Form 5500-SF Short Form Annual Return/Report of Small Emplo							OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	De This form is required to be filed u	nd 4065 of the Employee	Э	2012				
Employee Be	partment of Labor enefits Security Administration	ctions 6057(b) and 6058 ode).	(a) of	This Form is Open to Public					
Pension Be	nefit Guaranty Corporation	Complete all entries in accordant	ce with the instruc	tions to the Form 5500)-SF.	Ins	spection		
Part I		entification Information							
	ar plan year 2012 or fisca	· · · · ·		<u> </u>	2/31/2				
	urn/report is for:			an (not multiemployer)		a one-partici	oant plan		
B This retu	urn/report is:	- '	e final return/report						
_		f H		n/report (less than 12 mc	onths)	-			
C Check b	box if filing under:		tomatic extension			DFVC progra	im		
		special extension (enter description)							
Part II		nation—enter all requested informatio	n		16	The second state			
JAY A, KAPI	•	SHARING PLAN & TRUST			a	Three-digit plan number			
	,					(PN) 🕨	001		
					1c	Effective date o	•		
22 Dian an	anaaria nama and addr		lover if for a single i		2 h	01/01			
JAY A. KAPL		ess; include room or suite number (emp	ioyer, il lor a single-e	employer plan)	20	Employer Identi (EIN) 14-17	26920		
24 JOHN ST	DEET				2c	Sponsor's telep 845-33			
KINGSTON,					2d	Business code (54111	see instructions)		
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3b	b Administrator's EIN			
						3c Administrator's telephone number			
		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	or this plan, enter the	4b	EIN			
a Sponso		·			4c	PN			
5a Total n	number of participants at	the beginning of the plan year			5a		2		
b Total n	number of participants at	the end of the plan year			5b		2		
		count balances as of the end of the plar			5c		2		
		uring the plan year invested in eligible a					X Yes No		
b Are yo	ou claiming a waiver of th	le annual examination and report of an i See instructions on waiver eligibility and	ndependent qualifie	d public accountant (IQF	PA)		X Yes No		
		er line 6a or line 6b, the plan cannot							
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule 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 belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	10/01/2013	JAY A. KAPLAN					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ial sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu					
Preparer's i	name (including firm nar	ne, if applicable) and address; include ro	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)		

	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a ⁻	Total plan assets	7a	159911	3		1723563			
b -	b Total plan liabilities			0		0			
1	Net plan assets (subtract line 7b from line 7a)	7c	159911	3			1723563		
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:								
	1) Employers	8a(1)	3590						
	2) Participants	8a(2)	2250	0					
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	6616	4					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		124565		
	o provide benefits)	8d							
e (Certain deemed and/or corrective distributions (see instructions)	8e							
f,	Administrative service providers (salaries, fees, commissions)	8f	11	5					
	Other expenses	8g							
h ⁻	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					115		
i I	Net income (loss) (subtract line 8h from line 8c)	8i					124450		
j.	Transfers to (from) the plan (see instructions)	8j							
Part	IV Plan Characteristics								
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu								
b	Were there any nonexempt transactions with any party-in-interest		ion Program)	10a		Х			
	on line 10a.)		ude transactions reported	10a 10b		x x			
С	on line 10a.) Was the plan covered by a fidelity bond?		ude transactions reported		X		17500		
c d	Was the plan covered by a fidelity bond?	fidelity bond,	ude transactions reported	10b	X		17500		
d	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond, ner persons by of the benefits	that was caused by fraud / an insurance carrier, under the plan? (See	10b 10c	X	X	17500		
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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		he 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?	, ,	Yes X No				
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No			
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan Coll Plan Coll Plan The second state of the second state state state of the second state state state of the second state state of the second state state of th								
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Complete all entries in accordance with the instructions to the Form 5500-SF. For all Report Learning to the prime and entries in accordance with the instructions to the Form 5500-SF. For advectage pain year 2012 of ficial plan year beginning A time return/report is A time return/report is A in a return/report A a single-employer plan A manual extension A in a return/report A a single-employer plan A manual extension A in a return/report A a single-employer A in a return/report A a single-employer A in a return/report A a single-employer A in the final return integrat A in the return report A a single-employer A in the return report A section of the return report A section A section A integration	Employee E	Benefits Security Administration	Retirement Income Security Act of 1					
