For	m 5500-SF	Short Form Annual Ret	•	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	Be This form is required to be filed u	enefit Plan Inder sections 104 ar	nd 4065 of the Employee	e	2	2012	
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form is	s Open to Public	
Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	1115	pection	
Part I		lentification Information						
For calenda	ar plan year 2012 or fisca			and ending 12	2/31/2	2012		
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan	
B This ret	urn/report is:	the first return/report the	e final return/report					
		an amended return/report	short plan year return	n/report (less than 12 mo	onths))		
C Check b	box if filing under:	X Form 5558	utomatic extension			DFVC progra	ım	
special extension (enter description)								
Part II	Basic Plan Inform	nation —enter all requested informatic	วท					
1a Name					1b	Three-digit		
OBOSA MED	DICAL SERVICES, PC P	PROFIT SHARING PLAN				plan number		
						(PN) 🕨	001	
					1c	Effective date of	•	
22 Dian or			lover if for a single		2h	01/01/		
	DICAL SERVICES, PC	ess; include room or suite number (emp	noyer, il for a single-e	employer plan)	2b		75816	
					2c	Sponsor's telep	hone number	
11 GOLDEN MONTEBEL	ROAD LO, NY 10901				2d	845-369-0105 Business code (see instructions)		
			<u> </u>			62111		
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	3b Administrator's EIN		
		plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN		
name, a Sponso	<i>i i</i>	per from the last return/report.			4c	PN		
		t the beginning of the plan year					4	
_		t the end of the plan year		-				
		count balances as of the end of the plan		-	5b		5	
	· ·	count balances as of the end of the plan			5c		5	
b Are yo under If you	ou claiming a waiver of th 29 CFR 2520.104-46? (answered "No" to eith	during the plan year invested in eligible a ne annual examination and report of an See instructions on waiver eligibility and the line 6a or line 6b, the plan cannot	independent qualified d conditions.) use Form 5500-SF a	ad public accountant (IQF	⊃A) Form	5500.	X Yes No	
		incomplete filing of this return/repor						
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a ete.						
SIGN	Filed with authorized/va	lid electronic signature.	10/08/2013	FRANCIS AGBONKPC	OLO			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu	ual sig	jning as employe	r or plan sponsor	
Preparer's	name (including firm nan	ne, if applicable) and address; include n	oom or suite number	· (optional)	Prep	varer's telephone	number (optional)	

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a Total plan assets	. 7a	24555	1			379141	
b Total plan liabilities	7b		0		0		
C Net plan assets (subtract line 7b from line 7a)	7c	24555	1		379141		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:	80(4)	060	1				
(1) Employers	. 8a(1)	969 3243					
(2) Participants	8a(2) 8a(3)	0240	0	-			
(3) Others (including rollovers)b Other income (loss)	8b	3265	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	5205	3			74780	
d Benefits paid (including direct rollovers and insurance premiums						14700	
to provide benefits)	8d			_			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	442	7				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4427	
Net income (loss) (subtract line 8h from line 8c)	8i			_		70353	
J Transfers to (from) the plan (see instructions)	8j	6323	7				
b If the plan provides welfare benefits, enter the applicable welfare for the applicable welfare welfare for the applicable welfare for the applicable we	eature codes	from the List of Plan Chara	cterist	ic Coc	les in th	e instructions:	
10 During the plan year:				Yes	No	Amount	
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 			10a		X	Anount	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	lude transactions reported	10b		х		
C Was the plan covered by a fidelity bond?			10c		Х		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		х		
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e	x		1484	
${f f}$ Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year end	l.)	10q	Х		5770	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х		
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form	
11a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction	302 of E	RISA? Yes 🗙 No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicabl	e.)					
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and e	enter the Day _	e date of the letter ruling Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form	5500), and skip to line 13.					
