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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

| | | | Complete all entries in a | ccordance with the instri | ictions to the Form 550 | <i>1</i> 0-5F. | | |
|-----|--|--------------------------------|--|--------------------------------|-----------------------------|----------------|--------------------------|-------------------|
| | art I | | Identification Information | 1 | | | | |
| For | calenda | ar plan year 2012 or fis | scal plan year beginning 01/01 | /2012 | and ending | 12/31/2 | 2012 | |
| Α | This retu | urn/report is for: | a single-employer plan | a multiple-employer | plan (not multiemployer) | | a one-particip | ant plan |
| В | This retu | urn/report is: | the first return/report | the final return/repor | t | | | |
| | | | an amended return/report | a short plan year retu | rn/report (less than 12 m | onths) | _ | |
| С | Check b | oox if filing under: | X Form 5558 | automatic extension | | | DFVC progra | m |
| | | | special extension (enter desc | cription) | | | | |
| Pa | art II | Basic Plan Info | rmation—enter all requested in | formation | | | | |
| | Name of | • | | | | 1b | Three-digit | |
| NEW | YORK | PODIATRIC MEDICIN | IE & SURGERY 401(K) PROFIT S | SHARING PLAN & TRUST | | | plan number | 001 |
| | | | | | | 10 | (PN) F | |
| | | | | | | 10 | Effective date of 01/01/ | • |
| 2a | Plan sp | oonsor's name and add | dress; include room or suite numb | per (employer, if for a single | e-employer plan) | 2b | Employer Identif | ication Number |
| NEV | / YORK | PODIATRIC MEDICIN | NE & SURGERY PC | | | | (EIN) 20-342 | 26389 |
| | | | | | | 2c | Sponsor's teleph | |
| | AST 42N 0M 513 | ND STREET | | | | 0.1 | 212-867 | |
| | | , NY 10017 | | | | 2d | Business code (s | |
| 3a | Plan ad | dministrator's name an | d address XSame as Plan Spon | sor Name Same as Pla | an Sponsor Address | 3b | Administrator's E | |
| | | | | | , | | | |
| | | | | | | 3с | Administrator's to | elephone number |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | If the n | name and/or EIN of the | plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b | EIN | |
| | | | nber from the last return/report. | • | , , | | | |
| | | or's name | | | | 4c | PN | |
| | | | at the beginning of the plan year. | | | 5a | | 2 |
| b | | | at the end of the plan year | | | 5b | | 2 |
| С | | | account balances as of the end of | • • • | • | 5c | | 2 |
| 6a | | , | during the plan year invested in | | | | | X Yes No |
| b | | | the annual examination and repo | | | | | |
| | | | (See instructions on waiver eligible) | | | | | X Yes No |
| | | | ther line 6a or line 6b, the plan | | | | | |
| | | | or incomplete filing of this retur | | | | | |
| | | | ner penalties set forth in the instrund signed by an enrolled actuary, | | | | | |
| | | rue, correct, and comp | | as well as the electronic ve | rision of this return/repor | i, and i | to the best of my | kilowieuge allu |
| | | File deviate assate asian at 6 | valid als atmosfs also atmos | 00/00/0040 | DD 144450 4411 ID 445 | TD. | | |
| SIG | | | valid electronic signature. | 09/28/2013 | DR.JAMES MILIDAN | IRI | | |
| | Signature of plan administrator Date Enter name of individual Date | | | | | | ıning as plan adm | ninistrator |
| SIG | | | | | | | | |
| | | Signature of emplo | | Date | Enter name of individ | _ | | |
| Pre | parer's i | name (including firm n | ame, if applicable) and address; i | nclude room or suite numb | er (optional) | Prep | arer's telephone | number (optional) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Pa | rt III Financial Information | | | | | | | | | |
|------------|---|------------------------------|--------------------------------|------------|---------|-----------------|-----------|----------|-------|--------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) En | d of Y | ear | |
| a | Total plan assets | 7a | 16935 | | | 181402 | | | | |
| | Total plan liabilities | 7b | | 0 | | | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 16935 | | | | | | 18140 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (h) | Total | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (D | TOtal | | |
| | (1) Employers | 8a(1) | | 0 | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | |
| | (3) Others (including rollovers) | others (including rollovers) | | | | | | | | |
| b | Other income (loss) | 8b | 1204 | 3 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 1204 | 3 |
| d | 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 | | | | | | | 1204 | 13 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pa | rt IV Plan Characteristics | ٠, | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instr | uction | s: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | les in t | he instru | ctions: | | |
| | | | | | | | | | | |
| Par | t V Compliance Questions | | | 1 | - | | 1 | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corı | rection Program) | 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 | | | | | 500000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's 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 of | ner person | s by an insurance carrier, | | | | | | | |
| | instructions.) | | | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Χ | | | | |
| h | | (See instru | uctions and 29 CFR | 10g 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | ne required | d notice or one of the | | | X | | | | |
| D = | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | | | | | | |
| Par | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | No. |
| <u>11a</u> | Enter the amount from Schedule SB line 39 | | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Ves No | | | | | | | | | |
| | (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 beir granting the waiver. | | Mon | | and e | enter th Day | ne date c | f the le | | ıling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | | T | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |

| | 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): | 3c(2) E | IN(s) | 13c(3) PN(s) |
| Part | VIII Trust Information (optional) | | | |
| | Name of trust | 14b ⊤ | rust's EIN | |

⊉10-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF Benefit Plan 2012 This form is required to be filed under sections 104 and 4065 of the Employee Department of the Treasury Internal Revenue Service Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(e) of This Form is Open to Public the Internet Revenue Code (the Code). Department of Labor Employee Benefits Security Administration nopection Complete all entries in accordance with the instructions to the Form 5500-SF Pension Sansifi Guaranty Corporation Annual Report Identification Information 12/31/2012 and ending 01/01/2012 or catengar plan year 2012 or liscal plan year beginning a one-participant plan a multiple-employer plan (not multiamployer) a single-employer คุโฮก A This return/report is for the final return/report the first return/report This return/report is: a short plan year rotum/report (less than 12 months) an amended return/report D)//C blocksu nolenatza ademotus Form 8558 N 3 Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 15 Three-digit plan number la Name of plan 001 NEW YORK PODIATRIC MEDICINE & (PN) ▶ SURGERY 401(K) PROFIT SHARING PLAN & TRUST Effective date of plan 01/01/2006 2a Plan eponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Emproyer Identification Number (EIN) 20-3426389 NEW YORK PODIATRIC MEDICINE & 2c Sponsor's telephone number SURGERY PC (212) 867-2500 2d Business code (see instructions) 50 EAST 42ND STREET 621111 800M 513 NY 10017 NEW YORK 3a Plan administrator's name and address XSame at Plan Sponsor Name Same as Plan Sponsor Address 3b Adminietrator's EIN 3c Administrator's telephone number (212) 867-2500 If the name end/or EIN of the plan sponeor has changed since the last return/report filed for this plan, enter the 4b EIN name. EIN, and the plan number from the last return/report. 4c Sportsor's name 2 Total number of participants at the beginning of the plan year 5a 2 5b 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 2 X Y95 No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)...... Are you distriing a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520 104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Saulton: A penalty for the late or incomplete filing of this returniteport will be assessed unless reasonable cause is established. Inder penalties of penjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule

3B or Schedula MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and relief, It is true, corpect, and complete.

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|----------------|--|--------------------|---|--|--|--|
| | | 9/11/2013 | or James Mili | DANTRI | | |
| ign Iere | Signature of plan administrator | Date | Enter name of individ | dual signma as plan administrator | | |
| iGN | Signature of provinces | | | | | |
| ERE | Signature of employer/plan sponsor | Date | Enter name of Individual signing as amplayer or plan eponso | | | |
| | name (including firm name, if applicable) and address; include r | oom or suite numbe | r (optional) | Preparer's telephone number (optional) | | |

or Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 SF.

