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

| Pens | ion Benefit Guaranty Corporation | ➤ Complete all entries in acco | ordance with the instruc | tions to the Form 5500 | 0-SF. | | peotion |
|-------------------|--|---|-------------------------------|---|--|--------------------------|--------------------|
| Part | I Annual Report | t Identification Information | | | | | |
| For ca | lendar plan year 2013 or t | fiscal plan year beginning 01/01/20 | 013 | and ending 1 | 2/31/2 | 2013 | |
| | s return/report is for: | | a one-partici | pant plan | | | |
| B Thi | s return/report is: | the first return/report | the final return/report | | | | |
| | | an amended return/report | a short plan year returr | /report (less than 12 mo | onths) |) <u> </u> | |
| C Ch | eck box if filing under: | DFVC program | | | | | |
| D 4 | | special extension (enter descrip | | | | | |
| Part | | ormation—enter all requested infor | mation | | 4. | | T |
| | ame of plan | | | | 16 | Three-digit plan number | |
| MIDDLE | TOWN UROLOGIC ASS | OCIATES, PC 401K PROFIT SHARIN | IG PLAN & TRUST | | | (PN) ▶ | 003 |
| | | | | | 10 | Effective date o | |
| | | | | | 10 | 10/01 | • |
| | an sponsor's name and a | ddress; include room or suite number | (employer, if for a single- | employer plan) | 2b | Employer Identi | |
| | | | | | 2c | Sponsor's telep | hone number |
| 236 CR' MIDDLE | YSTAL RUN ROAD, SUIT ETOWN, NY 10941 | ΓΕ 1 | | | 2d | | (see instructions) |
| 22 DI | an administrator's name o | and address VCame as Blan Change | r Nama Deama as Dian | Changer Address | 2h | 62111 Administrator's | |
| Ja Fi | an auministrator s name a | and address XSame as Plan Sponsor | TNameSame as Flam | Sponsor Address | 30 | Auministrators | |
| | | | | | 3с | Administrator's | telephone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 If | the name and/or EIN of the | ne plan sponsor has changed since the | e last return/report filed fo | r this plan, enter the | 4h | EIN | |
| | | umber from the last return/report. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| a Sp | oonsor's name | | | | 4c | PN | |
| 5a ⊤ | otal number of participant | s at the beginning of the plan year | | | 5a | | 22 |
| b To | otal number of participant | s at the end of the plan year | | | 5b | | 20 |
| | | account balances as of the end of the | | • | 5c | | 20 |
| 6a v | Vere all of the plan's asse | ets during the plan year invested in elig | gible assets? (See instruct | tions.) | | | X Yes No |
| | | of the annual examination and report of | | | | | |
| | | 6? (See instructions on waiver eligibilit | • | | | | X Yes No |
| | • | either line 6a or line 6b, the plan car | | | _ | | - |
| C If | the plan is a defined bene | efit plan, is it covered under the PBGC | insurance program (see | ERISA section 4021)? . | | Yes No | Not determined |
| Cautio | on: A penalty for the late | or incomplete filing of this return/r | report will be assessed (| ınless reasonable cau | se is | established. | |
| Under | penalties of perjury and o | other penalties set forth in the instruction | ons, I declare that I have | examined this return/rep | ort, in | ncluding, if applic | able, a Schedule |
| | Schedule MB completed a it is true, correct, and con | and signed by an enrolled actuary, as nplete. | well as the electronic vers | sion of this return/report | , and t | to the best of my | knowledge and |
| SIGN | | d/valid electronic signature. | | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individu | ual sig | ıning as plan adr | ministrator |
| SIGN | | | | | | | |
| HERE | Signature of empl | oyer/plan sponsor | Date | Enter name of individu | ridual signing as employer or plan sponsor | | |
| Prepar | er's name (including firm | name, if applicable) and address; incl | ude room or suite number | (optional) | Prep | arer's telephone | number (optional) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Day | rt III Financial Information | | | | | | | | | |
|---------------|--|--------------|-----------------------------------|---------|-----------------|----------------|-----------|---------------|------------|----------|
| 7 | Plan Assets and Liabilities | | (a) Paginning of Van | | | | (b) Er | d of V | | |
| _ <u>'</u> _a | Total plan assets | 7a | (a) Beginning of Yea | | (b) End of Year | | | | 3 | |
| | Total plan liabilities | 7a 7b | | 0 | | | | | 4070 | |
| | Net plan assets (subtract line 7b from line 7a) | 76 7c | 146089 | | | | 1396388 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 70 | | • | | | | | | |
| | Contributions received or receivable from: | | (a) Amount | | (b) Total | | | | | |
| | (1) Employers | mployers | | | | | | | | |
| | (2) Participants | 6699 | 4 | | | | | | | |
| | Others (including rollovers) | | | | | | | | | |
| b | Other income (loss) | 8b | 25138 | 1 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 3 | 379201 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 43849 | 4 | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 521 | 0 | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | 443704 | 4 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -64503 | 3 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D 3H | feature co | des from the List of Plan Chara | acteris | stic Co | des in | the instr | uctions | S : | |
| b | b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | | |
| Par | Part V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | |
| а | a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 300000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity box | nd, that was caused by fraud | 10d | | X | | | | 000000 |
| | or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | | | | |
| · | insurance service, or other organization that provides some or all | of the ben | efits under the plan? (See | | | X | | | | |
| | instructions.) | | | 10e | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 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 2520.10 | | | 10i | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | ☐ No |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | | <u> </u> | • | <u> </u> |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | | FRISA? | | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | . 01 00 | .5.1011 | 30 <u>2</u> 01 | | ·· <u> </u> | 1 . 23 | |
| 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 instruc | | , and e | enter th | ne date d | of the le | | ling |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | Duy | | | | |
| | Enter the minimum required contribution for this plan year | • | | | | 12b | | | | |

