sponsor's telep	hone number				
1200 WATE	RS PLACE M104 SOUTH LOBBY			-0	516-48					
BRONX, NY	′ 10461			2d	Business code (see instructions)				
					62111	i1				
3a Plan a	dministrator's name and address 🏻 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN				
				30	Administrator's	telephone number				
				30	Auministrators	elepriorie fluribei				
	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN					
	, EIN, and the plan number from the last return/report. or's name			40	PN					
	number of participants at the beginning of the plan year			_	FN	6				
	number of participants at the end of the plan year					6				
	per of participants with account balances as of the end of the plan			30		0				
	lete this item)	• •	•	5c		6				
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No				
b Are yo	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IC	QPA)						
	29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No				
	answered "No" to either line 6a or line 6b, the plan cannot									
	A penalty for the late or incomplete filing of this return/repor					abla a Oabaabala				
	alties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well				O, 11	,				
	true, correct, and complete.			.,	,	ge ee				
SIGN	Filed with authorized/valid electronic signature.	09/24/2013	GILL FREI							
HERE	Signature of plan administrator	Date		ividual signing as plan administrator						
SIGN	Filed with authorized/valid electronic signature.	09/24/2013	GILL FREI	auai Si	griirig as piarr aur	iiiiistratoi				
HERE	Signature of employer/plan sponsor	Date		idual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address; include r		(optional)			number (optional)				
, i			•	'		, ,				

F FF00 OF 0040	D 3
Form 5500-SF 2012	Page 2

D -	of III. I Electrical Information								
	rt III Financial Information				1				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
-	Total plan assets	7a	5156					63090	
	Total plan liabilities	7b		0	-				0
	Net plan assets (subtract line 7b from line 7a)	7c	5156	i6				63090	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
a	Contributions received or receivable from: (1) Employers	8a(1)	6819	6					
	(2) Participants	8a(2)	4696	69					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	. 8b	4935	6					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16452	1
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
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							0
i	Net income (loss) (subtract line 8h from line 8c)	8i						16452	:1
j	Transfers to (from) the plan (see instructions)	8j	41482	21					
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	feature cod	les from the List of Plan Chara	acteris	stic Co	des in	the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	des in t	he instruction	s:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		mount	
а	Was there a failure to transmit to the plan any participant contribu			100	100	X	^	ilount	
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary FideWere there any nonexempt transactions with any party-in-interest	Juliary Corre	cuon Frogram)	10a					
~	, , ,	,	nclude transactions reported	405		X			
	on line 10a.)	·····	nclude transactions reported	10b	V	X			
С	on line 10a.)		nclude transactions reported	10b 10c	X	X			30000
	on line 10a.)	fidelity bon	d, that was caused by fraud		X	X			30000
d	on line 10a.)	fidelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d	X				30000
c d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	fidelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d	X	X			30000
d e	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bon ner persons of the bene	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10c 10d 10e 10f		X			30000
c d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plantage of the p	fidelity bonner persons of the benember of the benember on?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d	X	X X			30000
c d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bonner persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f		X			
c d e f g h	on line 10a.)	fidelity bon ner persons of the bene n? s of year el (See instruction	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g		X X			
c d d e f g h i	on line 10a.)	fidelity bon ner persons of the bene n? s of year el (See instruction	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g 10h		X X			
c d e f g h	on line 10a.)	fidelity bonner persons of the benember of the	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g 10h 10i	X	X X X A A A A A A A A A A A A A A A A A	•	Yes	23785
e f g h i	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plate bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity bon mer persons of the bene n?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h 10i	X	X X X A A A A A A A A A A A A A A A A A	•	Yes	23785
e f g h i	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon mer persons of the bene m? s of year er (See instruction he required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE		Yes	23785 X No
c d d e f g h i Part 11 11a	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bon her persons of the bene n? s of year er (See instructure he required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the fes," see instructions and com	10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE			23785 X No
c d d e f g h i 111111111111111111111111111111111	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount at lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	fidelity bon mer persons of the bene n? s of year el (See instructure ne required 1-3 requireme , as applica ng amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com onts of section 412 of the Code ble.) d in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i nplete	X Scheo	X X X Adule SE	ERISA?	Yes	23785 X No X No
e f g h i 11a 11a 12	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 total VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being standard for a prior year is being the plan's or displayed to the minimum funding standard for a prior year is being st	fidelity bon mer persons of the bene n? s of year et (See instructure) he required 1-3 hents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com onts of section 412 of the Code ble.) d in this plan year, see instructions and year,	10c 10d 10e 10f 10g 10h 10i nplete	X Scheo	X X X Adule SE 11a 302 of	ERISA?	Yes	23785 X No X No

