Form 5500-SF		Short Form Annual Re	eturn/Report o enefit Plan	of Small Employ	yee				1210-0110 1210-0089	
	rtment of the Treasury rnal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee				e <b>2013</b>				
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058( the Internal Revenue Code (the Code).							
Pension B	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.		Ins	spection		
Part I		lentification Information								
For calend	ar plan year 2013 or fisca				2/31/2					
	turn/report is for:		a multiple-employer pl he final return/report:	an (not multiemployer)		a one-	partici	pant plan		
D This re	tum/report is:		•	n/report (less than 12 m	onthe)					
	L				unus)		nroar			
C Check	box if filing under:		automatic extension		l	DFVC	progra	4111		
Dert II	Decis Dian Inform	special extension (enter description	,							
Part II		nation—enter all requested information	tion		16	Throo dia	.:4	1		
<b>1a</b> Name FINGER LA	•	D ONCOLOGY PLLC 401K PROFIT S	SHARING PLAN			Three-dig plan num (PN)		00	1	
					1c	Effective		f plan /2002		
	ponsor's name and addroked to the second sec	ess; include room or suite number (en ID ONCOLOGY, PLLC	ployer, if for a single-	employer plan)		Employer (EIN)	Identi	fication N 41307	umber	
					2c	Sponsor' 3	s telep 15-46	hone nun 2-1400	nber	
CLIFTON S	PRINGS, NY 14432-113	5			2d Business code (see instructions) 621498				uctions)	
3a Plan a	dministrator's name and	address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administr		EIN 41307		
		lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN				
	or's name	per from the last return/report.			4c	PN				
· _ ·		the beginning of the plan year			5a				21	
<b>b</b> Total	number of participants at	the end of the plan year			5b				21	
		count balances as of the end of the pl	•	•	5c				21	
6a Were	e all of the plan's assets o	luring the plan year invested in eligible	assets? (See instruc	tions.)				X Ye	s No	
		ne annual examination and report of a							- 	
		See instructions on waiver eligibility a						X Ye	s No	
		er line 6a or line 6b, the plan canno					un E		rminod	
C in the	pian is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA Section 4021)?		res 🔤	NO	Not dete	ermined	
Caution: /	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is e	establish	ed.			
SB or Sch		r penalties set forth in the instructions signed by an enrolled actuary, as wel te.								
SIGN	Filed with authorized/va	lid electronic signature.								
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	ning as pl	an adr	ninistrator	-	
SIGN	· ·									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	me of individual signi			er or plan :	sponsor	
Preparer's		ne, if applicable) and address; include						number (		

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a Total plan assets	. 7a	147367	0				1783758	
<b>b</b> Total plan liabilities	. 7b							
<b>C</b> Net plan assets (subtract line 7b from line 7a)	. 7c	147367	0	1783758				
<b>B</b> Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:		11675	0					
(1) Employers	. 8a(1)	7514						
(2) Participants	. 8a(2)							
(3) Others (including rollovers)	. 8a(3)	188 22599						
<b>b</b> Other income (loss)	8b	22099	9	_			440777	
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c						419777	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	109469	9					
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f	220	0					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							109689	
i Net income (loss) (subtract line 8h from line 8c)	. 8i						310088	
j Transfers to (from) the plan (see instructions)	- 8j							
Part IV Plan Characteristics	9							
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Charac	cterist	IC COO	es in tl	ne instructio	ons:	
Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist		ies in ti		ons:	
· · · · · · · · · · · · · · · · · · ·	eature codes	from the List of Plan Charac	cterist	Yes	No		Amount	
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	utions within t uciary Correc	he time period described in tion Program)	terist					
Part V       Compliance Questions         I0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	utions within t uciary Correc t? (Do not inc	he time period described in tion Program)			No			
Part V       Compliance Questions         I0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid         b       Were there any nonexempt transactions with any party-in-interest	utions within t uciary Correc t? (Do not inc	he time period described in ction Program) clude transactions reported	10a		No X		Amount	)000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's	utions within t uciary Correc t? (Do not inc fidelity bond	he time period described in tion Program) clude transactions reported	10a 10b	Yes	No X		Amount	
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all	utions within t uciary Correc t? (Do not inc fidelity bond her persons b of the benefi	he time period described in ction Program) clude transactions reported 	10a 10b 10c 10d	Yes	No X X		Amount	0000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all instructions.)	utions within t uciary Correct t? (Do not inc fidelity bond her persons to of the benefi	he time period described in ction Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No           X           X           X           X           X		Amount	)000
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan	utions within t uciary Correc (Do not inc fidelity bond her persons t of the benefi	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No X X X		Amount	)000
Part V       Compliance Questions         IO       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount a plan have any participant loans? (If "Yes," enter amount a plan have any participant loans?	utions within t uciary Correct (Do not inc fidelity bond her persons t of the benefi	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No           X           X           X           X           X		Amount	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the planet plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul> </li> </ul>	utions within t uciary Correct (Do not inc fidelity bond her persons to of the benefition an? (See instruct	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10a 10b 10c 10d 10e 10f	Yes	No           X           X           X           X           X		Amount	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or othinsurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the planet plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>	utions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit an? (See instruct (See instruct he required n	he time period described in ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X		Amount	
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> </ul> </li> </ul>	utions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit an? (See instruct (See instruct he required n	he time period described in ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X		Amount	975
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10         eart VI       Pension Funding Compliance	utions within t uciary Correct (Do not inc fidelity bond her persons t of the benefit an? (See instruct (See instruct the required n 01-3	he time period described in tion Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X	No X X X X X X	(Form	Amount	975
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions within t uciary Correct t? (Do not inc fidelity bond her persons to of the benefit an? (See instruct he required n 11-3	he time period described in ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X	(Form	Amount1	975
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions within t uciary Correct (Do not inc fidelity bond her persons to of the benefitian? (See instruct (See instruct he required no 11-3	he time period described in tion Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X Iule SE	3 (Form	Amount1	975
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul></li></ul>	utions within t uciary Correct (Do not inc fidelity bond her persons to of the benefit an? (See instruct (See instruct he required n 11-3 nents? (If "Ye rom Schedule g requirement	he time period described in ction Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	X	No X X X X X Iule SE	3 (Form	Amount 1	
Part V       Compliance Questions         0       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.         b       Were there any nonexempt transactions with any party-in-interess on line 10a.)	utions within t uciary Correct t? (Do not income fidelity bond her persons b of the benefit an? (See instruct (See instruct he required n 11-3 nents? (If "Ye rom Schedule g requirement t, as applicab ng amortized	he time period described in ction Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, its under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i 0r se ctions,	Yes X Scheo	No           X           X           X           X           X           X           X           X           X           X           X           X           X           302 of	6 (Form	Amount 1	975 N

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 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?	Ye	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 of the PBGC?	control		Yes 🗙 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	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF		Short Form Annual Re	turn/Report o enefit Plan	of Small Emplo	yee		OMB Nos. 121 121	0-0110 0-0089	
	artment of the Treasury arnal Revenue Service	<b>De</b> This form is required to be filed u	e	2	2013				
	Department of Labor Benefits Security Administration	Retirement Income Security Act of 19 the Internal F		of This Form is Open to Inspection		Public			
	Benefit Guaranty Corporation	Complete all entries in accordate	nce with the instru	ctions to the Form 550	00-SF.	1113	pection		
Part I	Annual Report Id	entification Information	01/2013	and ending		12/31/2013	)		
	F		·····	······································				<u> </u>	
				lan (not multiemployer)	L	a one-particip	ant plan		
D Inis re	eturn/report is:		ne final return/report	n/ronart /laga than 12 m	ontha)				
C observe				n/report (less than 12 m	ioniiis) F		m		
C Check	box if filing under:		utomatic extension		L	DFVC progra	111		
Part II	Basia Blan Inform	special extension (enter description)							
1a Name		nation—enter all requested information	on		1b	Three-digit			
		OGY AND ONCOLOGY PLLC 40	01K PROFIT S	HARING PLAN		plan number	0.01		
						(PN) ► Effective date of	001		
							fplan		
		ess; include room or suite number (emp OGY AND ONCOLOGY, PLLC	oloyer, if for a single-	-employer plan)	1	Employer Identif (EIN) 03-044		er	
					<u> </u>	Sponsor's telep			
6 AMBU	LANCE DRIVE					315-462-14			
CLIFTO	N SPRINGS	NY 14432-1135			2d Business code (see instructions 621498				
3a Plan a	administrator's name and	address Same as Plan Sponsor Nan	ne 🛛 Same as Plar	n Sponsor Address		Administrator's E			
FINGER	LAKES HEMATOLO	GY AND ONCOLOGY, PLLC	_			03-0441307			
						Administrator's t 315-462-14	-	nper	
6 AMBU	LANCE DRIVE					15 102 11			
	N SPRINGS	NY 14432-1135							
		lan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN			
name	, EIN, and the plan numb	er from the last return/report.	·						
<u> </u>	or's name				4c	PN			
		the beginning of the plan year			<u>5a</u>				
		the end of the plan year			5b			21	
		count balances as of the end of the plan	•	•	5c			21	
6a Were	all of the plan's assets d	uring the plan year invested in eligible a	assets? (See instruc	tions.)			X Yes	No	
		e annual examination and report of an See instructions on waiver eligibility and					X Yes	- No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5	5500.		_	
C If the p	plan is a defined benefit p	lan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	····· 🔲 `	Yes 🛛 No 🗌	Not determi	ned	
Caution: A	A penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cau	use is e	stablished.			
SB or Sche		penalties set forth in the instructions, I signed by an enrolled actuary, as well							
		Turnes		BRUCE YIRINEC	. <u>.</u>			7	
SIGN HERE	Signature of plan adm	/	04/21/2014 Date	·	IEC dividual signing as plan administrator				
SIGN	Signatare of plan du		5010		aar orgin	mg ao pian aon			
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individ	lividual signing as employer or plan sponso				
Preparer's		ne, if applicable) and address; include r				rer's telephone			
								/00.15	
For Paperwo	ork Reduction Act Notice a	nd OMB Control Numbers, see the instru	cuons for Form 5500-	ər.		F	Form 5500-SF	(2013)	

7 Plan Assets and Liabilities								
	iabilities (a) Beginning of					(b) End	of Year	
<b>a</b> Total plan assets	7a	14	7367	0			178	3758
<b>b</b> Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	14	7367	0			178	3758
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal	
a Contributions received or receivable from:		1	1675					
(1) Employers	8a(1)			_				
(2) Participants	8a(2)		7514 188	_				
(3) Others (including rollovers)	8a(3)			_				
<b>b</b> Other income (loss)	8b	Δ.	2599	,9			4.1	0777
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						41	.9777
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	0946	59				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		22	0				
g Other expenses	8g			-				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9689
i Net income (loss) (subtract line 8h from line 8c)	8i						31	.0088
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 2G 3D 2F</li> <li>b If the plan provides welfare benefits, enter the applicable welfare fer</li> </ul>								
In the plan provides wehate benefits, enter the applicable wehate re	alure coues		Clensi		65 m u		10113.	
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within th ciary Correct	ne time period described in ion Program)	10a		х			
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?			10c	х			10	0000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		х			
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e		х			
<ul> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	·				х			
	•••••	······	10f					0750
g Did the plan have any participant loans? (If "Yes," enter amount as			10g	Х				9750
	See instructi	ons and 29 CFR						
h If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х ———			
<ul> <li>2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	ne required no	otice or one of the	10h 10i		<u>х</u>			
2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance	ne required no 1-3	otice or one of the	10i					
<ul> <li>2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> </ul>	ne required no 1-3 ents? (If "Yes	otice or one of the s," see instructions and corr	10i		lule SE		Yes	] No
<ul> <li>2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>Enter the unpaid minimum required contribution for current year from the second seco</li></ul>	ents? (If "Yes	otice or one of the s," see instructions and corr SB (Form 5500) line 39	10i		lule SE			
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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 negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s 🗌 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 🛛	K 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 to of the PBGC?		1	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 which assets or liabilities were transferred. (See instructions.)	(s) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3)	PN(s)
			-		
	I				
Part	VIII Trust Information (optional)				
14a	Name of trust	14b	Trust's E	IN	