				1	12b		

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	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		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)						

14a Name of trust	14b Trust's EIN

10/	'08/2013 11:57		9082223602	CORPORAT	ERETSVC881MP			PAGE 03/05
For	m 5500-SF	S	hort Form Annual Re	eturn/Report of	Small Employ	yee		DMB Nos. 1210-0110 1210-0089
	ranent of the Treestury and Revenus Service		D This form is required to be filed		4085 of the Employe	•	2	012
Employee	Department of Labor Employee Benefic Scoutty Astronesiston Pension Benefit Guaranty Corporation		strement income Security Act of 1974 (ERISA), and sec the Internal Revenue Code (the Co		ns 6057(b) and 6058 b).	K(a) of	This Form is Open to Public	
1			<u>Complete all entries in accords</u> fication Information	ance with the instructio	ns to the Form 5501)-\$F.		······································
For calanda	ar plan year 2012 or fisc			/01/2012	and ending		12/31/201	2
-			· · · · · · · · · · · · · · · · · · ·	a multiple-employer plan	<u> </u>		a one-particip	
	um/neport is:			he final return/report			F	
	Ĩ] er	emended return/report	i short plan year return/re	port (isss than 12 m	onths)		
C Check	oox if filing under:	7	· · · · · · · · · · · · · · · · · · ·	automatic extension	1	Ľ	DFVC progra	n
		_	scial extension (enter description)					
Ta Name		<u>ur (1</u>	off-enter all requested informat	tion		15 7	hree-digit	
	A MEDICAL SERVI		. PC				lan number	
	IT SHARING PLAN		,				PN) 🕨	001
1							itective date of 1,/01/2002	
•			nolude room ar suité sumbér (em	uployer, if for a single err	ployer plan)			ication Number
i obosi	A MEDICAL SERVI	ĊE	, PC				EIN) 13-417	
1							iponsors telepi 845) 369-	
1	DLDEN ROAD			-			usinese code (: 21111	ee instructions)
	SBSULO aministrator's name and	addi	ess 23Same as Plan Sponsor Na	me Same as Plan S			oministrator's E	DN '
			ponsor has changed since the la	st raturn/report filed for t	his plan, enter the	4b E		
i name. , a Sponsv		yer fr	om the last return/report.			4c F	Ĩ	
		t the	peginning of the plan year			5a		
b Total 1	number of participants at	t the	and of the plan year		8587 ben 15 - In da 10e ki 67 ki 21 ki 21 ki 2	5b		5
			t balances as of the end of the pl			5c		5
			the plan year invested in eligible					X Yes No
b Are yo under	ou claiming a waiver of 9 29 CFR 2520.104-487 (te ar See	nual examination and report of a instructions on walver eligibility a te 6a or line 6b, the plan canno	n independent qualified (nd conditions.),	public accountant (IQ	PA)		Xi Yes [] No
			mplete filing of this return/repu					
Under pen SB or Sche	aities of periury and othe	r pei sign	alties set forth in the instructions, ed by an enrolled actuary, as wal	I declare that I have ex	amined this return/rep	ort ind	uding, if applie	able, s Schedule knowledge and
SIGN	melas		, las	15/8/73 1	RANCIS AGBONN			
HERE	Signature of plan ad	-	trator		Enter name of Individ			inistrator
SIGN	White	L	Q	10/8/17				
HERE	Signature of employe	er/pi	In sponsor		Emar name of individ			
Preparer's	name (including firm na	me, č	applicable) and address; include	e room of suite number (optional)	Prepa	. <u> </u>	number (optional)
For Paperw	ork Reduction Act Notice	and	IME Control Numbers, see the Ineli	nuctions for Form 5500-8F		L		Form 5600-9F (2012) v. 120126

•	10/08/2013 11:57	1082223602			ERETSVC88	STWP			PAGE	04703
	Form 5500-SF 2012			Page	2					
art										
		1	· · · · · · · · · · · · · · · · · · ·	(a) Da	inning of Ye		Т		(b) End of Yea	
	Tan Assets and Liabilities		7a			5,55	1		IN END OF THE	379,14
	otal plan assets otal plan liabilities		75				0			
	iet plan assets (subtract line 7b ind		70		24	5,55	1			379,14
	ncome, Expenses, and Transfers (15	Amount		+		(b) Total	
	contributions received or receivable			<u> </u>	and a second set		+		1011000	
(1) Employers		8 s(1)			9,69				
Ç,	z) Participants		82(2)			2,42				
	3) Others (including rollovers)	· · · · · ·	6a(3)				_ _	·		
	Xher Income (loss)		845			12,65	9		•	
	otat income (add lines 8a(1), 8a(2		8c	·	-		<u>_</u>			74,7
d B %	tanafite paid (including direct rollov o provide benefits)	ers and insurance premiums	8d							
	Centain deemed and/or corrective o		- 8e						<u>'</u>	
	dministrative service providers (e		86	1		4,42	7		· · · · · · · · · · · · · · · · · · ·	
	Wher expenses		80				-	·····		
	otal expenses (add lines 6d, 8e, 6		8h	1		. <u> </u>	1	<u> </u>	···· ۴· ,-	4,4
	(et income (lose) (subtract line 8h		81							70,3
	ransfers to (from) the plan (see in		Bi		(53,23	17			
Part	IV Plan Characteristic		. 9							
	if the plan provides pension banefi		feature co	des from the Lk	t of Plan Cha	racteri	stic Co	des in th	a instructions:	
	2Å 2É 2G 2J 3D									
b I	if the plan provides walltana benefit	h anter the applicable welfare (c								
			ature cod	les from the List	of Plan Char	acteriat	io Coc	ico in the	instructionar	
			eature cod	les from the List	of Plan Cher	acterial	io Coo	les in the	instructions:	
art '			eature cod	es from the List	of Plan Char	acteria				
0	During the plan year:	<u>3</u>	<u></u>			<u> </u>	ia Cor	les in the	instructions: Amou	unt
0		s he pian any participant contribut	tians withi	n the time perio	d described in	<u> </u>				unt
