## 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 Be	Principle Complete all entries in accorda	nce with the instruc	tions to the Form 5500	)-SF.		.,
Part I	Annual Report Identification Information					
For calenda	ar plan year 2013 or fiscal plan year beginning 01/01/2013		and ending 12	2/31/2	013	
A This ret	urn/report is for:	an (not multiemployer)		a one-partici	pant plan	
<b>B</b> This ret	urn/report is: the first return/report the	ne final return/report				
	an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)	_	
C Check b	pox if filing under:		DFVC program			
	special extension (enter description)					
Part II	Basic Plan Information—enter all requested information	on				1
1a Name	·				Three-digit	
FLH MEDICA	AL PC 401K PLAN				plan number	004
					(PN) •	001
				10	Effective date o	
2a Plan or	consor's name and address; include room or quite number (om	alover if for a single	omployor plan)	2 h	01/01	
FLH MEDIC	consor's name and address; include room or suite number (emp AL PC	oloyer, ir ior a sirigie-	employer plan)			fication Number 65332
				2c	Sponsor's telep	
196 NORTH GENEVA. N				24	315-23	0-5644 (see instructions)
- ,				Zu	62111	` ,
	dministrator's name and address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN 765332
LH MEDICAL	_ PC 196 NORTH ST GENEVA, NY 14	456		3c		telephone number
					315-230	0-5644
	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b	EIN	
name,	EIN, and the plan number from the last return/report.	t return/report filed fo	r this plan, enter the			
name, <b>a</b> Sponso	EIN, and the plan number from the last return/report.  or's name	·	, .	4c		110
name, a Sponso 5a Total r	EIN, and the plan number from the last return/report.			4c 5a		119 117
a Sponso 5a Total r b Total r c Number	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the plan	n year (defined bene	fit plans do not	4c 5a 5b		117
name, a Sponso 5a Total r b Total r c Number compl	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the platet this item)	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	78
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the plaete this item)  all of the plan's assets during the plan year invested in eligible	n year (defined bene assets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	117
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the platet this item)	n year (defined bene assets? (See instruc independent qualifie	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c	PN	78
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are younder	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the plaete this item)  all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an	n year (defined bene 	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c	PN	78 X Yes No
name, a Sponso 5a Total r b Total r c Number compl 6a Were b Are younder If you	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the plaete this item)  all of the plan's assets during the plan year invested in eligible or claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c 5c	PN	78 X Yes No
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name, a Sponsor b Total r c Number comple 6a Were b Are younder if you c If the p	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the pla ete this item)  all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurpenditure.	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF irance program (see	fit plans do not tions.)d public accountant (IQF and must instead use I ERISA section 4021)?	4c 5a 5b 5c PA) Form se is e	PN  5500.  Yes No established.	78  X Yes No  X Yes No  Not determined
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penassB or Sche	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year  number of participants at the end of the plan year  er of participants with account balances as of the end of the pla  ete this item)  all of the plan's assets during the plan year invested in eligible  ou claiming a waiver of the annual examination and report of an  29 CFR 2520.104-46? (See instructions on waiver eligibility an  answered "No" to either line 6a or line 6b, the plan cannot  blan is a defined benefit plan, is it covered under the PBGC insu	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see rt will be assessed	fit plans do not tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cauexamined this return/rep	4c 5a 5b 5c PA) Form se is every income, incom	PN  5500.  Yes No established.  Cluding, if applic	78  X Yes No  X Yes No  Not determined
name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see rt will be assessed	fit plans do not tions.)d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cauexamined this return/rep	4c 5a 5b 5c PA) Form se is every income, incom	PN  5500.  Yes No established.  Cluding, if applic	78  X Yes No  X Yes No  Not determined
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name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF irance program (see rt will be assessed I declare that I have as the electronic vers	fit plans do not  tions.) d public accountant (IQF  and must instead use I  ERISA section 4021)?  unless reasonable cau  examined this return/report,  sion of this return/report,  Enter name of individu	5a 5b 5c CA) Se is eort, income and to	PN  5500.  Yes No established.  Cluding, if applic to the best of my	78  X Yes No X Yes No Not determined  Stable, a Schedule of knowledge and
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name, a Sponsor 5a Total r b Total r c Number complement of the policy o	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see It will be assessed I declare that I have as the electronic vers	fit plans do not  tions.)	5a 5b 5c CA) Se is eort, incand to	PN  5500.  Yes No established.  Cluding, if applic of the best of my as plan admining as employed.	78  X Yes No  X Yes No  Not determined  Table, a Schedule v knowledge and  ministrator  er or plan sponsor
