| - | m 5500-SF | Short Form Annual | t Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Benefit Plan | | | | | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|------------------------------------|------------------------------------------------------------------------------|--------------------|--|
| | rtment of the Treasury nal Revenue Service | This form is required to be fil | | _ | 2013 | | | |
| Employee Be | epartment of Labor enefits Security Administration | Retirement Income Security Act of the Intern | | This Form i | s Open to Public | | | |
| Pension Be | enefit Guaranty Corporation | ctions to the Form 550 | 0-SF. | | peetion | | | |
| Part I | | entification Information | | | | | | |
| For calenda | ar plan year 2013 or fisca | |)13 | and ending 1 | 2/31/2 | 2013 | | |
| A This ret | turn/report is for: | a single-employer plan | a multiple-employer pl | lan (not multiemployer) | | a one-partici | pant plan | |
| B This ret | turn/report is: | the first return/report | the final return/report | | | | | |
| | Γ | an amended return/report | a short plan year return | n/report (less than 12 m | onths |) | | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | am | |
| | [] [] | special extension (enter descript | tion) | | | | | |
| Part II | Basic Plan Inform | nation—enter all requested inform | , | | | | | |
| 1a Name | | | maton | | 1b | Three-digit | | |
| | T PHYSICAL THERAPY | 401(K) PLAN | | | | plan number | | |
| | | | | | | (PN) 🕨 | 002 | |
| | | | | | 1c | Effective date o | • | |
| | | | | | | 01/01 | | |
| | ponsor's name and addre | ess; include room or suite number (| (employer, if for a single- | employer plan) | 2b | Employer Identi (EIN) 11-33 | fication Number | |
| | | | | | 2c | Sponsor's telep | | |
| 380 EOPT 9 | | | | | 20 | 631-26 | | |
| 389 FORT SALONGA ROAD NORTHPORT, NY 11768 | | | | | 2d | Business code (62134 | (see instructions) | |
| 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address | | | | 3b | Administrator's | | | |
| | | | | ••• | Administrator's Ein | | | |
| | | lan sponsor has changed since the | e last return/report filed fo | or this plan, enter the | 4b | EIN | | |
| | , EIN, and the plan numb or's name | er from the last return/report. | | | 4c PN | | | |
| | | the beginning of the plan year | | | | | 11 | |
| | | the end of the plan year | | | 5a | | 11 | |
| | | | | | 5b | | 11 | |
| | | count balances as of the end of the | | | 5c | | 10 | |
| - | | uring the plan year invested in elig | | | | | X Yes No | |
| | • | e annual examination and report o | • | , | | | | |
| | • | See instructions on waiver eligibility | • | | | | X Yes No | |
| • | | er line 6a or line 6b, the plan can | | | | | 7 | |
| C If the p | plan is a defined benefit p | blan, is it covered under the PBGC | insurance program (see | ERISA section 4021)? | | Yes No | Not determined | |
| Caution: A | penalty for the late or | incomplete filing of this return/re | eport will be assessed | unless reasonable cau | ise is | established. | | |
| SB or Sche | | r penalties set forth in the instruction signed by an enrolled actuary, as te. | | | | | | |
| SIGN | Filed with authorized/va | lid electronic signature. | 06/19/2014 | DIANE HEBERT | | | | |
| HERE | Signature of plan adn | ninistrator | Date | Enter name of individ | dual signing as plan administrator | | | |
| SIGN | | | 2410 | | | | | |
| HERE | Olimination of the literation | | | | | | | |
| | Signature of employe | r /plan sponsor ne, if applicable) and address; inclu | Date | | | l signing as employer or plan sponso Preparer's telephone number (optiona | | |
| r iepaiei S | name (including intri fidi) | ie, ii applicable, and address, mol | | | i ieț | 999-999 | | |
| | | | | | 1 | | | |

| 7 Plan Assets and Liabilities | | (a) Beginning of Yea | r | | 1 | b) End of Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------|--------------------------------------------------|----------------|
| 3 Total plan assata | 70 | (a) Beginning of Fea | | | | 22346 |
| a Total plan assetsb Total plan liabilities | 7a 7b | | 0 | | | 0 |
| C Net plan assets (subtract line 7b from line 7a) | 7b 7a | 1630 | - | | | 22346 |
| - | 7c | | <u> </u> | | | |
| Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) Total |
| (1) Employers | 8a(1) | 573 | 6 | | | |
| (2) Participants | 8a(2) | 241 | 0 | | | |
| (3) Others (including rollovers) | 8a(3) | | 0 | | | |
| b Other income (loss) | 8b | 350 | 9 | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 11655 |
