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

| r ension be | enefit Guaranty Corporation | Complete all entries in accord | ance with the instruc | ctions to the Form 5500 | O-SF. | | |
|--|--|---|--|--|---|--|---|
| Part I | Annual Report le | dentification Information | | | | | |
| For calenda | ar plan year 2013 or fisc | cal plan year beginning 01/01/2013 | | and ending 1 | 2/31/2013 | 3 | |
| | diffireport is for. | | | lan (not multiemployer) | a | a one-participa | ant plan |
| B This ret | turn/report is: | | the final return/report | | 41 \ | | |
| | | 님 ' 님 | | n/report (less than 12 mo | | D = 1 / 0 | |
| C Check I | box if filing under: | Form 5558 Special extension (enter description | automatic extension | | | DFVC progran | n |
| Part II | Rasic Plan Infor | mation—enter all requested informa | <i>'</i> | | | | |
| | | mation—enter all requested informa | uon | | 1b Thr | roo digit | |
| 1a Name RICHMOND | • | ARE, PLLC 401K RETIREMENT SAVIN | NGS PLAN | | plar | n number | 001 |
| | | | | | , | ective date of | |
| | | | | | IC LIIC | 01/01/2 | |
| 2a Plan sp | ponsor's name and add | ress; include room or suite number (en | nployer, if for a single- | -employer plan) | 2b Emp | ployer Identifi | cation Number |
| | | | | | | onsor's teleph | one number |
| | RN BYPASS), KY 40475-2406 | | | | 2d Bus | 859-624- siness code (s | ee instructions) |
| | | | | | | 621111 | , |
| | | d address Same as Plan Sponsor Na | — | n Sponsor Address | 3b Adn | ministrator's E 36-448 | |
| ICHMOND V | VOMENS HEALTH CAF | RE, PLLC 795 EASTERN RICHMOND, KY | | | 3c Adn | ministrator's te | elephone number |
| | | | | | | | |
| 4 If the r | name and/or EIN of the | plan sponsor has changed since the la | st return/report filed for | or this plan, enter the | 4b EIN | ١ | |
| name | | plan sponsor has changed since the la ber from the last return/report. | st return/report filed fo | or this plan, enter the | 4b EIN 4c PN | | |
| name | , EIN, and the plan num or's name | | | | 4c PN | | 14 |
| a Sponse 5a Total r | , EIN, and the plan num or's name number of participants a | ber from the last return/report. | | | | | 14 13 |
| 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 | ber from the last return/report. | an year (defined bene | efit plans do not | 4c PN 5a | | |
| name, a Spons 5a Total r b Total r c Numb compl | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) all of the plan's assets | at the beginning of the plan year | an year (defined bene e assets? (See instruc | efit plans do not | 4c PN 5a 5b 5c | l | 13 |
| name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo | 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 e assets? (See instruc n independent qualifie | efit plans do not etions.) | 4c PN 5a 5b 5c | | 13 |
| name. a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder | EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item) | at the beginning of the plan year | an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) | efit plans do not ctions.)ed public accountant (IQI | 4c PN 5a 5b 5c | | 13 12 X Yes No |
| name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If you | , 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 | e assets? (See instruction independent qualifier and conditions.) | efit plans do not etions.)ed public accountant (IQI | 4c PN 5a 5b 5c PA) | | 13 12 X Yes No |
| name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p | , 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 | e assets? (See instruction independent qualifier and conditions.) | efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? | 4c PN 5a 5b 5c PA) Form 550 | 00. s No | 13 12 X Yes No X Yes No |
| name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche | , 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 e assets? (See instruc n independent qualifie nd conditions.) | efit plans do not ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep | 4c PN 5a 5b 5c Form 550 Form 550 se is esta | DO. IS No ablished. Jing, if applica | 13 12 X Yes No X Yes No Not determined ble, a Schedule |
| name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i | , 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 e assets? (See instruc n independent qualifie nd conditions.) | efit plans do not ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep | 4c PN 5a 5b 5c Form 550 Form 550 se is esta | DO. IS No ablished. Jing, if applica | 13 12 X Yes No X Yes No Not determined ble, a Schedule |
| name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to | , 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 | e assets? (See instruction independent qualifier and conditions.) | efit plans do not etions.) | 4c PN 5a 5b 5c Form 550 xe is estate ort, include, and to the | DO. s No ablished. ding, if applica he best of my k | X Yes No X Yes No Not determined ble, a Schedule knowledge and |
