## 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	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
<b>B</b> This ret	turn/report is:	the first return/report X t	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)		
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	)				
Part II	Basic Plan Infor	rmation—enter all requested informat	ion				
1a Name		•			1b	Three-digit	
	•	1(K) PROFIT SHARING PLAN				plan number	
						(PN) <b>▶</b>	001
					1c	Effective date of	
<b>30</b> Diamen		de : : : : : : :-			01	01/01/	
	ponsors name and add RUPIANO DO INC.	dress; include room or suite number (em	iployer, if for a single-	employer plan)			fication Number 98522
					2c	Sponsor's telep	hone number
	ORD STREET, 2ND FLO	OOR				401-42	1-8800
PROVIDENC	CE, RI 02905				2d	Business code ( 62111	(see instructions)
3a Plan a	dministrator's name an	d address Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b /	Administrator's I	EIN
HILIP M. TR	UPIANO DO INC.	33 STANIFORD PROVIDENCE,	STREET, 2ND FLOO	OR .	30		telephone number
		TROVIDENCE,	11 02303			401-421	
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the last nber from the last return/report.	st return/report filed fo	or this plan, enter the			
name, <b>a</b> Sponse	, EIN, and the plan num or's name	nber from the last return/report.		· 	4c		1
a Sponso	, EIN, and the plan num or's name number of participants	nber from the last return/report.  at the beginning of the plan year			4c 5a		1
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b		1 0
name, a Sponso 5a Total r b Total r c Number comple	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b 5c	PN	0
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	<del>-</del>
name, a Sponso 5a Total r b Total r c Number comple 6a Were b Are yo	EIN, and the plan numor's name number of participants and participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruction	efit plans do not tions.)	4c 5a 5b 5c	PN	0
name, a Sponse 5a Total r b Total r c Number comple 6a Were b Are younder	EIN, and the plan numor's name number of participants and the plan participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.)	efit plans do not tions.)tions.) (IQ	4c 5a 5b 5c	PN	0 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	, EIN, and the plan numor's name number of participants and participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier and conditions.)	efit plans do not tions.)d public accountant (IQ	4c 5a 5b 5c PA)	PN	0 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan numor's name number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualifier ind conditions.) t use Form 5500-SF urance program (see	efit plans do not  tions.)d public accountant (IQI  and must instead use  ERISA section 4021)?	4c 5a 5b 5c PA)	PN	O  X Yes No  X Yes No
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p	EIN, and the plan numor's name number of participants and participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified ind conditions.) t use Form 5500-SF urance program (see	efit plans do not  tions.)	4c 5a 5b 5c PA)	PN  5500.  Yes No established.	O  Yes No  Yes No  Not determined
name, a Sponse b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Schel	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified ind conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have	efit plans do not  tions.)	4c 5a 5b 5c	PN  5500.  Yes No established.  Cluding, if applica	O  Yes No  Yes No  Not determined  able, a Schedule
name, a Sponse 5a Total r b Total r c Numb- compl 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 numor's name number of participants and the plan participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruct in independent qualified ind conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have	efit plans do not  tions.)	4c 5a 5b 5c PA) Form Series else else else else else else else e	PN  5500.  Yes No established.  Cluding, if applica	O  Yes No  Yes No  Not determined  able, a Schedule
name, a Sponse b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Schel	p. EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	an year (defined bene- erassets? (See instruct in independent qualified and conditions.)	efit plans do not  tions.)  ed public accountant (IQI  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/repsion of this return/report	4c 5a 5b 5c PA) Form 9 Ise is 6 port, ind, and to	PN  5500.  Yes No  established.  cluding, if application the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 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 numor's name number of participants and the plan participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined beneated assets? (See instruct independent qualifier and conditions.)	efit plans do not  tions.)	4c 5a 5b 5c PA) Form 9 Ise is 6 port, ind, and to	PN  5500.  Yes No  established.  cluding, if application the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver 06/18/2014  Date	efit plans do not  tions.)	4c 5a 5b 5c PA) Form 9 see is 6 port, inc, and to	PN  5500.  Yes No   established.  Cluding, if applicate the best of my	O  Yes No  Yes No  Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver  06/18/2014  Date  Date	efit plans do not  tions.)	4c 5a 5b 5cForm 9 see is 6 port, inc, and to	PN  5500.  Yes No Established.  Cluding, if applicate the best of my  ning as plan admining as employe	Yes No Yes No Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver  06/18/2014  Date  Date	efit plans do not  tions.)	4c 5a 5b 5cForm 9 see is 6 port, inc, and to	PN  5500.  Yes No Established.  Cluding, if applicate the best of my  ning as plan admining as employe	O  Yes No  Yes No  Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver  06/18/2014  Date  Date	efit plans do not  tions.)	4c 5a 5b 5cForm 9 see is 6 port, inc, and to	PN  5500.  Yes No Established.  Cluding, if applicate the best of my  ning as plan admining as employe	Yes No Yes No Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver  06/18/2014  Date  Date	efit plans do not  tions.)	4c 5a 5b 5cForm 9 see is 6 port, inc, and to	PN  5500.  Yes No Established.  Cluding, if applicate the best of my  ning as plan admining as employe	Yes No Yes No Not determined  able, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified conditions.) t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver  06/18/2014  Date  Date	efit plans do not  tions.)	4c 5a 5b 5cForm 9 see is 6 port, inc, and to	PN  5500.  Yes No  established.  Cluding, if applicate the best of my  ning as plan admining as employe	Yes No Yes No Not determined  able, a Schedule knowledge and

