FOIL 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service					2013		
Department of Labor 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(and the Internal Revenue Code (the Code).						This Form i	s Open to Public	
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda			0-SF.	Ins	spection	
Part I		entification Information				I.		
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ret	A This return/report is for:						pant plan	
B This ret	urn/report is:		ne final return/report					
an amended return/report a short plan year return/report (less than 12 months					onths)			
C Check box if filing under:					am			
		special extension (enter description)						
Part II		nation—enter all requested information	on		46	Thursday a shi sa ta		
1a Name CREIGHTON	of plan MANNING ENGINEER	ING 401(K) PLAN			a	Three-digit plan number (PN) ►	001	
					1c	Effective date o	f plan /2005	
	oonsor's name and addre	ess; include room or suite number (emp RING, LLP	ployer, if for a single-	employer plan)	2b	Employer Identi		
2 WINNERS					2c	Sponsor's telep 518-44		
ALBANY, N					2d	Business code 5413	(see instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's		
					•		telephone number	
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fc	or this plan, enter the	4b	EIN		
a Spons	or's name				4c	PN		
_		the beginning of the plan year			5a		61	
		the end of the plan year			5b		62	
compl	ete this item)	count balances as of the end of the pla		· · · · · · · · · · · · · · · · · · ·	5c		57	
		uring the plan year invested in eligible annual examination and report of an	•	,			X Yes No	
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)				🗙 Yes 🗌 No	
-		er line 6a or line 6b, the plan cannot					-	
C If the p	blan is a defined benefit p	blan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed	unless reasonable cau	ise is	established.		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator			ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individ				
Preparer's	name (including firm nan	ne, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	

L

	an Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year				
a To	otal plan assets	7a	3787067			480			
b To	otal plan liabilities	7b							
C Ne	et plan assets (subtract line 7b from line 7a)	7c	378706	7	4802037				
8 In	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total		
	ontributions received or receivable from:	8a(1)	25510	1					
(1) Employers			255191 299052						
) Participants	8a(2)		0	_				
	(3) Others (including rollovers)			-					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00 28	74883	<u> </u>				1303076	
-	enefits paid (including direct rollovers and insurance premiums							1000070	
	provide benefits)	8d	24705	8					
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e		0					
f Ac	dministrative service providers (salaries, fees, commissions)	8f	4104	8					
g Of	ther expenses	8g							
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						288106	
	et income (loss) (subtract line 8h from line 8c)	8i						1014970	
j Tr	ransfers to (from) the plan (see instructions)	8j							
b If Part V	the plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Coc	les in t	he instruction	S:	
	During the plan year:				Yes	No	۸.	nount	
a \	Was there a failure to transmit to the plan any participant contribu								
				10a		Х			
b ۱	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.)	ciary Correct ? (Do not inc	tion Program)	10a 10b		x x			
b \	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Correct? (Do not inc	tion Program)	10b	X				
b \ c d [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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correct? (Do not inc	tion Program) clude transactions reported 		×				
b \ c d [c e \ i	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.)	iciary Correc ? (Do not inc fidelity bond her persons to of the benefi	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10b 10c 10d	X	Х		50000	
b \ c d [c e \ i i	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.)	iciary Correct ? (Do not ind fidelity bond her persons to of the benefi	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	×	× ×			
b \ c d [; ; ; f H	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.)	iciary Correc ? (Do not inc fidelity bond her persons to of the benefi n?	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x		50000	
b \ c d [e \ i i f H g [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.)	iciary Correct ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	×	x x x		50000	
b \ c c d [c d i i i i i i i i i i i i i i i i i i	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.)	iciary Correct ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f		x x x		50000	
b \ c d [i i f f h 2 i i	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.)	iciary Correct ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x		50000	
b \ c d [e \ f + g [h 2 i	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.)	iciary Correct ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x		50000	
b \ c c d t i i f + g t h 2 2 art V 11	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.)	iciary Correct ? (Do not inc fidelity bond her persons b of the benefi n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SE		50000	
b \ c c d [i i f g [h 2 2 i e vart V 11 5	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.)	Iciary Correct ? (Do not inc fidelity bond her persons to of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X dule SE		50000	
b \ c c d t i i f H g t h I 2 i l 1 l 1 l 1 l	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.)	Iciary Correct ? (Do not inc fidelity bond ner persons b of the benefi n? s of year end (See instruct ne required n 1-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X Aule SE		50000 4583	
b \ c c d [i i f g [h 2 2 i 2 2 i 2 2 11 2 5 112 12	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.)	Iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required n 1-3 	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X Aule SE		50000 4583	
b \ c c d [i i f H g [h] 2 i 1 c i i f H 2 i i l 1 a [c c i i i i i i i i i i i i i i i i i	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.)	Iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3 ents? (If "Ye requirement as applicab ng amortized	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or see	Scheo	X X X X X Iule SE 11a 302 of	ERISA?	50000 4583 Yes X N	