| d Benefits paid (including direct rollovers and insurance premiums | | | | | | |
| to provide benefits) | 8d | 554 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 7 | 5 | | | |
| g Other expenses | 8g | | 0 | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 5618 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 6037 |
| j Transfers to (from) the plan (see instructions) | 8j | | 0 | | | |
| 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 | | | 10a | | Х | (|
| 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 | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | | | | 2000 |
| | | | 10d | | х | |
| Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | er persons by of the benefits | y an insurance carrier, s under the plan? (See | 10d 10e | | x x | 2000(|
| e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | er persons by of the benefits | / an insurance carrier, s under the plan? (See | 10e | | | (|
| 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 | ner persons by of the benefits n? | y an insurance carrier, s under the plan? (See | 10e 10f | | x x | |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If | of the benefits n?s of year end. (See instruction | y an insurance carrier, s under the plan? (See) ons and 29 CFR | 10e 10f 10g | | x | |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the second se | er persons by of the benefits n? s of year end. (See instruction ne required no | y an insurance carrier, s under the plan? (See) | 10e 10f | | X X X | |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at 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 th exceptions to providing the notice applied under 29 CFR 2520.101 | er persons by of the benefits n? s of year end. (See instruction ne required no | y an insurance carrier, s under the plan? (See) | 10e 10f 10g 10h | | x x x x x x x x x x x x x x x x x x x | |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10⁻ Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem | ents? (If "Yes | y an insurance carrier, s under the plan? (See)) ons and 29 CFR otice or one of the ," see instructions and com | 10e 10f 10g 10h 10i | | X X X X X Ile SB (F | |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount as 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 th exceptions to providing the notice applied under 29 CFR 2520.10⁻ Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | er persons by of the benefits n? s of year end. (See instruction ne required no 1-3 ents? (If "Yes | y an insurance carrier, s under the plan? (See)) ons and 29 CFR otice or one of the ," see instructions and corr | 10e 10f 10g 10h 10i | <u></u> | X X X X X Ile SB (F | orm |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | ents? (If "Yes | y an insurance carrier, s under the plan? (See) ons and 29 CFR otice or one of the ," see instructions and corr SB (Form 5500) line 39 | 10e 10f 10g 10h 10i | 1 | X X X X Jle SB (F | orm |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding | er persons by of the benefits n? s of year end. (See instruction he required no 1-3 ents? (If "Yes om Schedule requirements | y an insurance carrier, s under the plan? (See) | 10e 10f 10g 10h 10i | 1 | X X X X Jle SB (F | orm |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10⁻ Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir | er persons by of the benefits n? s of year end. (See instruction ne required not 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized i | y an insurance carrier, s under the plan? (See))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))) | 10e 10f 10g 10h 10i e or see | ction 3 | X X X X Jle SB (F I1a 02 of ER | orm |
| 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 g Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10⁻ Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | er persons by of the benefits as of year end. (See instruction the required not 1-3 ents? (If "Yes om Schedule requirements as applicable ng amortized i | y an insurance carrier, s under the plan? (See) | 10e 10f 10g 10h 10i e or see | ction 3 | X X X X Jle SB (F I1a 02 of ER | orm |

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| | | | r | | | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|---------------------|--|--|--|--|
| C | Enter the amount contributed by the employer to the plan for this plan year | 12c | | 0 | | | | |
| 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 | | 0 | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No 🗙 N/A | | | | |