0 a	During the plan year: Was there a failure to transmit to	s he plan any participant contribut dions and DOL's Volumtary Fidu ctions with any party-in-Interest	tions withi Jolary Con 7 (Do not	n the time perio rection Program include transaci	d described in)	10a		Nto		unt
0 a b	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See Instru- Were there any nonexempt trans	s he plan any participant contribu- tions and DOL's Voluntary Fish ctions with any party-in-Interest	tions withi Idany Con ? (Do not	n the time perio rection Program include transact	d described in	10a		Nto X		unt
0 a b c	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See Instru Were there any nonexempt trans on fine 10a.)	s he plan any participant contribu- ctions and DOL's Voluntary Fidu ctions with any party-in-Interest bond? or not reimbursed by the plan's	tions withi clary Cor ? (Do not fidelity bo	n the time perio rection Program include transact include transact	d described in ions reported	10a 10b 10c	Yec	Nto X X		unt
0 a b c d	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru- Were there any nonexempt trans- on fine 10a.)	5 he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-interest bond? bond? or not reimbursed by the plan's to to any brokers, agents, or oth	tions withi clary Cor ? (Do not fidelity bo	n the time perio rection Program include transact not that was can s by an insuran	d described in ions reported seed by fraud	10a 10b 10c	Yec	No X X X X		unt
0 a b c d	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any perficipent contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-interest bond? bond? or not reimbursed by the plan's to to any brokers, agents, or oth ation that provides some or all o	tions withi clary Cor ? (Do not fidelity bo fidelity bo	n the time perio rection Program include transact not that was can s by an insuran efits under the p	d described in ions reported seed by fraud ce carrier, an? (See	10a 10b 10c 10d	Yec	No X X X X		
0 a b c d e	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	5 he plan any participent contribu- tions and DOL's Voluntary Fid, ctions with any party-in-interest bond? bond? or not reimbursed by the plan's id to any brokers, agents, or oth ation that provides some or all o	tions withi clary Cor ? (Do not fidelity bo fidelity bo	n the time perio rection Program include transact not that was cau is by an insuran efits under the p	d described in ions reported used by fraud ce carrier, lan? (See	10a 10b 10c 10d	Yec	No X X X X		
0 a b c d e f	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See Instru- Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- dions and DOL's Voluntary Fidu- ctions with any party-in-interest bond? or not reimbursed by the plan's to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan	tions withi clary Cor ? (Do not fidelity bo ler person of the ben n?	n the time perio rection Program include transaci nd, that was ca s by an insuran effic under the p	d described in one reported seed by fraud ce carrier, lan? (See	10a 10b 10c 10d 10s 10s	Yec	No X X X X		1.4
0 a b c d f g	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fick ctions with any party-in-interest bond? or not reimbursed by the plan's of to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan come? (If "Yes," enter amount a	tions with I clary Corr ? (Do not fidelity bo her person of the ben n? 	n the time perio rection Program include transact nd, that was cau s by an insuran efits under the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See	10a 10b 10c 10d	Yec	No X X X X		1,4
0 a b c d d f g h	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond? or not reimbursed by the plan's to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan came? (If "Yee," onter amount a , was there a blackout period? (tions with clary Cor ? (Do not fidelity bo her person of the ben n? s of year (See instru-	n the time perio rection Program include transact nd, thet was cau s by an insuran efits under the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See	10a 10b 10c 10d 10s 10s	Yec	No X X X X		1,4
0 a b c d d f g h	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	B he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond? or not reimbursed by the plan's to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- cane? (If "Yee," onter amount a , was there a blackout period? (tions with clary Cor ? (Do not fidelity bo her person of the ben n? s of year (See instru-	n the time perio rection Program include transaci nd, thet was cau s by an insuran effits under the p end.)	d described in one reported seed by fraud ce carrier, lan? (See 	10a 10b 10c 10d 10s 10f 10g 10h	Yec	No X X X X X		1,4
0 a b c d d e f h h	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on line 10a.). Was the plan tave a loss, whether or dishonesty?	s he plan any participant contribu- tions and DOL's Voluntary Figu ctions with any party-in-interest bond? or not reimbursed by the plan's to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan come? (If "Yee," enter amount a , was there a blackout period? (the box if you either provided the applied under 29 CFR 2520.10	tions with clary Cor ? (Do not fidelity bo her person of the ben n? s of year (See instru-	n the time perio rection Program include transaci nd, thet was cau s by an insuran effits under the p end.)	d described in one reported seed by fraud ce carrier, lan? (See 	10a 10b 10c 10d 10s 10s	Yec	No X X X X X		1,4