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B This returniveport Image: Second Seco								
C C Check box if filing under: an amended return/report a short plan year return/report (less than 12 months) DFVC program Part II Basic Plan Information—enter all reguested information Ib Three-digt plan number JAX A. KAPLAN, PC 401K PROFIT SHARING PLAN & Ib Three-digt 001 JAX A. KAPLAN, PC 401K PROFIT SHARING PLAN & Ib Three-digt 001 JAX A. KAPLAN, PC 401K PROFIT SHARING PLAN & Ib Three-digt 001 JAX A. KAPLAN, PC 401K PROFIT SHARING PLAN & Ib Three-digt 001 JAX A. KAPLAN, PC 20 Employer (undification Number (employer, if for a single-employer plan) JAX A. KAPLAN, PC Z4 JOHN STREET XINGSTON XI 12401 Station KINGSTON NY 12401 Station Station Station 3a Plan administrator's name and address Same as Plan Sponsor Address 3b Administrator's telephone number 4 If this name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 5a c c PN 2d PN 2d					,	a one	-participant plan	
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TRUST (N) 001 1 C Effective date of plan 01/01/01/95/7 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DAY A. KAPLAN, PC 2b Employer identification Number (EN)14-1726920 24 JOHN STREET 2c Sponsor's telephone number (465) 331-3258 XINGSTON NY 12401 3a Plan administrator's name and address [Same as Plan Sponsor Name] Same as Plan Sponsor Address 3D Administrator's EIN 3c Administrator's name, EIN, and the plan number (method is not incomplete filed for this plan, enter the a Sponsor's name 4c PN 5a Total number of participants at the end of the plan year 5a 2 5a Total number of participants at the end of the plan year 5a 2 6a Wore all of participants at the end of the plan year 5c 2 6a Wore all of participants with resp. the glan query eligibility and conditions.) EX Yes] No EX Yes] No b Are you adming a waiver of the annual examination and report of an independent qualified public accountal more stop. The sp. the sp. on the sp. the plan conductors. Ideacer the this return/report, and the plan sp. encold that method sp. the plan conditions.) EX Yes] No b Are you adwared The the annual examination and report of an independent qualified public accountal more stop. EX Yes] No c Rethore the plan's assets during the plan exami	JAY	A. KAPLAN, PC 4	01K PROFIT SHARING PLA	N &				
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For Paperwork Reduction Act Notice and OMR Control Numbers, see the instructions for Form 5500 SE	Preparer's	name (including firm nam	ne, it applicable) and address; include i	room or suite numbe	r (optional)	Preparer's tele	phone number (optional)	
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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) Er	d of Y	ear	
а	Total plan assets	. 7a	1,59		13					3,563
b	Total plan liabilities	. 7b			0			_		0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,59	9,1	13				1,723	3,563
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		5,90	_	_				
	(2) Participants	8a(2)		2,50						
	(3) Others (including rollovers)	8a(3)		<u> </u>				_		
	Other income (loss)	<u>8b</u>		6,10	>4				10	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	<u>8c</u>								1,565
u	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						_		
f	Administrative service providers (salaries, fees, commissions)	8f		1:	15					
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)									115
i	Net income (loss) (subtract line 8h from line 8c)	8i							124	450
j	Transfers to (from) the plan (see instructions)	- 8j								
Par	t IV Plan Characteristics			_						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes ir	the instr	ictions	;:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteris	tic Coo	les in	the instru	tions:		
Par	V Compliance Questions			_				-		
10	During the plan year:				Yes	No	<u> </u>	Am	ount	
a	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not i	nclude transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?			10c	x			-	17!	5,000
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 o			40-		х				
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e						
				10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		_		
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	` <u>.</u>		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
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							No		
<u>11a</u>	Enter the amount from Schedule SB line 39	<u>.</u>		<u></u>		11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction 3	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						ıg			
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	_	168		
	Enter the minimum required contribution for this plan year					12b				
							• • • • • • • • • • • • • • • • • • •			

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C	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				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	IN(s)	13c(3) PN(s)					
Part VIII Trust Information (optional)								
14a Name of trust 14b Trust's EIN								