| Part | Part VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | ı 🗌 ۱ | res X No | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | 0 | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | control | | 🗌 Yes X No | | | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | | | | |
| 1 | 3c(1) Name of plan(s): 1 | 3c(2) El | N(s) | 13c(3) PN(s) | | | | |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | |
| 14a | Name of trust | 14b ⊺ı | rust's EIN | | | | | |
| | | | | | | | | |

| | rm 5500-SF | Short Form Annual Return/Report of Small Employee | | | | | OMB Nos. 1210-0110 1210-0089 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | anment of the Treasury email Revenue Service | This form is required to be f | vee 20 | | 013 | | | |
| Employee | Department of Labor Benefits Security Apministration | nt of Labor ecurity Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) the Internal Revenue Code (the Code). | | | | | s Open to Public | |
| | Benefit Guaranty Corporation | Complete all entries in acc | ordance with the instru | ctions to the Form 55 | 00-SF. | ins | spection | |
| For calend | Annual Report Id | lentification Information | 1/1/2013 | and ending | , | 12/31/2013 | | |
| | eturn/report is for | a single-employer plan | | and change | **** | a one-particit | hant olan | |
| B This re | eturn/report is: | the first return/report | the final return/report | | e. | | an Nare II. gara salar c | |
| | | an amended return/report | a short plan year retu | m/report (less than 12 r | nonths |) | | |
| C Check | box if filing under. |] Form 5558 | automatic extension | | | DFVC progra | m | |
| | | special extension (enter descrip | , | | | harrow d | | |
| Part II | | nation—enter all requested infor | mation | | | | | |
| 1a Name | e of plan Inport Physical Thera | | | | 1b | Three-digit plan number | | |
| : 2015 | incont citysical thera | ipy 401(k) man | | | | (PN) | 002 | |
| | | | | | 1c | Effective date of | í plan | |
| 2a Plans | snonsor's name and addre | ess; include room or suite number | Complement if for a secolo | amalaura alani | | 1:1/2 | | |
| Northp | ort Physical Therapy | PC | (employer, in or a single | -employer plan) | 20 | Employer Identif (EIN) 11 | ication Number | |
| 389 Fo | rt Salonda Road | | | | 2c | 2c Sponsor's telephone num | | |
| | | | | | | 631261 | 0444 | |
| Northpo 11768 | he | NY | | | 2d | Business code (i 621) | | |
| • ••• •0•••• 0000 0000 000000000000000 | idministrator's name and a | address Same as Plan Sponsor | Name Same as Plar | Sponsor Address | 3b | Administrator's E | When the constant over a constant is a constant of the constan | |
| | | Read . | hund | • | | | | |
| | | | | | 3c Administrator's telephone number | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 If the | name and/or EIN of the pl | an sponsor has changed since the | last return/report filed fr | w this plan ontor the | 46 | raka (| 4-10-10-10-10-10-10-10-10-10-10-10-10-10- | |
| name | . EIN, and the plan number | ar from the last roturn/report | a a a a a a a a a a a a a a a a a a a | n una pian, enter trie | 4b | EIN | | |
| | | o nom me lastreturimepuit. | | | | | Construction and construction of any data provided provided and any data | |
| | or's name | • | | | 4c | PN | | |
| 5a Total | or's name number of participants at | the beginning of the plan year | | | 5a | **** | 11 | |
| 5a Total b Total | or's name number of participants at number of participants at | the beginning of the plan year the end of the plan year | | ****** | + | | 11 | |
| 5a Total b Total c Numb | or's name number of participants at number of participants at | the beginning of the plan year | | ****** | 5a | | | |
| 5a Total b Total c Numb compl 6a Were | nor's name number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du | the beginning of the plan year the end of the plan year ount balances as of the end of the uning the plan year invested in eligi | plan year (defined bene ble assets? (See instruc | fit plans do not | 5a 5b 5c | | 11 | |
| 5a Total b Total c Numb compl 6a Were b Are yo | nor's name number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the | the beginning of the plan year the end of the plan year count balances as of the end of the uning the plan year invested in eligi e annual examination and report o | plan year (defined bene ble assets? (See instruc f an independent qualifie | fit plans do not tions.) | 5a 5b 5c | | 11 10 1 Yes 1 No | |