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ellu	01 1		0	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	51	3						)	
	Income, Expenses, and Transfers for this Plan Year	70					/b\ T	o to l			
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44	ļ	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	55	7							
е	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							557	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-513	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,	ı								
9a		feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	•				Yes	No		A			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO		Ame	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)	,		10b		X					
				10c		Χ					
d				100						—	
	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					V.					
	instructions.)		• •	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	<u> </u>	No
110	5500) and line 11a below)										. 40
	Enter the unpaid minimum required contribution for current year fr		,			11a			1 Vac		Na
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ction	302 of	ERISA?		Yes	^	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ctions	and a	anter th	ne date of t	ne lo	etter ru	ling	
9	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
a	granting the waiver.	-				Day		Yea	<u>ar</u>		
			Mon			Day <b>12b</b>		Yea	ar		

Page	3 -	. 1	
raye	J		

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 country of the PBGC?	control		X 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</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 1210-0089

This Form is Open to Public Inspection

Pension Beneat Guaranty Corporation  Complete all entries	s in accordance with the instru	ctions to the Form 5500	0-SF.	Inspection
Part Annual Report Identification Informa For calendar plan year 2013 or fiscal plan year beginning				
	01/01/2013	and ending	12/31/2	013
A This return/report is for:	=	lan (not multiemployer)	a one-pa	articipant plan
B This return/report is:	the final return/report			
an amended return/repo	ort 🔲 a short plan year retun	n/report (less than 12 mo	onths)	
C Check box if filing under: Form 5558	automatic extension		☐ DFVC p	rogram
Special extension (enter			_	
Part II Basic Plan Information—enter all reques	ted information			
1a Name of plan			1b Three-digit	
PHILIP M. TRUPIANO DO INC. 401(K) PR	OFIT SHARING PLAN		plan numbe	er   001
			(PN) •	<u> </u>
		i	1C Effective da 01/01/2	
2a Plan sponsor's name and address; include room or suite	number (employer, if for a single-	employer plan)	2b Employer I	dentification Number
PHILIP M. TRUPIANO DO INC.	•	,		0498522
22 4023477000 400			2c Sponsor's	telephone number
33 STANIFORD STREET, 2ND FLOOR			401-421	-8800
PROVIDENCE RT 029	.A.E			ode (see instructions)
325		_	621111	
<b>3a</b> Plan administrator's name and address Same as Plan PHILIP M. TRUPIANO DO INC.	Sponsor Name   Same as Plar	Sponsor Address	<b>3b</b> Administrat 68-0498	
THE THE TRUITMENT DO THE.				tor's telephone number
33 STANIFORD STREET, 2ND FLOOR			401-421	
The state of the s				
PROVIDENCE RI 02905				
4 If the name and/or EIN of the plan sponsor has changed	ainaa iha laat yat wat uu ta aa tii at ti			
name, EIN, and the plan number from the last return/repo	ынсе ине тазутероп тиед то огі.	or this plan, enter the	4b EIN	
8 Sponsor's name			4c PN	
5a Total number of participants at the beginning of the plan	year		5a	1
<b>b</b> Total number of participants at the end of the plan year		***************************************	5b	0
<ul> <li>Number of participants with account balances as of the e</li> </ul>	end of the plan year (defined bone	fit nieze do not		<u> </u>
complete this item)			5c	0
6a Were all of the plan's assets during the plan year investe  h. Are you claiming a waiver of the appropriate the plan year.	ed in eligible assets? (See instruc	tions.)	<del></del>	X Yes No
b Are you claiming a waiver of the annual examination and under 29 CFR 2520,104-46? (See instructions on waiver	i report of an independent qualifie religibility and conditions )	ed public accountant (IQF	PA)	X Yes No
If you answered "No" to either line 6a or line 6b, the	plan cannot use Form 5500-SF	and must instead use	Form 5500.	🖪 🗌
C If the plan is a defined benefit plan, is it covered under the	e PBGC insurance program (see	ERISA section 4021)?	∏ Yes ∏ No	□ Not determined
Caution: A penalty for the late or incomplete filing of this				<u> </u>
Under penalties of perjury and other penalties set forth in the	instructions. I declare that I have	uniess reasonable cau	se is established	J.
on or conseque Min combineted and signed by Street Gillotted Scri	uary, as well as the electronic ven	sion of this return/report,	ont, including, it a , and to the best o	ppiicable, a Schedule of my knowledge and
belief, it is true, correct, and complete.		- '		
SIGN W Tank	6/16/14	JAMES W. STAUF	FER	
HERE Signature of plan administrator	Date		<del></del>	
SIGN COMPANY TO SIGN	11	Enter name of individu		administrator
HERE Signature of employer/plan sponsor	6/16/44/	<u> </u>		
Preparer's name (including firm name, if applicable) and addre	Date  Bass: include room or suite numbe	Enter name of Individu		
	, outs reall of state number	· (obnorial)	r reparer s telebi	none number (optional)
·		Ĺ		
For Panerwork Reduction Act Notice and OMP Control Number				

