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

2013

This Form is Open to Public Inspection

| Pension | Benefit Guaranty Corporation | ▶ Complete all entries in accord | dance with the instruc | tions to the Form 5500 | 0-SF. | | peotion |
|---|------------------------------|--|-----------------------------|---------------------------|---------|-----------------------|--------------------|
| Part I | Annual Report I | dentification Information | | | | | |
| For calen | dar plan year 2013 or fise | cal plan year beginning 01/01/201 | 3 | and ending 1 | 2/31/2 | 2013 | |
| | eturn/report is for: | a single-employer plan | | an (not multiemployer) | | a one-partici | pant plan |
| B This r | eturn/report is: | the first return/report | the final return/report | | | | |
| | | an amended return/report | a short plan year returi | n/report (less than 12 mo | onths) | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | am |
| | | special extension (enter description | • | | | | |
| Part II | Basic Plan Infor | rmation—enter all requested inform | ation | | | | |
| 1a Nam | | | | | 1b | Three-digit | |
| BOND ANI | MAL HOSPITAL, PC PR | OFIT SHARING PLAN AND TRUST | | | | plan number (PN) ▶ | 002 |
| | | | | | 1c | Effective date o | 1 |
| | | | | | | 01/01 | • |
| 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BOND ANIMAL HOSPITAL, PC | | | | | 2b | Employer Identi | |
| 250 CENT | RAL AVENUE | | | | 2c | Sponsor's telep | |
| WHITE PL | AINS, NY 10606 | | | | 2d | Business code (| (see instructions) |
| 3a Plan | administrator's name and | d address XSame as Plan Sponsor N | Name Same as Plar | Sponsor Address | 3b | Administrator's | |
| | | | | | 3с | Administrator's | telephone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 If the | name and/or FIN of the | plan sponsor has changed since the | last return/report filed fo | or this plan, enter the | 4h | EIN | |
| | | nber from the last return/report. | idot retarrizaçõet illed re | i tilo piari, critor trio | 70 | LIIN | |
| a Spor | sor's name | | | | 4c | PN | |
| 5a Tota | I number of participants a | at the beginning of the plan year | | | 5a | | 12 |
| b Tota | I number of participants a | at the end of the plan year | | | 5b | | 14 |
| | • | account balances as of the end of the | . , , | • | 5c | | 14 |
| 6a We | e all of the plan's assets | during the plan year invested in eligib | ole assets? (See instruc | tions.) | | | X Yes No |
| | | the annual examination and report of | | | | | |
| | | (See instructions on waiver eligibility | | | | | X Yes No |
| • | | ther line 6a or line 6b, the plan cann | | | _ | | 7 |
| C If the | plan is a defined benefit | t plan, is it covered under the PBGC ir | nsurance program (see | ERISA section 4021)? . | | Yes No | Not determined |
| Caution: | A penalty for the late o | or incomplete filing of this return/rep | port will be assessed | unless reasonable cau | se is | established. | |
| Under pe | nalties of perjury and oth | ner penalties set forth in the instruction and signed by an enrolled actuary, as w | s, I declare that I have | examined this return/rep | ort, in | ncluding, if applic | |
| | s true, correct, and comp | | ch do the electronic ver | | , una | to the best of my | Miowicage and |
| | Filed with outhorized/v | rollid algoritania aignotura | | 1 | | | |
| SIGN HERE | Filed with authorized/v | valid electronic signature. | | | | | |
| TILIXE | Signature of plan ad | ministrator | Date | Enter name of individu | ual sig | ıning as plan adr | ministrator |
| SIGN | | | | | | | |
| HERE | Signature of employ | yer/plan sponsor | Date | Enter name of individu | ual sig | jning as employe | er or plan sponsor |
| Preparer' | s name (including firm na | ame, if applicable) and address; includ | de room or suite numbe | r (optional) | Prep | arer's telephone | number (optional) |
| | | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |

Form 5500-SF 2013 Page **2**

| Pai | rt III Financial Information | | | | | | | | | |
|----------|---|-------------|-----------------------------------|----------|--------|----------|------------|---------------|--------------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | · | | | (b) End | of V | nar . | |
| | Total plan assets | 7a | (a) Beginning of Yea 285063 | | | | (b) End | | ear 16049 | <u> </u> |
| <u>a</u> | Total plan liabilities | 7b | | 0 | | | | | (| |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 2850631 | | | 3016049 | | | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | (a) Amount | | | | (b) : | Γotal | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (15) | otai | | |
| | (1) Employers | 8a(1) | 5665 | 7 | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| b | Other income (loss) | 8b | 10876 | 1 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 1 | 65418 | |
| 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 | | | | | | | (|) |
| i_ | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 1 | 65418 | 3 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension f | feature co | des from the List of Plan Chara | acteris | tic Co | des in | the instru | ctions | : | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature cod | es from the List of Plan Charac | cteristi | c Coo | les in t | he instruc | tions: | | |
| Par | V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | ount | |
| а | 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 | | Х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | nclude transactions reported | 10b | | Х | | | | |
| С | | | | 10c | Χ | | | | | 260000 |
| d | | | | 100 | | | | | | 200000 |
| | 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 or a service. | | | | | | | | | |
| | instructions.) | | | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | າ? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | nd.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | | 10h | | X | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | e required | I notice or one of the | 10i | | | | | | |
| Part | | 1-0 | | 101 | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) | • | | | | | • | | Yes | X No |
| 11a | Enter the unpaid minimum required contribution for current year fro | | | | | 11a | | | | <u> </u> |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | | FRISA? | T | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | , or 30 | Juon | JUZ UI | _ : ::O/\: | ᅩ | . 55 | |
| а | If a waiver of the minimum funding standard for a prior year is bein granting the waiver. | g amortize | ed in this plan year, see instruc | | and e | enter th | ne date of | the le Yea | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | Day | | 100 | · | |
| | Enter the minimum required contribution for this plan year | • | | | | 12b | | | | |

| Page | 3 - | | 1 |
|------|-----|--|---|
|------|-----|--|---|

| С | 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? | Y | es 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 coof the PBGC? | ontrol | | 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) to which assets or liabilities were transferred. (See instructions.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust's EIN | |
| | | | | |
| | | | | |
| | | | | |

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Department of Labor Employee Benefits Security Administration

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Pension B | enefit Guaranty Corporation | ▶ Complete all entries in acc | ordance v | vith the instru | ctions to the Form 550 | 0-SF | | pection | |
|--|--|--|---|--|---|---|--|--|--|
| Part I | Annual Report | Identification Information | ordance t | THE HISTORY | out of the rolling sage | 0-01. | | | |
| | | scal plan year beginning | 01/01 | /2013 | and ending | | 12/31/201 | 3 | |
| | turn/report is for: | a single-employer plan | m | | an (not multiemployer) | | a one-particip | | |
| B This ref | turn/report is: | the first return/report | the fina | al return/report | | | | | |
| | | an amended return/report | a short | plan year returr | n/report (less than 12 m | onths |) | | |
| C Check | box if filing under: | Form 5558 | | atic extension | | | DFVC progra | m | |
| | | special extension (enter descrip | otion) | | | | _ | | |
| Part II | Basic Plan Info | rmation—enter all requested infor | mation | | | | | - | |
| 1a Name | of plan | | | | | 1b | Three-digit | | |
| BOND ANIMAL HOSPITAL, PC PROFIT SHARING PLAN | | | | | | plan number | | | |
| AND | TRUST | | | | | 4. | (PN) • | 002 | |
| | | | | | | 10 | Effective date of 01/01/1984 | • | |
| | | dress; include room or suite number | (employer | , if for a single- | employer plan) | 2b | Employer Identifi | cation Number | |
| BOND | ANIMAL HOSPI | TAL, PC | | | | | (EIN) 13-3700 | 0034 | |
| | | | | | | 2c | Sponsor's teleph | | |
| 250 | CENTRAL AVENU | E | | | | | (914) 949- | | |
| | | _ | | | 10000 | 20 | Business code (s | see instructions) | |
| | E PLAINS | ad address Vicama as Diag Casasa | - No | | 10606 | 2 h | 541940 | | |
| Ja Flan a | oministrator's name ar | nd address Same as Plan Sponso | r Name | _Same as Plan | Sponsor Address | 30 | Administrator's E | ain | |
| | | | | | | 3с | Administrator's to | elephone number | |
| | | | | | | | | • | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | e plan sponsor has changed since the | e last retui | rn/report filed fo | r this plan, enter the | 4b | EIN | | |
| | | mber from the last return/report. | | | | _ | | | |
| | or's name | | | | | 4c | PN | _ | |
| | | at the beginning of the plan year | | | | 5a | a | | |
| | | at the end of the plan year | | | | 5b | | 1_4 | |
| | · · | account balances as of the end of the | | • | • | 5c | | 14 | |
| 6a Were | all of the plan's assets | s during the plan year invested in elig | ible asset | s? (See instruct | tions.) | | | X Yes No | |
| _ | | f the annual examination and report of | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | ? (See instructions on waiver eligibilit | v and con | 11.1 | | - ~) | | رسا رسا | |
| If you | | · | - | | | | | X Yes No | |
| | answered "No" to e | ither line 6a or line 6b, the plan car | - | | | | | X Yes No | |
| C If the p | | · | nnot use l | Form 5500-SF | and must instead use | Form | 5500. | X Yes No | |
| | plan is a defined benef | ither line 6a or line 6b, the plan car | insurance | Form 5500-SF as program (see | and must instead use ERISA section 4021)? | Form | 5500. Yes | | |
| Caution: A | plan is a defined benef | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction | nnot use I insurance report will ons, I deck | program (see | and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep | Form | S500. Yes No one of the stablished. Including, if applications. | Not determined | |
| Caution: A Under pena | plan is a defined benef A penalty for the late of alties of perjury and other additional managements of the late of the lat | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as | nnot use I insurance report will ons, I deck | program (see | and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep | Form | S500. Yes No one of the stablished. Including, if applications. | Not determined | |
| Caution: A Under pena | plan is a defined benef | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as polete. | nnot use I insurance report will ons, I deck | program (see | and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep | Form | S500. Yes No one of the stablished. Including, if applications. | Not determined | |
| Caution: A Under pena SB or Sche belief, it is t | plan is a defined benef A penalty for the late of alties of perjury and other additional managements of the late of the lat | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as | nnot use I insurance report will ons, I deck | program (see be assessed to a electronic vers | and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep | Form use is port, ir, and | S500. Yes No one of the stablished. Including, if applications. | Not determined | |
| Caution: A Under pena SB or Sche belief, it is t | plan is a defined benef A penalty for the late of alties of perjury and other additional managements of the late of the lat | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as polete. | nnot use I insurance report will ons, I decli well as the | program (see be assessed that I have a electronic vers | and must instead use ERISA section 4021)? unless reasonable cau examined this return/report | Form use is port, ir , and | Yes No sestablished. ncluding, if applicate to the best of my leading. | Not determined ble, a Schedule knowledge and | |
| Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN | plan is a defined benefit plan is a defined benefit penalty for the late of alties of penalty and other plan and completed are true, correct, and complete plan and alties of plan and alties plan alties | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as polete. | report will ons, I declared well as the | program (see be assessed that I have a electronic verse e | and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DOROTHEA ASPRO | Form se is ort, ir, and | Yes No sestablished. ncluding, if applicate to the best of my length of the property of the p | Not determined ble, a Schedule knowledge and | |
| Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE | plan is a defined benefit plan is a defined benefit penalty for the late of alties of penalty for the late of alties of penalty for the late of plan alties of employed and the late of the late of employed and the late of | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r ther penalties set forth in the instruction and signed by an enrolled actuary, as oblete. Of Markov dministrator | report will ons, I declared well as the Date Date | Form 5500-SF as program (see be assessed to are that I have a electronic version of the program | and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DOROTHEA ASPRO Enter name of individu | Form Ise is Port, ir , and OS ual signal | Yes No sestablished. noluding, if applicate to the best of my length gring as plan admigning as employer | Not determined ble, a Schedule knowledge and inistrator or plan sponsor | |
| Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE | plan is a defined benefit plan is a defined benefit penalty for the late of alties of penalty for the late of alties of penalty for the late of plan alties of employed and the late of the late of employed and the late of | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as polete. | report will ons, I declared well as the Date Date | Form 5500-SF as program (see be assessed to are that I have a electronic version of the program | and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DOROTHEA ASPRO Enter name of individu | Form Ise is Port, ir , and OS ual signal | Yes No sestablished. ncluding, if applicate to the best of my length of the property of the p | Not determined ble, a Schedule knowledge and inistrator or plan sponsor | |
| Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE | plan is a defined benefit plan is a defined benefit penalty for the late of alties of penalty for the late of alties of penalty for the late of plan alties of employed and the late of the late of employed and the late of | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r ther penalties set forth in the instruction and signed by an enrolled actuary, as oblete. Of Markov dministrator | report will ons, I declared well as the Date Date | Form 5500-SF as program (see be assessed to are that I have a electronic version of the program | and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DOROTHEA ASPRO Enter name of individu | Form Ise is Port, ir , and OS ual signal | Yes No sestablished. noluding, if applicate to the best of my length gring as plan admigning as employer | Not determined ble, a Schedule knowledge and inistrator or plan sponsor | |
| Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE | plan is a defined benefit plan is a defined benefit penalty for the late of alties of penalty for the late of alties of penalty for the late of plan alties of employed and the late of the late of employed and the late of | ither line 6a or line 6b, the plan car it plan, is it covered under the PBGC or incomplete filing of this return/r ther penalties set forth in the instruction and signed by an enrolled actuary, as oblete. Of Markov dministrator | report will ons, I declared well as the Date Date | Form 5500-SF as program (see be assessed to are that I have a electronic version of the program | and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DOROTHEA ASPRO Enter name of individu | Form Ise is Port, ir , and OS ual signal | Yes No sestablished. noluding, if applicate to the best of my length gring as plan admigning as employer | Not determined ble, a Schedule knowledge and inistrator or plan sponsor | |

| Pa | rt III Financial Information | _ | | | | | _ | | | |
|----------|---|--------------|----------------------------------|---------|-----------------|-----------------|------------|-----------|------------|--------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | | (b) End of Year | | | | | |
| | Total plan assets | 7a | 2,85 | | 31 | | (D) LIK | | | 6,049 |
| | Total plan liabilities | 7b | <u> </u> | | 0 | _ | | | | 0 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 2,85 | 0,63 | 31 | | | 3,016,049 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | -, | _ | _ | (1-) | | | 0,015 |
| | Contributions received or receivable from: | | (a) Amount | | + | | (D) | Total | | |
| | (1) Employers | 8a(1) | 5 | 6,65 | 57 | | | | | |
| | (2) Participants | 8a(2) | | | 0 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | | |
| b | Other income (loss) | 8b | 10 | 8,76 | 51 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 16 | 5,418 |
| | 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 | | | | | |
| | Other expenses | 8g | | | 0 | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | 0 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | \top | | | | 16 | 5,418 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | | | |
| Par | t IV Plan Characteristics | oj. | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2A 2E 3D | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instru | ctions | 5 : | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Co | des in t | he instruc | tions: | | |
| Part | V Compliance Questions | | | | | _ | | | | |
| 10 | | | | | Yes | No | | A | | |
| -10 a | During the plan year: Was there a failure to transmit to the plan any participant contribution. | tions within | the time period described in | П | 163 | 140 | | Am | ount | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | Х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | • | 10b | | Х | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 26 | 50,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | - | - | 10d | | Х | | | | |
| —е | | | | | | | | | | |
| | insurance service or other organization that provides some or all of | of the bene | efits under the plan? (See | | | X | | | | |
| | instructions.) | | | 10e | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | Х | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | Х | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | Х | | | | |
| j | 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 | VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | X No |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | 302 of | ERISA? | ΤΓ | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortize | ed in this plan year, see instru | | , and | enter tl Day | ne date of | the le | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | | | |
| | Enter the minimum required contribution for this plan year | | | | [| 12b | | | | |

| | | orm 5500-5F 2013 130118 Page 3 - | | | | | |
|---|--------|---|--------|-------|--------|------|----------|
| С | Enter | the amount contributed by the employer to the plan for this plan year | 120 | : | | | |
| 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) | | | | | | | |
| е | | ne 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 | lo | |
| | If "Ye | s," 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 | contro | ol | | Ye | s 🛚 No |
| С | | ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.) | .0 | | | | |
| 1 | 3c(1) | Name of plan(s): | 3c(2) | EIN(s | s) | 13c(| 3) PN(s) |
| | | | | | | | |
| | | | | | | | |
| Part | VIII | Trust Information (optional) | | | | | |
| | | | 14b | Trust | 's EIN | | |