| A A B 113-4 | | (a) Beginning of Year | | | - (1 |) End of | | |
|---|--|--|---|--------------|-------------------------|---------------|-----------|---|
| Plan Assets and Liabilities | 7a | 169, | 359 | | | | 181, | 402 |
| Total pien asseta | 70 | | 0 | | | | | 0 |
| Total plan Rabilities | 7c | 169, | 359 | | | | 181, | 402 |
| Net plan assets (subtract line 7b from line 7a) | | (a) Amount | | | | (b) Tot | alla | |
| income, Expenses, and Transfers for this Plan Year | | (8) 74,770415 | | | | | | |
| Contributions received or receivable fram: | 8a(1) | | 0 | | | | | |
| (2) Participants | 0a(2) | | 0 | | | | | |
| (3) Others (including rollovers) | 8a(3) | | 0 | | | | | |
| | 8b | 12, | 043 | - | | | | ~ |
| Other income (loss) | вс | | | | | | 12 | ,043 |
| Benefits paid (including direct rollovers and insurance premiums | | | 0 | | | | | |
| in provide parolis) | 84 | | | | | | | _ |
| Cartain degreed and/or corrective distributions (see instructions) | _ Çe | | - 0 | - | | | | - |
| Administrative service providers (salaries, lees, commissions) | 81_ | | | | | | | |
| Other expenses | Bgr | ļ | (| + | | | | |
| Total expenses (add lines Ed, Se, St, and Sg) | <u>, 8h</u> | | | ┼── | | | 10 | 2,043 |
| Nat income (loss) (subtract line 6h from line 8c) | . ei | | | 1- | | | | ,,,,,, |
| Transfers to (from) the plan (see Instructions) | 6) | <u> </u> | | <u> </u> | | | | |
| | | | | | | | | |
| a III the plan provides pension benefits, enter the applicable pension | feature o | odes from the List of Plan Chara | cieris: | ic Cot | 1es in U | סתוזוגעו פּוּ | 1018: | |
| 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare | featum ci | odes from the List of Plan Charact | teristi | c Cod | es in th | e instructi | ons: | |
| b If the plan provides welfare benefits, enter the applicable wellars | | | | | | | | |
| | | | | | | | | |
| AN Compliance Duestions | | | | | | | | |
| art V Compliance Questions | | | | Yes | No | | Amount | |
| O During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fig. | | | 10a | Yes | No | | Amount | |
| O During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File.) | et? (Do n | ol Include transactions reported | | Yes | x | | Amount | |
| During the plan year: Was there a failure to transmit to the plan any participant contrit 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File Were there any nonexempt transactions with any party-in-intere on line 10a.) | et? (Do n | ol Include transactions reported | 10b | | | | | |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 OFR 2510.3-102? (See instructions and DOL's Voluntary Fig. Were there any nonexempt transactions with any party-in-intere on line 10s.) | et? (Do n | ol Include transactions reported | | Yes | x | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File Were there any nonexempt transactions with any party-in-intere on line 10a.) Was the plan covered by a fidelity bond? | et? (Do n | ol include transactions reported bond, that was caused by fraud | 10b | | x | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File.) Were there any nonexempt transactions with any party-in-intere on line 10a.) | et? (Do no | bond, that was caused by fraud | 10b 10c | | × | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or a loss and or earlier or other organization that provides some or earlier or other organization that provides some or earlier or other organization that provides some or earlier organization that provides a contribute or organization that provides a contribute organization that provides a contribute organization that provides a contribute organization that the | et? (Do no 's fidelity biliner pers ill of the b | bond, that was caused by fraud tons by an insurance carrier, anefits under the plan? (See | 10b 10c | | × | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) | et? (Do no 's fidelity bitner pers | bond, that was caused by fraud ona by an insurance carrier, enefits under the plan? (See | 10b 10c 10d | | x x | - | | 00,00 |
| O During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or a instructions.) | et? (Do not 's fidelity biliner pers ill of the b | bond, that was caused by fraud | 10b 10c 10d 10e | | x x x | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or a instructions.) Has the plan failed to provide any benefit when due under the plan the plan failed to provide any benefit when due under the plan the plan have any participant losse? (If "Yes," enter amounts.) | et? (Do not set) of the bottom? | bond, that was caused by fraudons by an insurance carrier, enefits under the plan? (See | 10b 10c 10d | | x x | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or districtions or commissions paid to any brokers, agents, or elineurance service or other organization that provides some or elineurance service or other organization that provides some or elineurance service. Has the plan failed to provide any benefit when due under the plan the plan have any participant towns? (If "Yes," enter amount if this is an individual account plan, was there a blackout period. | of? (Do not) It is fidelity It is of yes It is of yes It is of yes | bond, that was caused by fraudons by an insurance carrier, enefits under the plan? (See arrent). | 10b 10c 10d 10e | | x x x | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File OFR 2510.3-102? (See instructions with any party-in-interest on line 10s.) | ot? (Do not) of fidelity other person other person t as of year of the require | bond, that was caused by fraud one by an insurance carrier, enefits under the plan? (See arred). | 10b 10c 10d 10e 10e 10g | | x x x | | | 00,00 |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File Divided there any nonexempt transactions with any party-in-interes on line 10s.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or distinctions.) Were any fees or commissions paid to any brokers, agents, or of instructions.) Has the plan falled to provide any benefit when due under the provided the plan have any participant losins? (If "Yes," enter amount If this is an individual account plan, was there a blackout period 2520, 101-9.) If 10th was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 28 CFR 2528. | of? (Do not) of the person of the bottom? | bond, that was caused by fraud cons by an insurance carrier, enerits under the plan? (See at end.) | 10b 10c 10d 10e 10f 10g 10h | Х | x x x x x | | | 00,00 |