| name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i | p. EIN, and the plan numor's name number of participants and number of participants are reflected by the plan's assets ou claiming a waiver of the plan's assets of answered "No" to eith plan is a defined benefit to penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/ventries. | at the beginning of the plan year | e assets? (See instruction independent qualifier nd conditions.) | efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report, | 4c PN 5a 5b 5c Form 550 xe is estate ort, include, and to the | DO. s No ablished. ding, if applica he best of my k | X Yes No X Yes No Not determined ble, a Schedule knowledge and |
| name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i | p. EIN, and the plan numor's name number of participants and number of participants are reflected by the plan's assets ou claiming a waiver of the plan's assets of answered "No" to eith plan is a defined benefit to penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed with authorized/ventries. | at the beginning of the plan year | e assets? (See instruction independent qualifier nd conditions.) | efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, sion of this return/report, GINA LAND, M.D. Enter name of individu | 4c PN 5a 5b 5c Form 550 xe is estate ort, include, and to the | on. S No ablished. Ding, if applicate best of my keeper and my keeper | 13 12 X Yes No X Yes No Not determined ble, a Schedule knowledge and |
| name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE | EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets ou claiming a waiver of the plan's assets ou claiming a waiver of the plan and the plan's assets of the plan's assets ou claiming a waiver of the plan's assets ou claiming a waiver of the plan is a defined benefit the plan is a de | at the beginning of the plan year | e assets? (See instruction independent qualifier and conditions.) | efit plans do not ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, GINA LAND, M.D. Enter name of individu | 4c PN 5a 5b 5c Form 550 se is estate ort, include, and to the | on. S No dablished. Signal administration of my keep and adminis | 13 12 X Yes No X Yes No Not determined ble, a Schedule knowledge and |

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| Pa | rt III Financial Information | | | | | | | | | | |
|----------|---|---|---------------------------------|---------|---------|-----------------|------------|--------|-------|--------|--|
| 7 | Plan Assets and Liabilities | n Assets and Liabilities (a) Beginning of Y | | ar | | (b) End of Year | | | | | |
| a | Total plan assets | 7a | 42346 | | | 5179 | | | | 2 | |
| | Total plan liabilities | 7b | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 42346 | 3 | | | 517972 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | | | |
| | Contributions received or receivable from: | | (a) runount | | | | (2) | . Ota. | | | |
| | (1) Employers | 8a(1) | 2615 | 0 | | | | | | | |
| | (2) Participants | 8a(2) | 3817 | '6 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | 6344 | 1 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 1 | 27767 | • | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 3325 | 8 | | | | | | | |
| 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 | | | | | | | 33258 | 3 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 94509 | 9 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instru | ctions | s: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instruc | tions: | | | |
| Par | V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Δm | ount | | |
| | Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | X | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | include transactions reported | 10b | | X | | | | | |
| | | | | 100 | Χ | | | | | 200000 | |
| | | | | 10c | | | | | | 200000 | |
| d | 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 | • | • | | | | | | | | |
| | instructions.) | | ' ' | 10e | X | | | | | 2463 | |
| 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 | | Χ | | | | | |
| h | <u> </u> | (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 | 10ii | | | | | | | |
| Part | | 1-0 | | 101 | | | | | | | |
| 11 | <u> </u> | onto 2 (If II) | Voc. " and instructions and com | nloto | Cabas | dula CI |) /Form | T | | | |
| | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | No | |
| | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | T - | 1 | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ection | 302 of | ERISA? | | Yes | X No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | <u> </u> | | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | , and e | enter th Day | ne date of | the le | | ling | |
| | you completed line 12a, complete lines 3, 9, and 10 of Scheduk | • | | | | | 1 | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | I | | | | |