0 a b c d d e f g h i art	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See Instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fish ctions with any party-in-Interest bond? or not reimbursed by the plan's or not reimbursed by the plan's to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- cane? (If "Yee," enter amount a , was there a blackout period? (the box if you either provided the applied under 29 CFR 2520.10 pliance	tions withi clary Cor ? (Do not fidelity bo ner person of the ben n? s of year (See instru- te require 1-3	n the time perio nection Program include transact nd, that was cau s by an insuran effits under the p effits under the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See 	10a 10b 10c 10d 10s 10s 10s 10s 10s 10s 10s	Yee	No X X X X X X X		1,4
0 a b c d d e f f h i i	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See Instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fish ctions with any party-in-Interest bond? or not reimbursed by the plan's id to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- eane? (If "Yee," enter amount a , was there a blackout period? (the box if you either provided the applied under 29 CFR 2520.10 ipliance at to minimum funding requirem	tions withi clary Cor ? (Do not fidelity bo ner person of the ben n? s of year (See instru- te require 1-3	n the time perio nection Program include transact nd, that was cau s by an insuran effits under the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See 	10a 10b 10c 10d 10c 10d 10s 10f 10g 10h 10l	Yes X X Soha	No X X X X X X X	Form	1,4
0 a b c d e f g h i art ¹	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	benefit when due under the plan to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan or not reimbursed by the plan's to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan come? (If "Yee," enter amount a , was there a blackout period? (the box if you either provided the pplied under 29 CFR 2520.10 to minimum funding requirem	tions with I clary Cor ? (Do not fidelity bo ler person of the ben n? 	n the time perio rection Program include transaci nd. thet was cau s by an insuran effic under the p end.)	d described in one reported assed by fraud ce carrier, lan? (See an? (See an? PR of the ctions and co	10a 10b 10c 10d 10d 10b 10b 10b 10b 10b 10b	Yes X X Soheu	No X X X X X X X	Form	1,4
0 a b c d e f g h 1 1 1 1 a	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond? or not reimbursed by the plan's id to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- cane? (H "Yes," onter amount a , was there a blackout period? (the box if you either provided the applied under 29 CFR 2520.10 pliance at to minimum funding requirem magnetic agents.	tions with Idary Cor ? (Do not fidelity bo fidelity bo	n the time perio rection Program include transact nd, that was cal s by an insuran efits under the p end.)	d described in ions reported ssed by fraud ce carrier, lan? (See PR of the ctions and co	10a 10b 10c 10d 10d 10f 10g 10h 10g	X	No X X X X X X X X X I I I I I I I	Amo:	1,4 5,7 Yes 🕅 M
0 a b c d e f g h i i 1 1 a rt i 1 1 2	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru- Were there any nonexempt trans- on line 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Figu- ctions with any party-in-Interest bond? or not reimbursed by the plan's id to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- cane? (H "Yee," enter amount a , was there a blackout period? (the box if you either provided the applied under 29 CFR 2520.10 pliance of to minimum funding requirem to minimum funding requirem to plice agence.	tions withi clary Cor ? (Do not fidelity bo fidelity bo ref person of the ben n? 	n the time perio rection Program include transact nd. that was cal is by an insuran effits under the p end.)	d described in ions reported ssed by fraud ce carrier, lan? (See PR of the ctions and co	10a 10b 10c 10d 10d 10f 10g 10h 10g	X	No X X X X X X X X X I I I I I I I	Amo:	1,4 5,7 Yes 🖪 1
0 a b c d e f g h i 1 11a 2 a	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond? or not reimbursed by the plan's or not reimbursed by the plan's tid to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- cane? (If "Yes," enter amount a , was there a blackout period? (the box if you either provided if applied under 29 CFR 2520.10 pliance of to minimum funding requirem uncommunication funding 12b, 12c, 12d, and 12e below, standard for a prior year is below.	tions withi iciary Corr ? (Do not fidelity bo ler person of the ben n? s of year (See instm 1-3 te require 1-3 requirem , as applic to amortiz	n the time perio rection Program include transact nd, that was cau s by an insuran efits under the p end.)	d described in ions reported ssed by fraud ce carrier, lan? (See PR of the ctions and co 12 of the Co ear, see instr	10a 10b 10c 10d 10d 10d 10f 10g 10h 10g	X	No X	Amo:	1,4 5,7 Yes X ! Yes X !
