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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	urn/report is for:	_		an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:		he final return/report				
_			. ,	n/report (less than 12 mo	onths)	_	
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
Part II	Rasic Plan Infor	mation—enter all requested informat	<u>, </u>				
1a Name		mation—enter all requested informati	IOH		1h	Three-digit	
	ERNATIONAL, INC. PF	ROFIT SHARING PLAN			1.5	plan number	004
					10	(PN) ▶ Effective date o	001 f plan
					-	01/01	
	ponsor's name and addr FERNATIONAL, INC.	ress; include room or suite number (em	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-31	fication Number 78022
50 ORCHAR	RD DRIVE				2c	Sponsor's telep	
WOODBURY	Y, NY 11797				2d	Business code ((see instructions)
		address Same as Plan Sponsor Na		Sponsor Address	3b	Administrator's	EIN 78022
IOPRO INTE	RNATIONAL, INC.	50 ORCHARD D WOODBURY, N	ORIVE Y 11797		3с		telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
a Sponse	•	ber from the last return/report.			4c	PN	
5a Total r	number of participants a	t the beginning of the plan year			5a		4
b Total r	number of participants a	t the end of the plan year			5b		4
		ccount balances as of the end of the pla	, ,	•	5c		4
_	•	during the plan year invested in eligible	,	,			X Yes No
under	29 CFR 2520.104-46?	he annual examination and report of ar (See instructions on waiver eligibility ar ner line 6a or line 6b, the plan canno	nd conditions.)				X Yes No
-		plan, is it covered under the PBGC ins					Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.	
Under pena SB or Sche	alties of perjury and other	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	04/03/2014	RENE LOHSER			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear	
a	Total plan assets	7a	72246				(2) 2		350774	1
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	72246	4				8	350774	1
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(4) / 1110 4111				(4)			
	(1) Employers	8a(1)	694	7						
	(2) Participants	8a(2)	1260	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	13078	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	50327	•
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2201	7						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22017	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							12831)
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 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	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	des in t	he instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
				10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud			X				40000
	or dishonesty?			10d		,				
е	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 ben	efits under the plan? (See	10e	X					1932
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X				1002
				10f		X				
g		-	<u> </u>	10g		^				
h	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 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Jг	Yes	∏ 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						ERISA?	Тг	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 5. 50		JUL 01	, (
а	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 e	enter the Day	ne date of	the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Duy		100		
	Enter the minimum required contribution for this plan year	•				12b				

Page	3	- [1
гаус	J	- 1	

			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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report							
For calenda	ar plan year 2013 or fi	scal plan year be	ginning	01/01/	2013	and ending		12/31/2013
A This ret	turn/report is for:	X a single-em	ployer plan	a multi	ple-employer pla	an (not multiemployer)		a one-participant plan
B This ret	um/report is:	the first retu	ırn/report	the fina	al return/report			
		an amende	d return/report	a short	plan year return	/report (less than 12 m	onths)	
C Check I	box if filing under:	Form 5558		automa	atic extension			DFVC program
		special exte	ension (enter descri	iption)				Succession of the residence of the second of
Part II	Basic Plan Info	rmation—ente	er all requested info	ormation				
1a Name							1b	Three-digit
BioPro	Internationa	l, Inc. Pr	ofit Sharin	ig Plan				plan number 001
							10	(PN) ▶ 001 Effective date of plan
								01/01/1999
	ponsor's name and ad Internationa		om or suite numbe	er (employe	r, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 11–3178022
50 Orcl	hard Drive						2c	Sponsor's telephone number 516-249-0099
							2d	Business code (see instructions)
Woodbu	ry	NY	11797					561900
	dministrator's name ar		me as Plan Spons	or Name	Same as Plan	Sponsor Address	3b	Administrator's EIN
BioPro	Internationa	l, Inc.					30	11-3178022 Administrator's telephone number
50 Orcl	hard Drive							516-249-0099
Woodbu	ry	NY	11797					
	name and/or EIN of the			he last retu	rn/report filed fo	r this plan, enter the	4b	EIN
	, EIN, and the plan nul or's name	mber from the las	st return/report.				4c	DNI
		at the beginning	of the plan year				5a	4
							5b	4
C Numb	er of participants with	account balance	s as of the end of t	he plan yea	ar (defined bene		5c	4
25						ions.)		
b Are you under If you	ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to e	f the annual exar ? (See instruction ither line 6a or l	mination and report ns on waiver eligibi ine 6b, the plan c	t of an inder lity and con annot use	pendent qualifie ditions.) Form 5500-SF	d public accountant (IQ	PA) Form	X Yes No
Under pena SB or Sche	alties of perjury and ot	her penalties set nd signed by an	forth in the instruc	tions, I decl	are that I have e		ort, in	icluding, if applicable, a Schedule to the best of my knowledge and
SIGN	Kin-	FOM		3	121/14	Rene Lohser	- 20 - 200	
HERE	Signature of plan a	dministrator		Da	te	Enter name of individ	ual sig	ning as plan administrator
SIGN	Do. 5 0	FMF		3	31/14	Rene Lohser		
HERE	Signature of emplo			Da				ning as employer or plan sponsor
Preparer's	name (including firm r	name, if applicabl	e) and address; inc	clude room	or suite number	(optional)	Prep	arer's telephone number (optional)