| Page | 3 - | 1 |
|------|-----|---|
|------|-----|---|

| 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 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation | ▶ Complete all entries in acc | ordance with the instructi | ons to the Form coos | <u></u> | |
|--|--|----------------------------------|-----------------------------------|--|-----------------------------|
| Part Annual Report Id | entification Information | /or /ooro | and ending | 12/31/ | 2013 |
| For calendar plan year 2013 or fisc | al plan year beginning | 01/01/2013 | | | |
| | x a single-employer plan | a multiple-employer plan | n (not multiemployer) | ∐ a one-l | participant plan |
| B This return/report is: | the first return/report | the final return/report | | 41> | |
| | an amended return/report | a short plan year return/ | report (less than 12 mo | | |
| C Check box if filing under: | Form 5558 | automatic extension | | ∐ DFVC | program |
| | special extension (enter descri | iption) | | | |
| Part II Basic Plan Infor | mation—enter all requested info | ormation | | | |
| A CONTRACTOR OF THE PARTY OF TH | | | | 1b Three-dig | |
| 1a Name of plan RICHMOND WOMENS HEAL | TH CARE, PLLC 401K R | ETIREMENT SAVING | S PLAN | (PN) • | 001 |
| | | | | 1c Effective | date of plan |
| | • | | | 01/01/ | |
| 2a Plan sponsor's name and add | include soom or quite numbe | er (employer, if for a single-e | employer plan) | | r Identification Number |
| 2a Plan sponsor's name and add RICHMOND WOMENS HEAL | TH CARE. PLLC | a (omproyor, a re- a 3 | | (EIN) 36 | 5-4489332 |
| KICHMOND WOMENS HALL | , | | | | 's telephone number |
| 795 EASTERN BYPASS | | | | | 24-2229 |
| 795 EASTERN BALLOO | | | | | s code (see instructions) |
| RICHMOND | KY 40475-240 | | | 62111 | |
| 3a Plan administrator's name an | d address Same as Plan Spons | sor Name Same as Plan | Sponsor Address | 3b Administ | trator's EIN 89332 |
| RICHMOND WOMENS HEAL | TH CARE, PLLC | | | | trator's telephone number |
| RICHMOND MONEY | , | | | | 24-2229 |
| 795 EASTERN BYPASS | | | | | |
| 795 ERGIBIN DIZION | | | | | |
| RICHMOND | KY 40475-2406 | | | | |
| ATCHIOLD AND THE OF the | plan sponsor has changed since | the last return/report filed for | or this plan, enter the | 4b EIN | |
| 4 If the name and/or EIN or the | nber from the last return/report. | | | 4. 51 | |
| e Changara nama | | | | 4c PN | |
| 5a Total number of participants | at the beginning of the plan year. | | | - 5a | 14 |
| hT otal number of participants | at the end of the plan year | | | 5b | 13 |
| a standard for a financial parte with | account halances as of the end of | f the plan year (defined bene | efit plans do not | | 12 |
| complete this item) | | | | · <u></u> } | ₩ Vas □ Na |
| n re 1 | a during the plan year invested in | eligible assets? (See instruc | :tions.) | | <u>M</u> 100 [] 110 |
| | | | | QPA) | ∑ Yes No |
| | f the annual examination and lept ? (See instructions on waiver eligi ither line 6a or line 6b, the plan | | | | _ |
| If you answered "No" to e | fit plan, is it covered under the PB | CC incurance program (see | FRISA section 4021) | ?∏ Yes [| No Not determined |
| Cift he plan is a defined bene | ht plan, is it covered under the FB | OC moditation program (200 | | | |
| Caution: A penalty for the late | or incomplete filing of this retu | rn/report will be assessed | unless reasonable c | ause is establic | if applicable a Schedule |
| Under penalties of perjury and o | ther penalties set forth in the instrand and signed by an enrolled actuary | uctions, I declare that I have | e examined this return/reports | report, including ort, and to the b | est of my knowledge and |
| SB or Schedule MB completed a | and signed by an emolied actually. | , as well as the electronic vo | 131017 07 11 10 10 10 11 11 11 11 | , | |
| belief, it is true, correct, and com | ipiete. | 3 10/0/10 | GINA LAND, M | D | |
| SIGN ALMA | Namalin | <u> </u> | | | h |
| HERE Signature of plan | administrator . | Date | Enter name of indiv | | s plan administrator |
| | 1/V | 1/2/4 | GINA LAND, M | | |
| SIGN SIGN SIGN OF STATE OF STA | average energy | Date | Enter name of indiv | vidual signing as | s employer or plan sponsor |
| Signature of empl | oyer/plan sponsor name, if applicable) and address; | | | Preparer's t | ielephone number (optional) |
| Preparer s manie (molouring min | ······································ | | | | |
| | | | | | |
| | | | | | |
| | | | | F1111111111111111111111111111111111111 | |
| I | | | | 915846503594Ctes | |

| Part III Financial Information | | (a) Parinning of Voor | | | (k |) End of Y | ear |
|--|------------------------------|--|---------|--|----------------|---|--|
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | 463 | | | <i>1</i> | 51797 |
| a Total plan assets | 7a | | | | | | |