Pa	rt III Financial Information									_
7	Plan Assets and Liabilities	3.5 (1974) 4 (1975)	(a) Beginning of Yea	ar I		(b) End o	of Yea	ar		
a	Total plan assets	7a		513		(-/		=		0
b	Total plan liabilities	7b								_
C	Net plan assets (subtract line 7b from line 7a)	7c		513						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	ıtal			
а	Contributions received or receivable from: (1) Employers	8a(1)				<b>,,,,</b>	,			3.F
	(2) Participants	8a(2)						S. Sangara		<u> </u>
	(3) Others (including rollovers).	8a(3)							-	
b	Other income (loss)	8b		44	APP				33.62	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	+							1000	44
	Benefits paid (including direct rollovers and insurance premiums	1 00		34388					179	74. 74.
	to provide benefits)	. 8d		557				2.4		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				Shirika				A
f	Administrative service providers (salaries, fees, commissions)	8f						7 39 K TO	0.50	
g	Other expenses	<b>8</b> g		. "]						8. 1 . 2 i
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8</b> h							5	57
i_	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i							-5.	13
j	Transfers to (from) the plan (see instructions)	8i					433		3. (4)	
Pa	rt.iv Plan Characteristics	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>L</u>	2,530 7990 974		er ( . l <sub>i</sub> a	= '-5'EX	. 'A	
9a b	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $2K$ $3D$ If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.									
Par	t V Compliance Questions									
_10	During the plan year:			Ye	es No		Αποι	unt		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a	Х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b	x					
C	***			10c	х					_
C		fidelity bo	nd, that was caused by fraud	10d	X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person of the ben	s by an insurance carrier, efits under the plan? (See	100	X					
	instructions.)			10e	^_					
	Has the plan failed to provide any benefit when due under the pla	n?		10f	X					
<u> </u>	The state of the s			10g	Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10h	Х					7-103
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i						
Раг				10.	· · · · · · · · · · · · · · · · · · ·	1650 3 Sec.		<u>war war</u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete Sc	hedule SI	3 (Form	П	Yes	— П м	No.
118	Enter the unpaid minimum required contribution for current year fi	rom Sched	ule SB (Form 5500) line 39		1ta				<u></u>	<u></u>
12	is this a defined contribution plan subject to the minimum funding					FRISA?	П	Yes	x N	wo.
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			J. JOOLK	OVE 01	LIGOA: ]			<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions, ar	nd enter t				ng	
!i	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.	iul	Day		Year		_	
	Enter the minimum required contribution for this plan year				12b	Ι —				_
	· · · · · · · · · · · · · · · · · · ·									

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c	Enter the amount contributed by the employer to the plan for this plan year	Т	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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	Ī	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?		XY	'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 of the PBGC?	the c	ontrol			X Yes	∏ 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.)	ı(s) to	)		•		
1	3c(1) Name of plan(s):	13	c(2) El	N(s)		13c(3)	PN(s)
					ĺ	.,	
Part	VIII Trust Information (optional)						
14a.	Name of trust	1	<b>4b</b> ⊺r	ust's Ell	N		
		1					