	t III Financial Information							_
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a		2246	4		8507	74
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	72	2246	4		8507	74
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	2.41		694	7			25,500
	(1) Employers	8a(1)	1	1260	_			_
-	(2) Others (including allowers)	8a(2)		1200	4			_
	(3) Others (including rollovers)	8a(3)	13	3078				_
	Other income (loss)	8b 8c		3070	+		1503:	27
	Benefits paid (including direct rollovers and insurance premiums	00		-	+		1303.	
	to provide benefits)	8d	2	2201	.7			
_ e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					220	17
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i					1283	10
j	Transfers to (from) the plan (see instructions)	- 8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
	2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature code	e from the List of Plan Charac	ctoriet	ic Cor	les in th	ne instructions:	
	The plan provides welfare benefits, effect the applicable welfare is	catale code	o from the clot of Fiatr Orlard	otoriot	10 000	100 111 11	ic instructions.	
Par	t V Compliance Questions					26101-21		
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		the time period described in			77		
b		uciary Corre	ection Program)	10a		X		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in	nclude transactions reported	10a 10b		X		
С		t? (Do not ir	nclude transactions reported		Х	200	400	00
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	t? (Do not in	d, that was caused by fraud	10b 10c	Х	200	400	00
	on line 10a.)	t? (Do not in	d, that was caused by fraud	10b	X	X	400	00
d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c	X	X	400	
d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	fidelity bon	d, that was caused by fraud by an insurance carrier, effts under the plan? (See	10b 10c 10d		X		
e	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the p	fidelity bon her persons of the beneath?	d, that was caused by fraud by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		Х		
e f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period?	fidelity bonher persons of the beneather?	d, that was caused by fraud by an insurance carrier, effts under the plan? (See	10b 10c 10d		X		
e f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bon her persons of the bene as of year er (See instructure)	d, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c 10d 10e 10f 10g		X		
e f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bon her persons of the bene as of year er (See instructure)	d, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c 10d 10e 10f 10g 10h		X		
e f	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bon her persons of the bene in? (See instrue the required i1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X dule SE	19	
f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance	fidelity bon ther persons of the bene tin? tins of year et (See instruments) tins of year et (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X dule SE	19	32
f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to the plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bon her persons of the bene as of year er (See instruction he required 11-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule SE	3 (Form Yes N	32 No
f g h i Part 11 11a	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bon her persons of the bene sof year er (See instruction he required 11-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the des," see instructions and com ale SB (Form 5500) line 39 nts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule SE	3 (Form Yes N	32 No
f g h i Part 11 11a 12	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 total VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding	fidelity bon ther persons of the bene tin? Is of year en (See instruction the required 11-3 Inents? (If "Y rom Schedu g requireme r, as applica ng amortize	d, that was caused by fraud by an insurance carrier, effts under the plan? (See and.) ctions and 29 CFR notice or one of the des," see instructions and com ale SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schee	X X X X A A A A A A A A A A A A A A A A	19 (Form Yes N ERISA? Yes X	32 No
f g h i Part 11 11a 12	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding (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 being the plan in the pl	fidelity bon ther persons of the bene tin? so of year et (See instruction the required tin-3 ments? (If "Y rom Schedu g requireme r, as applica ng amortize	d, that was caused by fraud by an insurance carrier, effts under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and com ale SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instructions and com Mon	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schee	X X X X Audule SE	3 (Form Yes N ERISA? Yes X N e date of the letter ruling	32 No
f g h i 11a 11a 12 a	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for its this a defined contribution plan subject to the minimum funding (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 beingranting the waiver.	fidelity bon her persons of the bene as of year er (See instruction her required 11-3 hents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the fes," see instructions and com alle SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i nplete	X Schee	X X X X Audule SE	3 (Form Yes N ERISA? Yes X N e date of the letter ruling	32 No

	F	orm 5500-SF 2013 Page 3 -						
С	Ente	the amount contributed by the employer to the plan for this plan year	120	:				
d		ract 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)	120	t				
е	Will t	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 resolution to terminate the plan been adopted in any plan year?	X	Ye	es No)		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a	1				(
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the e PBGC?	contro	ol .		Ye	s X N	0
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hassets or liabilities were transferred. (See instructions.)	to					
1	3c(1)	Name of plan(s):	3c(2)	EIN	l(s)	13c((3) PN(s)	

Part VIII Trust Information (optional)	
14a Name of trust	14b Trust's EIN