name, a Sponsor 5a Total r b Total r c Number complement of the policy o	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see It will be assessed I declare that I have as the electronic vers	fit plans do not  tions.)	5a 5b 5c CA) Se is eort, incand to	PN  5500.  Yes No established.  Cluding, if applic of the best of my as plan admining as employed.	78  X Yes No  X Yes No  Not determined  Table, a Schedule v knowledge and  ministrator  er or plan sponsor
name, a Sponsor 5a Total r b Total r c Number complement of the policy o	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see It will be assessed I declare that I have as the electronic vers	fit plans do not  tions.)	5a 5b 5c CA) Se is eort, incand to	PN  5500.  Yes No established.  Cluding, if applic of the best of my as plan admining as employed.	78  X Yes No  X Yes No  Not determined  Table, a Schedule v knowledge and  ministrator  er or plan sponsor
name, a Sponsor 5a Total r b Total r c Number complement of the policy o	EIN, and the plan number from the last return/report.  or's name  number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualifie d conditions.)use Form 5500-SF urance program (see It will be assessed I declare that I have as the electronic vers	fit plans do not  tions.)	5a 5b 5c CA) Se is eort, incand to	PN  5500.  Yes No established.  Cluding, if applic of the best of my as plan admining as employed.	78  X Yes No  X Yes No  Not determined  Table, a Schedule v knowledge and  ministrator  er or plan sponsor

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor			
	Total plan assets	7a	(a) Beginning of Tear			(b) End of Year 2702171					
	Total plan liabilities	7b							-		
	Net plan assets (subtract line 7b from line 7a)	7 C	1677631			2702171				_	
8	Income, Expenses, and Transfers for this Plan Year	70									
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)	9575	3							
	(2) Participants	8a(2)	40474	8							
	(3) Others (including rollovers)	8a(3)	28474	11							
b	Other income (loss)	8b	42411	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12093	55		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17712	:1							
е	Certain deemed and/or corrective distributions (see instructions)	8e	769	4							
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1848	315		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						10245	540		
i	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	oj									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	ns:			
										—	
Par	•						1				
10	During the plan year:				Yes	No	,	Amoun	t		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Х					
C	Was the plan covered by a fidelity bond?			10c	X				25	5000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's 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					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											
11	Is this a defined benefit plan subject to minimum funding requirem									— 7 ·	No
44-	5500) and line 11a below)								,3	<u></u>	10
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDIC::			<del>_</del>	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?	Ye	es X	· N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-4! - ·-	- II	· · ·	- det	- 1-44-			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	, and 6	enter tr Day		e letter Year	rulin	<del></del>	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46:	ı				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

2013

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pensio	on Benefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.				
Part		ldentification Information							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This	A This return/report is for:								
<b>B</b> This	return/report is:	the first return/report	the final return/report						
		an amended return/report	short plan year retur	n/report (less than 12 m	onths)				
C Che	ck box if filing under:	Form 5558	automatic extension			☐ DFVC program			
		special extension (enter description	n)						
Part	Basic Plan Info	ormation—enter all requested information	tion						
<b>1a</b> Na	me of plan				1b	Three-digit			
FLH	MEDICAL PC 401K	C PLAN				plan number 001			
					10	(PN) P			
						Effective date of plan 01/01/2005			
	n sponsor's name and ac MEDICAL PC	ddress; include room or suite number (en	nployer, if for a single-	-employer plan)	2b	Employer Identification Number			
run i	MEDICAL PC					(EIN) 26-3765332			
196 1	North St				2C	Sponsor's telephone number			
150 1	VOI CIT DC				24	315-230-5644			
GENE	/A	NY 14456			Zu	Business code (see instructions) 621111			
	n administrator's name a		me Same as Plar	n Sponsor Address	3b	Administrator's EIN			
	MEDICAL PC		ш			26-3765332			
					3c Administrator's telephone number				
196 I	North St				315-230-5644				
GENE	/A	NY 14456							
		e plan sponsor has changed since the lamber from the last return/report.	st return/report filed for	or this plan, enter the	4b EIN				
	onsor's name				4c	PN			
<b>5a</b> To	al number of participants	at the beginning of the plan year			5a	119			
<b>b</b> To	al number of participants	at the end of the plan year			5b	117			
		account balances as of the end of the pla			5c	78			
		s during the plan year invested in eligible							
		of the annual examination and report of ar							
		? (See instructions on waiver eligibility ar				X Yes No			
If	ou answered "No" to e	ither line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.			
C If th	ne plan is a defined bene	fit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?.	····· 🛚	Yes No 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 p	enalties of perjury and ot	her penalties set forth in the instructions,	I declare that I have	examined this return/rep	ort, in	cluding, if applicable, a Schedule			
SB or S	chedule MB completed a is true, correct, and com	nd signed by an enrolled actuary, as well	l as the electronic ver	sion of this return/report,	, and t	to the best of my knowledge and			
Dellei, II	is true, correct, and com	pieter	· ·						
SIGN	bledy	, Thomas	5.28.14	Wendy Disbrow					
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual sig	ning as plan administrator			
SIGN	V								
HERE	Signature of emplo	ovor/nlan enoneor	Date	Enter name of individu	ıal sia	ning as employer or plan sponsor			
Prepare		name, if applicable) and address; include				arer's telephone number (optional)			
	· · · · · · · · · · · · · · · · · · ·	,,,		. (		(0,000,000,000,000,000,000,000,000,000,			
				ļ	11102.10				
				l	STAN!	할만 말했다. 이탈하다 더 하나라고싶는 사람 ㅋㅋ 그렇다.			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
а	Total plan assets	7a	16'	7763	31		2702171		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	167763:				2702171		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
а	Contributions received or receivable from:			9575	20				
	(1) Employers	8a(1)	<del></del>						
	(2) Participants	8a(2)	· <del> </del>	0474	2.83		경영 경영 경영 (1942년 전 1942년 1942년 ) 20 - 20년 20년 1971년 - 1982년 1982년 1982년 1		
	(3) Others (including rollovers)	8a(3)		8474					
	Other income (loss)	8b	4.	2411	13		1209355		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			fign BHS	Tyrick, C	1209355		
· u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1'	7712	21				
e	Certain deemed and/or corrective distributions (see instructions)	8e		769	94				
f	Administrative service providers (salaries, fees, commissions)	8f	, , , , , , , , , , , , , , , , , , , ,		74				
g	Other expenses	8g			Luk Sasa				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					184815		
ī	Net income (loss) (subtract line 8h from line 8c)	8i					1024540		
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	,	<u></u>						
9a b	2E 2J 3D 2A 2G  If the plan provides welfare benefits, enter the applicable welfare for								
Par	20.74				I V	Na	I		
10	During the plan year:	41 441	in the time were also are bod in	I	Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
				10c	X		250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the ber	nefits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	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	ne require	d notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	-					I I Voc I 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? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
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 instruc		, and e	enter ti Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b	Enter the minimum required contribution for this plan year					12b			

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c	Enter the amount contributed by the employer to the plan for the	nis plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enegative 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 Asset	S						
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?				res X	No	
	If "Yes," enter the amount of any plan assets that reverted to the	he employer this year			13a			
b	Were all the plan assets distributed to participants or beneficial of the PBGC?				ontrol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	d from this plan to another p	olan(s), identify	the plan(s) t	0			
1	3c(1) Name of plan(s):			13	3c(2) E	IN(s)	13c(3	B) PN(s)
		****		<del>                                     </del>	-			
Part	VIII Trust Information (optional)			<b>!</b>				
	Name of trust				14b ⊤	rust's EIN	l	