| b ⊤ otal plan liabilities | 7b | 423 | 463 | | | | 51797 |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | | | | (b) Tota | 1 |
| 8 Income, Expenses, and Transfers for this Plan Year | Control Carry Parallel | (a) Amount | | | | 100 100 100 100 100 100 100 100 100 100 | The state of the s |
| a Contributions received or receivable from: | 8a(1) | 26 | 150 | 77 127 127 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (1) Employers | 8a(2) | 38 | 176 | | | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (2) Participants | 8a(3) | | | | | | |
| (3) Others (including rollovers) | | 63 | 3441 | | | | 1 |
| bOthe rincome (loss) | 8c | | | | | | 12776 |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 1 | 3. | 2050 | | | | |
| dBenefit s paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 3258 | 100000000000000000000000000000000000000 | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | | 1,0000000000000000000000000000000000000 | | | Average Management |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | <u></u> | 1 Confession | | | |
| gOthe rexpenses | . 8g | | | | | | 3325 |
| hT otal expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | 9450 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | The second secon | | 20 mm s4 / 20 | nga Maranda M | | 343 |
| j Transfers to (from) the plan (see instructions) | . 8j | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | With the state of | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare | | | | | | | |
| Part V Compliance Questions | | | | Yes | No | | Amount |
| During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fine | | | 10a | | х | | |
| b Were there any nonexempt transactions with any party-in-intere | est? (Do no | t include transactions reported | 10b | | Х | <u> </u> | 2000 |
| Was the plan covered by a fidelity bond? | | | 10c | X | | | 2000 |
| d Did the plan have a loss, whether or not reimbursed by the plan | n's fidelity b | ond, that was caused by fraud | 10d | | х | | |
| e Were any fees or commissions paid to any brokers, agents, or | other perso all of the be | ons by an insurance carrier, enefits under the plan? (See | 10e | x | | | 24 |
| instructions.) | | | | - | х | | |
| f Has the plan failed to provide any benefit when due under the | plan? | | 10f | ├- | ├ | | |
| Did the plan have any participant loans? (If "Yes," enter amoun | it as of yea | r end.) | 10g | <u> </u> | Х | | |
| h If this is an individual account plan, was there a blackout period | d? (See ins | tructions and 29 CFR | 10h | | х | | |
| i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520. | d the reall | red notice of one of the | 10i | | | | |
| Water Complete Comple | | | | | | | 1 |
| 11 Is this a defined benefit plan subject to minimum funding requi | | | | | | 3 (FOIIII | Yes [|
| The second secon | ar from Sch | nedule SB (Form 5500) line 39 | | | , 1 i u | | ∏ Yes 🏻 |
| The state of the minimum func | ting require | ements of section 412 of the Cod | le or s | section | 1 302 of | ERISA? | 1 163 14 |
| | | | | | | | the letter ruling |
| a If a waiver of the minimum funding standard for a prior year is | being amo | ruzed in this plan year, see the | | is, and | enter t Day | ne date of | Year |
| gramming and state of the state | Auto MP / | Form 5500) and skip to line 13 | 3 | | | | |
| If you completed line 12a, complete lines 3, 9, and 10 of Sche | tune mic (| Form 5000), and only to | | | 12b | 1 | |

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|---------|--|---|-------------|------------------|------------|----------|--------|---------|
| _ | | | | | | | | |
| | the plan for this plan year | | | 12c | | | | |
| c ds | Enter the amount contributed by the employer to the plan for this plan year bubtract the amount in line 12c from the amount in line 12b. Enter the results | ilt (enter a minus sign to the left | ora | 12d | | | | |
| | negative amount) | *************************************** | | | Yes | | No | N/A |
| Part | (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) | | | | . [] | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | | es X | No | | |
| | If "You " enter the amount of any plan assets that reverted to the employer | this year | | 13a | <u> </u> | | | , |
| b | Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC? | πed to another plan, or brought | under the o | control | | | Yes | X No |
| c | If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.) | plan to another plan(s), identify t | ne pian(s) | io | | <u> </u> | 42-(2) | - DN(a) |
| | I3c(1) Name of plan(s): | | 1 | 3c(2) E | IN(S) | | 130(3) | PN(s) |
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| | Will Trust Information (optional) | | | | | | | |
| A | Name of trust | | | 14b ⁻ | Frust's El | N | | |
| 148 | Mattic or mast | | ļ | | | | | |
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