| Page | 3 | - | 1 | |
|------|---|---|---|--|
| гаус | J | _ | | |

| | | | 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 | art VII Plan Terminations and Transfers of Assets | | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | X | Yes 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 | | | | | | | | |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | | | |
| 1 | 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 Trust's EIN | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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).

▶ 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

| | rt I | | Identification Information | n | | | | | | | | |
|---|---|---|--|--|--|---|--|--|---|--|--|--|
| For c | alenda | ar plan year 2013 or fi | scal plan year beginning | 01/0 | 01/2013 | 3 | and ending | _ | 12/31/201 | 13 | | |
| A T | his ret | turn/report is for: | X a single-employer plan | am | ultiple-em | oloyer p | lan (not multiemployer) |) | a one-particip | pant plan | | |
| Вт | his ret | turn/report is: | the first return/report | the | final return | /report | | | | | | |
| | | | an amended return/report | a sh | ort plan ye | ar retur | n/report (less than 12 n | nonths | ·) | | | |
| C 0 | heck b | box if filing under: | Form 5558 | auto | omatic ext | ension | | | DFVC progra | am | | |
| | special extension (enter description) | | | | | | | | | | | |
| Pai | rt II | Basic Plan Info | rmation—enter all requested in | nformation | | | | | _ | | | |
| 1a 1 | Name o | of plan | <u>.</u> | | | | | 1b | Three-digit | | | |
| MIDDLETOWN UROLOGIC ASSOCIATES, PC 401K | | | | | | | | plan number | 222 | | | |
| PROFIT SHARING PLAN & TRUST | | | | | | | 10 | (PN) Figure 1 (PN) Figure 1 (PN) | 003 | | | |
| | | | | | | | | 10 | 10/01/1988 | • | | |
| | | | ldress; include room or suite numb | ber (emplo | yer, if for a | single | employer plan) | 2b | Employer Identif | | | |
| ľ | IIDDL | LETOWN UROLOG | IC ASSOCIATES, PC | | | | | (EIN) 14-1537402 | | | | |
| | | | | | | | | 2c Sponsor's telephone number | | | | |
| 2 | 36 C | CRYSTAL RUN RO | OAD, SUITE 1 | | | | | 24 | (845) 343- Business code (| | | |
| M | IIDDI | LETOWN | | | | NY | 10941 | 24 | 621111 | (see instructions) | | |
| | | | nd address XSame as Plan Spon | nsor Name | Same | | n Sponsor Address | 3b | Administrator's 8 | EIN | | |
| | | | | | | | · | 20 | | | | |
| | | | | | | | | 3c Administrator's telephone number | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | | | | | _ | | | | | | | |
| | | | e plan sponsor has changed since mber from the last return/report. | the last re | eturn/repo | t filed fo | or this plan, enter the | 4b | EIN | | | |
| | | | moet from the last returnineport. | | | | | | | | | |
| a | sponso | or's name | | | | | | 4c | PN | | | |
| | | | at the beginning of the plan year. | | | | | + | PN | | | |
| 5a | Total n | number of participants | at the beginning of the plan year. at the end of the plan year | | | | | 5a | PN | 22 | | |
| 5a b | Total notal | number of participants number of participants er of participants with a | at the end of the plan yearaccount balances as of the end of | f the plan y | year (defin | ed bene | fit plans do not | 5a 5b | PN | 20 | | |
| 5a b c | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan yearaccount balances as of the end of | f the plan y | year (defin | ed bene | efit plans do not | 5a 5b 5c | | 20 | | |
| 5a b c | Total no Total no Numbe comple Were a | number of participants number of participants er of participants with a ete this item) | at the end of the plan yearaccount balances as of the end of | f the plan y | year (defin | ed bene | efit plans do not | 5a 5b 5c | | 20 | | |
| 5a b c | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan yearaccount balances as of the end of | f the plan y eligible ass | year (defin sets? (See | ed bene instruc qualifie | efit plans do not tions.) | 5a 5b 5c | | 20 | | |
| 5a b c | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan yearaccount balances as of the end of sturing the plan year invested in the annual examination and repo | f the plan y eligible ass ort of an ind bility and c | year (defin | instruc | efit plans do not tions.)tions.(IC | 5a 5b 5c 5c | | 20 20 X Yes No | | |
| 5a b c 6a b | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incohility and cannot us | year (defin sets? (See dependent conditions. se Form 5 | instruc qualifie | efit plans do not tions.) d public accountant (IC | 5a 5b 5c 5c PA) | 5500. | 20 20 X Yes No | | |
| 5a b c 6a b | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incobility and cannot us | year (defin | instruc qualifie 500-SF m (see | efit plans do not tions.) | 5a 5b 5c 5c PA) | 5500. Yes | 20 X Yes No X Yes No | | |