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes 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 of the PBGC?	control		Yes X 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty 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 section 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

For calendar plan year 2012 or fiscal plan year beginning	ation 01/01/2012 and ending	12/31/2012
A This return/report is for: x a single-employer plan	Period	770
	<u></u>	, III a sua banashan kan
B This return/report is:	the final return/report	months)
☐ an amended return/rep		
C Check box if filing under: x Form 5658	automatic extension	DFVC program
special extension (ente		
Pain III Basic Plan Information enter all requ	rested information	45
Name of plan Nephrology & Hypertension Associates	Do Droffit Charing 401(k) Dlan	1b Three-digit plan number (PN) ▶ 003
Mephrotogy a Myportoniston impostation	20 120110 DUDITING NOT (11) NOT	1c Effective date of plan 01/01/2011
2a Plan sponsor's name and address; include room or suite Nephrology & Hypertension Associates	e number (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) 20-3543470
		2C Sponsor's telephone number (516) 487-7600
1200 Waters Place M104 South Lobby		2d Business code (see instructions)
JS Bronx NY 10461		621111
Ba Plan administrator's name and address 🗵 Same as P	lan Sponsor Name 🔲 Same as Plan Sponsor Address	3b Administrator's EIN
		
		3c Administrator's telephone number
If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/rep	il since the last return/report filed for this plan, enter the port.	4b EIN
a Sponsor's name		. 5a 6
a: Total number of participants at the beginning of the plan	1 year	"
 Total number of participants at the end of the plan year Number of participants with account balances as of the 	end of the plan year (defined benefit plans do not	
 Number of participants with account balances as or the complete this item) 	tissentinissentamisentisianistatanaministatinatanistanisministationali. Cutta ot and brent 1001 (formale amelianisministanisministanisministanisministanisministanisministanisministan	5c 6
Were all of the plan's assete during the plan year invest	ed in eligible assets? (See instructions.)	XYes No
b Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waive	r eligibility and conditions.)	**************************************
If you answered "No" to either line 6a or line 6b, the	plan cannot use Form 5500-SF and must instead us	se Form 5500.
Caution: A penalty for the late or incomplete filing of thi	s return/report will be assessed unless reasonable	cause is established.
Under penalties of perjury and other penalties set forth in th SB or Schedule MB completed and signed by an enrolled as belief, it is true, correct, and complete.	e instructions, I declare that I have examined this return/reportury, as well as the electronic version of this return/rep	port, and to the best of my knowledge and
ON THE PROPERTY OF THE PROPERT	1/3 6/11	Fha
B(GN)	Date 9/27/17 Enter name of individ	dual signing as plan administrator
HERE Signature of plan administrator		va
SIGN	74	dual signing as employer or plan sponsor
HERE Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and ad-		Preparer's telephone number (optional)
Preparers name (including illim name, il applicable) and acc	1000, mondo roum o, 22,4	
i a		
	•	