| 5a Total b Total c Numb compl 6a Were b Are yo under | number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-46? (S | the beginning of the plan year the end of the plan year ount balances as of the end of the uring the plan year invested in eligi e annual examination and report o see instructions on waiver eligibility | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) | fit plans do not tions.) . d public accountant (IQ | 5a 5b 5c PA) | | 11 10 | |
| 5a Total b Total c Numb compi 6a Were b Are you under If you | number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-46? (S i answered "No" to eithe | the beginning of the plan year the end of the plan year count balances as of the end of the uning the plan year invested in eligi e annual examination and report o | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF | fit plans do not tions.) | 5a 5b 5c PA) | 5500. | 11 10 1 Yes 1 No | |
| 5a Total b Total c Numb compi 6a Were b Are you under If you c If the p | number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520,104-462 (S i answered "No" to eithe plan is a defined benefit pl | the beginning of the plan year the end of the plan year ount balances as of the end of the uring the plan year invested in eligi e annual examination and report o see instructions on waiver eligibility or line 6a or line 6b, the plan can an, is it covered under the PBGC | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? | 5a 5b 5c PA) Form | 5500. Yes No | 11 10 11 Yes No 12 Yes No | |
| 5a Total b Total c Numb compi 6a Were b Are you under If you c If the p Caution: A Under pena | number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-462 (S i answered "No" to eithe plan is a defined benefit pl Apenalty for the late or i alties of penjury and other | the beginning of the plan year the end of the plan year count balances as of the end of the uning the plan year invested in eligi e annual examination and report o the instructions on waiver eligibility or line 6a or line 6b, the plan can an, is it covered under the PBGC incomplete filing of this return/re penalties set forth in the instructio | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed in ns. I declare that I have | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau | 5a 5b 5c PA) Form use is a | 5500. Yes No Stablished. | 11 10 10 10 Yes No Not determined | |
| 5a Total b Total c Numb compi 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche | number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-462 (S i answered "No" to eithe plan is a defined benefit pl Apenalty for the late or i alties of penjury and other | the beginning of the plan year the end of the plan year count balances as of the end of the uning the plan year invested in eligi e annual examination and report o lee instructions on waiver eligibility or line 6a or line 6b, the plan can an, is it covered under the PBGC ncomplete filing of this return/re penalties set forth in the instructio signed by an enrolled actuary, as v | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed in ns. I declare that I have | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau | 5a 5b 5c PA) Form use is a | 5500. Yes No Stablished. | 11 10 10 10 Yes No Not determined | |
| 5a Total b Total c Numb compi 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche | number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-462 (S answered "No" to eithe plan is a defined benefit pl penalty for the late or it alties of penjury and other edule MB completed and s | the beginning of the plan year the end of the plan year count balances as of the end of the uning the plan year invested in eligi e annual examination and report o lee instructions on waiver eligibility or line 6a or line 6b, the plan can an, is it covered under the PBGC ncomplete filing of this return/re penalties set forth in the instructio signed by an enrolled actuary, as v | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed in ns. I declare that I have of yell as the electronic year | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report | 5a 5b 5c PA) Form use is e port, ind | 5500. Yes No Setablished. Cluding, if application the best of my k | 11 10 10 10 Yes No Not determined | |