| 5a b c 6a b Cauti | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incombility and cocannot us | year (defin | instruc qualifie 500-SF m (see | efit plans do not tions.) ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re | 5a 5b 5c PPA) Form | 5500. Yes No established. | 20 X Yes No X Yes No Not determined | | |
| 5a b c 6a b C Unde | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incombility and cocannot us | year (defin | instruc qualifie 500-SF m (see | efit plans do not tions.) ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re | 5a 5b 5c PPA) Form | 5500. Yes No established. | 20 X Yes No X Yes No Not determined | | |
| 5a b c 6a b C Unde | Total notal | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incombility and cocannot us | year (defin | instruc qualifie 500-SF m (see | efit plans do not tions.) | 5a 5b 5c PPA) Form | 5500. Yes No established. | 20 X Yes No X Yes No Not determined | | |
| 5a b c 6a b Cauti Unde SB or belief | Total ni Total ni Number comple Were a Are you under: If you if the pl ion: A ir penal ir Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incombility and cocannot us | year (defin | instruc qualifie 500-SF m (see | efit plans do not tions.) ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re | 5a 5b 5c PPA) Form | 5500. Yes No established. | 20 X Yes No X Yes No Not determined | | |
| 5a b c 6a b Cauti Unde SB or belief | Total ni Total ni Number comple Were a Are you under: If you if the pl ion: A ir penal ir Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incomplete of an i | year (defin | instruc qualifie 500-SF m (see | efit plans do not tions.) | 5a 5b 5c 5c PPA) Form use is port, irt, and | 5500. Yes No established. Including, if applicate to the best of my | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
| 5a b c 6a b Cauti Unde SB or belief SIGN HERI | Total ni Total ni Number comple Were a Are you under: If you if the pl ion: A ir penal ir Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incomplete of an i | year (defin | instruc qualifie 500-SF m (see | efit plans do not etions.) | 5a 5b 5c 5c PPA) Form use is port, irt, and | 5500. Yes No established. Including, if applicate to the best of my | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
| 5a b c 6a b Cauti Unde SB or belief SIGN HERI | Total ni Total ni Numbee comple Were a Are you under a If you if the pl ion: A er penal r Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incohility and cocannot us GC insuran rn/report volctions, I do | year (defin | instruc qualifie 500-SF m (see | efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor | 5a 5b 5c PPA) Form use is port, ir t, and | 5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
| 5a b c 6a b Cauti Unde SB or belief SIGN HERI | Total ni Total ni Numbee comple Were a Are you under a If you if the pl ion: A er penal r Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incohility and cocannot us GC insuran rn/report volctions, I do | year (defin | instruc qualifie 500-SF m (see | efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor | 5a 5b 5c PPA) Form use is port, ir t, and | 5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
| 5a b c 6a b Cauti Unde SB or belief SIGN HERI | Total ni Total ni Numbee comple Were a Are you under a If you if the pl ion: A er penal r Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incohility and cocannot us GC insuran rn/report volctions, I do | year (defin | instruc qualifie 500-SF m (see | efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor | 5a 5b 5c PPA) Form use is port, ir t, and | 5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
| 5a b c 6a b Cauti Unde SB or belief SIGN HERI | Total ni Total ni Numbee comple Were a Are you under a If you if the pl ion: A er penal r Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incohility and cocannot us GC insuran rn/report volctions, I do | year (defin | instruc qualifie 500-SF m (see | efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor | 5a 5b 5c PPA) Form use is port, ir t, and | 5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
| 5a b c 6a b Cauti Unde SB or belief SIGN HERI | Total ni Total ni Numbee comple Were a Are you under a If you if the pl ion: A er penal r Scheo f, it is tr | number of participants number of participants er of participants with a ete this item) | at the end of the plan year | eligible assort of an incohility and cocannot us GC insuran rn/report volctions, I do | year (defin | instruc qualifie 500-SF m (see | efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable car examined this return/re sion of this return/repor | 5a 5b 5c PPA) Form use is port, ir t, and | 5500. Yes No established. Including, if applicate to the best of my gring as plan admigning as employed | 20 20 X Yes No X Yes No Not determined able, a Schedule knowledge and | | |