| During the plan year: Was there a fajlure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? Were any fees or commissions paid to any brokers, agents, or or instructions.) Has the plan falled to provide any benefit when due under the plan falled to provide any benefit when due under the plan falled to provide any benefit when due under the plan falled to provide any benefit when due under the plan falled to provide any benefit when due under the plan falled to provide any benefit when a blackout participant to the plan falled to provide any benefit when a blackout participant in 10h was answered Yea," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2528. Was the plan year. | of? (Do not) of the bottom of the required the requirements? | bond, that was caused by fraud cons by an insurance carrier, enefits under the plan? (See arrier) and the plans of the pla | 10b 10c 10d 10e 10g 10g 10h 10g | X Schee | X X X X X X | (Form | 50 | |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan or districtions.) Were any fees or commissions paid to any brokers, agents, or a instructions.) Has the plan failed to provide any benefit when due under the point the plan failed to provide any benefit when due under the file this is an individual account plan, was there a blackout period 2520,101-3.) If this is an individual account plan, was there a blackout period exceptions to providing the notice applied under 28 CFR 2528. If this a defined benefit plan subject to minimum funding required to the fine the benefit plan subject to minimum funding required to the plan line 11s below) | ei? (Do not see in the requirements?) | bond, that was caused by fraud one by an insurance carrier, enerits under the plan? (See arred) | 10b 10c 10d 10e 10g 10h 10g | x Sche | X X X X X X | 3 (Form) | 50 Yes | No |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10a.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan or districtions by: Were any fees or commissions paid to any brokers, agents, or elineurance service or other organization that provides some or elineurance service or other organization that provides some or elineurance service or other organization that provides some or elineurance service or other organization that provides some or elineurance service or other organization that provides some or elineurance. Has the plan failed to provide any benefit when due under the point the plan have any participant towns? (If "Yes," enter amount if this is an individual account plan, was there a blackout period 2520,101-3.) If 10h was answered "Yea," check the box if you either provides exceptions to providing the notice applied under 28 CFR 2529, and VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requires the provided and line 11s below). | ei? (Do not sell of the bottom of the required the required to the required the required the requirements? | bond, that was caused by fraud one by an insurance carrier, enerits under the plan? (See affections and 29 CFR tired notice or one of the lined notice or on | 10b 10c 10d 10e 10f 10g 10h 10h 10g 10h 10h 10g 10h | X Sche | X X X X X X III | | 50 Yes | No |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10s.) | of? (Do not) of fidelity of the person t as of yes of the require emapts? | bond, that was caused by fraud one by an insurance carrier, enefits under the plan? (See affections and 29 CFR lined notice or one of the lined notice of section 412 of the Cod otherws) | 10b 10c 10d 10e 10f 10g 10h 10f 10g 10h 10f 10g 10h 10f 10g 10f | X Sche | X X X X X Adule Si | ERISA? | 50 Yes | ∏Nc ⊠Nc |
| During the plan year: Was there a fajlure to transmit to the plan any perticipant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File Discourse on line 10a.) | oti? (Do noti?) (Do noti?) (See in 101-3 | bond, that was caused by fraud cons by an insurance carrier, enefits under the plan? (See and). Structions and 29 CFR Illinad notice or one of the constructions and correspond to the plans of section 412 of the Code pilicable.) | 10b 10c | X Sche | X X X X X Adule Si | ERISA? | 50 Yes | No Do |
| During the plan year: Was there a failure to transmit to the plan any participant contrit. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary File on line 10s.) | ot? (Do not? (Do not) of the person of the requirements? (See in 101-3 | bond, that was caused by fraud tons by an insurance carrier, enefits under the plan? (See arrier) and the plan of the control | 10b 10c | X Sche | X X X X X X X Andule Si | ERISA? | . Yes | ∏Nc ⊠Nc |

| Form 5500-SF 2 | /12 <u>- Pa</u> | ge 3 - | | |
|---|--|--|-----------------|------------------|
| | | | 13e | |
| d Subtract the amount | in line 120 from the amount in line 12b. Enter the result (enter | Cattillios significantes and total of a | 149 | Yes No N/A |
| e Will the minimum fu | iding amount reported on line 12d be met by the funding dead | ne7 | 1141989 41181-1 | ies No Imi |
| VI Plan Term | nations and Transfers of Assets | | <u> </u> | X No |
| 3a Has a resolution to its | minate the plan been adopted in any plan year? | St. delit lindersprongerings and largest | ········· | |
| b Were all the plan as | pels diatributed to participants or beneficianes, transferred to | another plan, or ortugat und | er life couldor | Yes X No |
| o II during this plan y | ar, any assets or liabilities were transferred from this plan to tills were transferred. (See instructions.) | another plen(s), identify the (| 13c(2) EIN(| 3) 13c(3) PN(s) |
| 13c(1) Name of plant | | | 10-(-1-0-1) | |
| 1 MIX T A 1-50 | | | | |
| art VIII Trust Info 4a Name of trust | mation (optional) | | 14b Trus | k's ElN · |