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| 5a Total b Total c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN | number of participants at number of participants at number of participants at er of participants with acc lete this item) all of the plan's assets du ou claiming a waiver of the 29 CFR 2520,104-46? (S answered "No" to eithe olan is a defined benefit pl penalty for the late or i alties of perjury and other idule MB completed and s true, correct, and complete | the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in eligi e annual examination and report o lee instructions on waiver eligibility er line 6a or line 6b, the plan can lan, is it covered under the PBGC ncomplete filing of this return/re penalties set forth in the instructio ligned by an enrolled actuary, as v | plan year (defined bene ble assets? (See instruc f an independent qualifie y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed in ns. I declare that I have of yell as the electronic year | fit plans do not tions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report | 5a 5b 5c PA) Form ise is c port, ind , and to | 5500. Yes No Stablished. Studing, if applicato the best of my k | 11 10 Ves No Ves No Not determined ble a Schedule mowledge and | |
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| Contraction Design | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | | | (b) End | of Year | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------|
| a | Total plan assets | . 7a | 94994 - CHI (1970) - 94994 - CHI (1970) - | 1630 | 09 | | | Sinderseria and a second s | 346 |
| b | Total plan liabilities | 7b | landen in der Standen ander eine Standen in Standen sonder der Standen Stander ander der Stander ander sonder s | | 0 | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | ander an en | 163 | 09 | 1870))1880-0420;4400-0401440-1490;94 | | 22 | 2346 |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | ***** | (b) T | otal | |
| | Contributions received or receivable from: | | | | | | | | in a commencer. |
| | 1) Employers | 8a(1) | | 57 | T | an a | | | |
| | 2) Participants | 8a(2) | | 24 | 10 | | | **** | -sinteetiisen |
| | 3) Others (including rollovers) | 8a(3) | | Server and an arrive | <u> </u> | | and and a state of the state of t | | |
| | Dther income (loss) | 8b | | 350 | <u>)9</u> | | de California da Mandrido de Secondo de Secondo | ***** | |
| | Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | for-onormalia and | | ang pangana ang | | 11 | <u>655</u> |
| ť | o provide benefits) | 8d | | 554 | 13 | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | ински на селети на на селети на соста и раз сост | | 0 | | | | don in an in an an |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 7 | '5 | **** | | | |
| | Other expenses | 8g | **** | | 0 | | | | ur arierinis desentrie |
| | otal expenses (add lines 8d. 8e, 8f, and 8g) | 8h | <u></u> | | Ī | distincio versi inclusione de la | ***** | 5 | 618 |
| | let income (loss) (subtract line 8h from line 8c) | 81 | | | | | | 6 | 037 |
| | ransfers to (from) the plan (see instructions) | 8j | | | 0 | | 80/01/10/03-03-07000000000000000000000000000000 | | |
|) | f the plan provides welfare benefits, enter the applicable welfare fe | eature codes f | from the List of Plan Chara | cterist | ic Coo | tes in the | Instructio | ons | |
| irt ' | | ature codes f | from the List of Plan Chara | cterist | ic Coo | les in the | instructio | ons | Nin José dimpeditu |
| irt ' | V Compliance Questions During the plan year: | | | cterist | ic Coo Yes | les in the | | Amount | |
| irt [\] a | V Compliance Questions During the plan year: | tions within th | e time period described in on Program) | cterist | | | | | |
| a b | V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) | tions within th clary Correcti ? (Do not inclu | e time period described in on Program) ude transactions reported | | | No | | | |
| a b | V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? | tions within th clary Correcti ? (Do not inclu | e time period described in on Program) ude transactions reported | 10a | | No √ | | | 20 |
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Form 5500-SF 2013

Page 3 -

| ورجادات تحمد محمد | | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|--------------|
| 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 | | |
| 6 | 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? | | ′es 🔀 N | 0 |
| | 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 c of the PBGC? | ontrol | | 🗌 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): 13 | ic(2) El | N(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | 14b Trust's EIN | | |
| | | | | |
| | | | | |