0 a b c d e f g h i 1 11a 2 a	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond? or not reimbursed by the plan's or not reimbursed by the plan's tid to any brokers, agents, or oth ation that provides some or all of benefit when due under the plan- cane? (If "Yes," enter amount a , was there a blackout period? (the box if you either provided if applied under 29 CFR 2520.10 pliance of to minimum funding requirem uncommunication funding 12b, 12c, 12d, and 12e below, standard for a prior year is below.	tions withi iciary Corr ? (Do not fidelity bo ler person of the ben n? s of year (See instm 1-3 te require 1-3 requirem , as applic to amortiz	n the time perio rection Program include transact nd, that was cau s by an insuran efits under the p end.)	d described in ions reported ssed by fraud ce carrier, lan? (See PR of the ctions and co 12 of the Co ear, see instr	10a 10b 10c 10d 10d 10d 10f 10g 10h 10g	X	No X	Amo:	1., 4 5, 7 Yes 1 Yes 1 Yes 1
0 a b c d d e f f s h i arti 1 1a 2 a try	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on line 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond?	tions withi clary Cor ? (Do not fidelity bo ler person of the ben n? 	n the time perio rection Program include transact nd, that was cau is by an insuran efficience of the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See pre- pre- pre- pre- ctions and co 12 of the Co ear, see instr ctions to line 1:	10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c	Yee X X Soheu	No X X X X X X X X X X X X X X X X X X X	Amo:	1,4 5,7 Yes K M Yes K M
0 a b c d d e f f s h i arti 1 1a 2 a try	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on fine 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond?	tions withi clary Cor ? (Do not fidelity bo ler person of the ben n? 	n the time perio rection Program include transact nd, that was cau is by an insuran efficience of the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See pre- pre- pre- pre- ctions and co 12 of the Co ear, see instr ctions to line 1:	10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c	Yee X X Soheu	No X X X X X X X X X X X X X X X X X X X	Amo:	1,4 5,7 Yes 14 1 Yes 14 1
0 a b c d d e f f s h i arti 1 1a 2 a try	During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instru Were there any nonexempt trans- on line 10a.)	s he plan any participant contribu- tions and DOL's Voluntary Fidu- ctions with any party-in-Interest bond?	tions withi clary Cor ? (Do not fidelity bo ler person of the ben n? 	n the time perio rection Program include transact nd, that was cau is by an insuran efficience of the p end.)	d described in ions reported seed by fraud ce carrier, lan? (See pre- pre- pre- pre- ctions and co 12 of the Co ear, see instr ctions to line 1:	10a 10b 10c 10c 10c 10c 10c 10c 10c 10c 10c	Yee X X Soheu	No X X X X X X X X X X X X X X X X X X X	Amo:	1,4 5,7 Yes K M Yes K M

_

10/08/2013 11:57	9082223602	CORPORATERETSV	0881MP	PAGE 05/05
Form 5500-SF 2012	· · · · · · · · · · · · · · · · · · ·	Page 3		
C Enter the amount contributed by t	te employer to the plan for this p	lan year	126	
d Subtract the amount in line 12c fr	m the amount in line 12b, Enter	the result (enter a minus sign to the	keft of a	
e Will the minimum funding amount				No No
	d Transfers of Assets			
38 Has a resolution to terminate the pla				No
b Were all the plan assets distribute		mployer this year		
of the PBGC?				Yes 🕅 (
C If during this plan year, any asset which assets or liabilities were tra	or vacindes were transferred inc sterred. (See instructione.)	m this plan to another plan(s), iden		
13c(1) Name of plan(s):			13c(2) EIN(3)	13c(3) PN(s
Trust Information (or	tional)			
fa Name of trust			14b Trust's El	N
·				