Page 2

| Par | t III Financial Information | | | | | | | | |
|----------|---|-------------|--|----------|--------|---------------|------------|-----------------|----------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End | of Ye | ar |
| a | Total plan assets | 7a | 1,46 | 0,89 | 1 | 1,400 | | | |
| b | Total plan liabilities | 7b | | | 0 | | | | 4,070 |
| С | Net plan assets (subtract line 7b from line 7a) | 1,46 | 0,89 | 1 | | | 1 | ,396,388 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | | (b) | Total | | | |
| | Contributions received or receivable from: | 6 | 0,82 | _ | | _ | | | |
| | | | | | | | | | |
| | (E) Taraspario | | | | | | | | |
| | 3) Others (including rollovers) | | | | | | | | |
| | the meeting (1969) | | | | | | | | 379,201 |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums | 8c | | | + | | | | 3737201 |
| | to provide benefits) | 8d | 43 | 8,49 | 4 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 5,21 | 0 | | | | |
| g | Other expenses | 8g | | | 0 | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | _ | | | | | | 443,704 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | (64,503) |
| 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 | feature co | des from the List of Plan Char | acteris | tic Co | odes in | the instru | ctions | |
| | 2E 2F 2G 2J 2K 2R 2T 3D 3H | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cteristi | ic Coc | ies in t | ne instruc | iions: | |
| Part | V Compliance Questions | | | | | _ | | | |
| 10 | During the plan year: | | | - $$ | Yes | No | Ι - | Amo | unt |
| a | | | | 10a | | х | | 7 | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | include transactions reported | 10b | | х | | _ | - |
| | Was the plan covered by a fidelity bond? | | | 10c | х | | | | 300,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | fidelity bo | nd, that was caused by fraud | П | | | | | _ |
| | or dishonesty? | | | 10d | | Х | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or | | | | | , | | | |
| | instructions.) | _ | | 10e | | Х | | | |
| 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 | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| Part | | _ | | | | | · | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | 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? | П | Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | <u> </u> | | |] | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortiz | ed in this plan year, see instru | | and e | enter the Day | ne date of | the let Year | |
| if | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | | |
| | Enter the minimum required contribution for this plan year | | | | [| 12b | | | |
| | | | | | | | | | _ |

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Form 5500-SF 2013 130118 Page 3 c Enter the amount contributed by the employer to the plan for this plan year 12c d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12đ negative amount).. e 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** X 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year 0 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control ☐ Yes ☒ No of the PBGC?. c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional) 14a Name of trust 14b Trust's EIN