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

Form 5500-SF	Short Form Annual		of Small Employ	yee	OMB	Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ			e	201:	3
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act	t of 1974 (ERISA), and see rnal Revenue Code (the C	ctions 6057(b) and 6058	(a) of	his Form is Ope	
Pension Benefil Guaranty Corporation	Complete all entries in acc	ordance with the instruc	tions to the Form 550	0-SF.	Inspecti	on
	dentification Information					
For calendar plan year 2013 or fisc		01/01/2013	and ending	12	/31/2013	
A This return/report is for:	🛛 a single-employer plan	a multiple-employer pl	an (not multiemployer)	a	one-participant p	lan
B This return/report is:	the first return/report	the final return/report				
	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			FVC program	
	special extension (enter descrip	ption)	<i>x</i>			
Part II Basic Plan Infor	mation-enter all requested info	rmation				
1a Name of plan				1b Three		
Creighton Manning	Engineering 401(k) Pl	lan		plan (PN)	number	001
					tive date of plan	
				1	14/2005	
2a Plan sponsor's name and add	ress; include room or suite number	r (employer, if for a single-	employer plan)	2b Empl	oyer Identificatio	n Number
Creighton Manning	Engineering, LLP			(EIN)	14-177948	3
					isor's telephone	
2 Winners Circle					8) 446-039	
		212	10005	20 Busin 541	ness code (see il 330	nstructions)
Albany 32 Plan administrator's name and	d address XSame as Plan Sponso		12205 Sponsor Address		nistrator's EIN	
			oporisor Address			
4 If the name and/or EIN of the		an last solurn/conort filed fo	or this plan, patter the	dh civi		
	plan sponsor has changed since the ber from the last return/report.	le last return/report lied it	or this plan, enter the	4b EIN		
a Sponsor's name				4C PN		
	at the beginning of the plan year			5a		61
	at the end of the plan year			5b		62
	ccount balances as of the end of th			5c		57
	during the plan year invested in eli				X	
 b Are you claiming a waiver of t under 29 CFR 2520.104-46? If you answered "No" to eith 	the annual examination and report (See instructions on waiver eligibili her line 6a or line 6b, the plan ca plan, is it covered under the PBGC	of an independent qualifie ity and conditions.) Innot use Form 5500-SF	d public accountant (IQ and must instead use	PA) Form 5500	X	Yes No
Caution: A penalty for the late of	r incomplete filing of this return/	report will be assessed	unless reasonable cau	use is estab	lished.	
Under penalties of perjury and other	er penalties set forth in the instructi d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	port, includir	ng, if applicable,	
SIGN Educa	Kosily.	7/14/19	EDWARD KOSI	INSKI		
HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual signing a	as plan administ	rator
SIGN					A	
HERE Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual signing a	as employer or p	lan sponsor
	me, if applicable) and address; inc	lude room or suite numbe			telephone num	
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 5500-	SF.		Form	5500-SF (2013)

Form 5500-SF 2013 130118

Page **2**

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Par	t III Financial Information			_							
7	Plan Assets and Liabilities				_		(b) End	of Y	ear		
а	Total plan assets	7a	3,78	3,787,067 4,80			4,80	2,0	37		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	plan assets (subtract line 7b from line 7a) 7c			3,787,067			_	4,80	2,0	37
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:	0-(4)	255	5,19	1						
	(1) Employers	8a(1)		9,05	_		-	11		-	_
	(2) Participants	08(2)			0					-	
	(3) Others (including rollovers)	8b	748	3,83	3	2011		-			-
	Other income (loss)	80 80		740,000			1,303,076				76
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	00			-	-			-	T.	-
	to provide benefits)	8d	24	7,05	8		1.1		_		_
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			_		_	
f	Administrative service providers (salaries, fees, commissions)	8f	4.	1,04	8			_	_	_	
g	Other expenses	8g				_		÷			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								8,1	
i	Net income (loss) (subtract line 8h from line 8c)	8i							1,01	4,9	70
j	Transfers to (from) the plan (see instructions)	8j									-
	t IV Plan Characteristics		4								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe					_					
									_	_	
Part	V Compliance Questions									_	
10	During the plan year:				Yes	No		Am	ount		
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10Ь		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				50	0,0	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		х					
e			and the second								
	insurance service or other organization that provides some or all o	of the bene	efits under the plan? (See			v					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			_	_	
g				10g	Х				4	5,8	132
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	-		-		-
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							ſ] Yes	X	No
11-						11a					
								No			
				s or se	JUDH	502 UI	UNIOAT.		, 55	<u> </u>	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bein			ctions	, and	enter th	ne date of	the le	etter ru	ing	
	granting the waiver.		Mor	nth		Day		Yea		Ŭ.	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul		m 5500), and skip to line 13.			12b					

Form 5500-SF 2013 130118 Page 3 -

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?		Yes 🔀 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		🗌 Yes 🕅 No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
	22			

20

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN