## 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

Pe	nsion Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instruc	tions to the Form 5500	0-SF.			
Pa	rt I	Annual Report	Identification Information						
For c	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	.012		
A This return/report is for:							a one-participant plan		
<b>B</b> T	his ret	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
<b>C</b> 0	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am	
		J	special extension (enter descri	iption)			<u> </u>		
Pai	rt II	Rasic Plan Info	rmation—enter all requested info						
		of plan	imation—enter all requested line	Jimation		1h	Three-digit		
			ON SEXUALLY TRANSMITTED DIS	SEASES, INC. 403B PLAN	I	15	plan number		
	Dittio	ATT OTT TEOL ATTOM	511 5E21671EE1 111 11 11 11 11 11 EB 511	02/1020, 1110: 1005 1 2/111			(PN) •	001	
						1c	Effective date or	f plan	
						01/01/2008			
2a I FOUN	Plan sp	oonsor's name and ad ON FOR RESEARCH	dress; include room or suite numbe ON SEXUALLY TRANSMITTED DI	er (employer, if for a single- SEASES, INC.	employer plan)	2b	Employer Identification (EIN) 13-33	fication Number 87630	
306   1	ENOX	AVENUE				2c	Sponsor's telep		
		, NY 10027				2d	(see instructions)		
3a	Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's I		
						3c	Administrator's t	telephone number	
4	If the n	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b	EIN		
	name,	EIN, and the plan nur	mber from the last return/report.			4			
	•	or's name				4c	PN		
5a	Total r	number of participants	at the beginning of the plan year			5a		36	
b	Total r	number of participants	at the end of the plan year			5b		39	
С			account balances as of the end of the	' '	'	5c		39	
6a	Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instruc	tions.)			X Yes No	
_			f the annual examination and report						
			? (See instructions on waiver eligibi					X Yes No	
	If you	answered "No" to ei	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.		
Caut	tion: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	se is	established.		
		, , ,	her penalties set forth in the instruc	•		,	O, 11	,	
		edule MB completed and rue, correct, and comp	nd signed by an enrolled actuary, as plete.	s well as the electronic vers	sion of this return/report,	, and t	o the best of my	knowledge and	
SIGN		Filed with authorized/	valid electronic signature.	10/08/2013	RHONDA HARRIS				
HEK	_	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN	١								
HER	E	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	dual signing as employer or plan spons			
Prep						number (optional)			
· ·		, ,	, , , , , , , , , , , , , , , , , , , ,		,	•	•	. , ,	

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Par	t III Financial Information						
<u> </u>	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Your
	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 170981
	Total plan liabilities	7a 7b	14142	0			25800
	Net plan assets (subtract line 7b from line 7a)	76 7c	14142				145181
		70		20			
	Contributions received or receivable from:	come, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total
	(1) Employers	8a(1)	1105	55			
	(2) Participants	8a(2)	4158	32			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-1542	23			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37214
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2839	)1			
е	Certain deemed and/or corrective distributions (see instructions)	8e	82	29			
f	Administrative service providers (salaries, fees, commissions)	8f	270	)6			
g	Other expenses	8g	152	27			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					33453
i	Net income (loss) (subtract line 8h from line 8c)	8i					3761
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	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amazint
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	163	X	Amount
b		? (Do not	include transactions reported	10a		X	
	Was the plan covered by a fidelity bond?					X	
				10c		-	
d	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		6097
f	Has the plan failed to provide any benefit when due under the plan					X	0007
	<u> </u>			10f	~		
g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (		•	10g	X	X	12107
i	2520.101-3.)			10h		^	
Dowt	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······································		·	<u>.</u>		
<u>11a</u>	1a Enter the amount from Schedule SB line 39						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   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.		Mor	ıth	and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		
b	Enter the minimum required contribution for this plan year					12b	

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in acco	ordance with the instructi	ons to the Form 5500	-SF.			
Part I Annual Report Id	entification Information						
For calendar plan year 2012 or fisca	l plan year beginning	01/01/2012	and ending	12/31/201	2		
A This return/report is for:		a multiple-employer pla	n (not multlemployer)	a one-particl	oant plan		
B This return/report is:	the first return/report	the final return/report					
	an amended return/report	a short plan year return/	report (less than 12 mo	onths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	ım		
Ī	special extension (enter descrip	otlon)			1112		
Part II Basic Plan Inform	nation—enter all requested info			DAMES CONTRACTOR			
1a Name of plan				1b Three-digit			
· ·	earch on Sexually Tra	ansmitted		plan number	001		
Diseases, Inc. 403k				(PN) ▶	001		
				1c Effective date of 01/01/200			
		/	mnlovor nlan)	2b Employer Identi			
2a Plan sponsor's name and address		- (өтрюуег, it tor a singiө-ө	mployer plan)	(EIN) 13-338			
Transmitted Disease				2c Sponsor's telephone number			
				(212) 803			
306 Lenox Avenue				2d Business code	(see Instructions)		
New York		NY	10027	624100			
3a Plan administrator's name and	address XSame as Plan Sponso			3b Administrator's	EIN		
				3c Administrator's	telephone number		
			9				
	l de la compania del compania de la compania de la compania del compania del compania del compania del compania del compania d	as last values/rapart filed for	this plan, opter the	4b EIN			
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the	ne last return/report liled for	triis biant enter the	40 EIN			
a Sponsor's name	non non and additional mopera			4c PN			
5a Total number of participants at	the beginning of the plan year			5a	36		
· ·	t the end of the plan year			5b	39		
	count balances as of the end of the				11979		
complete this item)	South Buildings as of the one of the			5c	39		
6a Were all of the plan's assets of	during the plan year invested in eli	lgible assets? (See Instruct	lons.)		X Yes No		
<b>b</b> Are you claiming a waiver of the	he annual examination and report	of an Independent qualified	l public accountant (IQ	PA)	X Yes No		
under 29 CFR 2520.104-46?	See instructions on waiver eligibil	lity and conditions.)	and must be took upo	Form 5500	N 163 □ 140		
	ner line 6a or line 6b, the plan ca						
Caution: A penalty for the late or	Incomplete filing of this return	report will be assessed u	inless reasonable cal	use is established.	nable a Cabadula		
Under penalties of perjury and othe SB or Schedule MB completed and	r penalties set forth in the instruct	ilons, I declare that I have e	examined this return/report	poπ, including, il appli t. and to the best of m	v knowledge and		
bellef, It is true, correct, and complete	ste.	3 WOIL OF THE BIOCH OF HE FOR	^		,		
		1/1/0/01/2	DIALA	77			
sign (AA)		10/8/2013		tarns			
HERE Signature of plan ad	ministrator	Date	Enter name of Individ	iual signing as plan ac	ministrator		
SIGNACO							
HERE Signature of employ	er/plan sponsor	Date	Enter name of individ	lual signing as employ	er or plan sponsor		
Preparer's name (including firm na	me, If applicable) and address; in			Preparer's telephon	a number (optional)		
				ľ			
				Q#1002000588.30 (\$200			

Part III Fin	nancial Information						
	and Liabilities		(a) Beginning of Year		T		(b) End of Year
- 190 to Victoria	ssets	7a		,420			170,981
	abilities	7b		(			25,800
	sets (subtract line 7b from line 7a)	7c	141	,42	0		145,181
	penses, and Transfers for this Plan Year		(a) Amount				(b) Total
	ns received or receivable from:						
(1) Emplo	vers	8a(1)		, 05	-		
(2) Partici	pants	8a(2)	41	, 58	4		
(3) Others	(including rollovers)	8a(3)	/15	402	<del>.   -</del>		
<b>b</b> Other incor	ne (loss)	. 8b	(15,	423	<sup>'</sup>		37,214
	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		_	-		37,214
	id (including direct rollovers and insurance premiums penefits)	8d	28	, 39	1		
	med and/or corrective distributions (see instructions)	8e		82			
<b>f</b> Administra	ive service providers (salaries, fees, commissions)	8f		,70	-		
g Other expe	nses	. 8g	1	,52	7		
h Total expe	ises (add lines 8d, 8e, 8f, and 8g)	. 8h					33,453
i Net income	(loss) (subtract line 8h from line 8c)	. 8i					3,761
j Transfers t	(from) the plan (see instructions)	- 8j					
Part IV P	lan Characteristics						
9a If the plan	provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	cteris	tic Co	des in	the instructions:
<b>b</b> If the plan	provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Charac	teristi	c Cod	es in th	ne instructions:
Part V   Cor	npliance Questions				V	N-	A
	e plan year:				Yes	No	Amount
29 CFR	e a failure to transmit to the plan any participant contribu 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Core	ection Program)	10a		Х	
<b>b</b> Were the on line 1	re any nonexempt transactions with any party-in-interes Da.)	t? (Do not	include transactions reported	10b		х	
<b>c</b> Was the	plan covered by a fidelity bond?			10c		Х	
	an have a loss, whether or not reimbursed by the plan's			10d		х	
e Were an	r fees or commissions paid to any brokers, agents, or of	ther person	s by an insurance carrier,				
insuranc	e service or other organization that provides some or all	of the ben	efits under the plan? (See	10e	х		6,097
	ns.)					Х	
	olan failed to provide any benefit when due under the pla			10f	35		12,107
	an have any participant loans? (If "Yes," enter amount			10g	X		12,107
2520.10°	n individual account plan, was there a blackout period? -3.)			10h		Х	
i If 10h wa	s answered "Yes," check the box if you either provided as to providing the notice applied under 29 CFR 2520.10	the require 01-3	d notice or one of the	10i			
Part VI Per	nsion Funding Compliance						
11 Is this a c	efined benefit plan subject to minimum funding required	ments? (If "	Yes," see instructions and com	plete	Sche	dule SE	3 (Form Yes No
	amount from Schedule SB line 39					11a	
	Ves X No						
(If "Yes."	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waive	r of the minimum funding standard for a prior year is be he waiver.	ing amortiz	ed in this plan year, see instru Mon	ctions ith	, and	enter th Day	ne date of the letter ruling Year
If you comp	leted line 12a, complete lines 3, 9, and 10 of Schedu	ıle MB (Fo	rm 5500), and skip to line 13.			202	
<b>b</b> Enter the	minimum required contribution for this plan year					12b	

	Form 5500-SF 2012 Page <b>3</b>			
	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 sig negative amount).	n to the left of a 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, of the PBGC?		ol	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(which assets or liabilities were transferred. (See instructions.)	s), identify the plan(s) to		
	13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust		14b	14b Trust's EIN	

(±)