小好	Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year			
a	Total plan assets	7a	51,50				630,908			
b	Total plan (iabilities	7b	0				0			
	Net plan assets (subtract fine 7b from line 7a)	7c	51,566				630,908			
	ncome, Expenses, and Transfers for this Plan Year	Secret:	(a) Amount			(b) Total				
a	Contributions received or receivable from:				Vision 1					
	1) Employers	8a(1)	68,15		100					
	2) Participants	8a(2)	46,96		100					
	3) Others (including rollovers)	8a(3)	40.00	0	3000					
	Other Income (loss)	8b	49,35	****		4				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0 33(8)			164,521			
	o provide benefits)	8d	<u></u>	0						
	Certain deemed and/or corrective distributions (see Instructions)	8e		0	0.0034	A 18				
	Administrative service providers (salaries, fees, commissions)	8f		0	100	公				
	Other expenses	8g	(According to the Control of the Con		in in the second	(3) (4) (4)	O			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7 - Altr	1		164,521			
	Net income (loss) (subtract line 8h from line 8c)	BI	414,8		A STATE	C U				
_	Fransfers to (from) the plan (see instructions)	В	111,02		1年成60日	州 6國				
	Plan Characteristics				- 0- 4		I books sklames			
9a	f the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	tertsu	c Uddi	es in t	ne (natructions:			
	2A 2E 2F 2G 2J 2K 3D									
þΙ	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Codes	s in th	e Instructions:			
PA	Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	n the time period described in ction Program)	10a		x	_			
b					_					
	Were there any nonexempt transactions with any party-in-interest on line 10s.)	? (Do not i	nciude transactions reported	10b		×				
	on line 10s.)		nclude transactions reported	10b 10c	×	x	30,00			
	Was the plan covered by a fidelity bond?	fidelity box	nclude transactions reported		×	ж	30,00			
С	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off	fidelity both	nclude transactions reported	10c	×	-	30,00			
c d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all of the plant's some o	fidelity borner person	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10c	X	-	30,00			
c d	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all cinstructions.)	fidelity bor	nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d	×	x	30,00			
c d	was the plan covered by a fidelity bond? Did the plan have a losa, whether or not reimbursed by the plan's or dishonesty? Was any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan	fidelity bor	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f		×				
c d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or olf insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plantid the plan have any participant loans? (If "Yes," enter amount a	fidelity borner person of the bens	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d		x	23,78			
c d	was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or olf insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a fit this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity borner person of the bene n?	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f		x				
c d	was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or olf insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plantid the plan have any participant loans? (If "Yes," enter amount a fif this is an individual account plan, was there a blackout period?	fidelity borner person of the bene of the bene of year e (See instru-	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) actions and 29 CFR	10d 10d 10e 10f 10g		x x x				
c d	Was the plan covered by a fidelity bond? Did the plan have a losa, whether or not reimbursed by the plan's or dishonesty? Ware any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a fit this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 28 CFR 2520.10	fidelity borner person of the bene of the bene of year e (See instru-	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) actions and 29 CFR	10d 10e 10f 10g 10h		x x x				
c d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or old insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a fit this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yas," check the box if you either provided the exceptions to providing the notice applied under 28 CFR 2520.101. Pension Funding Compliance	fidelity borner person of the bens of year e (See instru- ne required 1-3	nclude transactions reported and, that was caused by fraud as by an insurance carrier, fits under the plan? (See and.) actions and 29 CFR I notice or one of the Yes, " see instructions and com	10c 10d 10e 10f 10g 10h	Х	x x x	23,78			
f g h	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or olf insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a service and individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VI. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner person of the bene n? s of year e (See instru- ne required 1-3	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) actions and 29 CFR I notice or one of the Yes," see instructions and com	10c 10d 10e 10f 10g 10h	x	x x x	23,78			
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c d e f g h i l l l l l l l l l l l l l l l l l l	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or old insurance service or other organization that provides some or all of instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a second plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 28 CFR 2520.101. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below if a waher of the minimum funding standard for a prior year is betow.	fidelity borner person of the bene n? s of year e (See instru- ne requirer 1-3 nents? (If " requirement as applic	nclude transactions reported and, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) and.) and.) ctions and 29 CFR I notice or one of the Yes, " see instructions and com ants of section 412 of the Code able.) ed in this plan year, see instruc-	10c 10d 10e 10f 10g 10h 10l	X Schedion 3	X X X X Autule S 11a 1002 af	23,78 8 (Form Yes X N			
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	Form 5500-SF 2012	Page 3					
							<u> </u>
c	Enter the amount contributed by the employer to the plan for this plan	уваг	*****	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		127198	12d			
e	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	*******		Yes [□ No	□ N/A
Par	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	grants bondopps present att phate to be deed dility epocatatistica appearable being	·1100	□ Y	es 🕱 1	10	
	If "Yes," enter the amount of any plan assets that reverted to the empl		t	13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to another plan, or brought under	the co			Yes	X No
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)	nis plan to another plan(s), identify the plan	(s) to				
•	13c(1) Name of plan(s):		13c	(2) EIN	(s)	130(3) PN(s)
Pari	MILE Trust Information (optional)						
14a	Name of trust			14b1	rust's EIN	1	