Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan						OMB Nos. 1210- 1210-		
	rtment of the Treasury nal Revenue Service	Be This form is required to be filed u	е	2	013			
Employee Be	epartment of Labor enefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act of 19 the Internal R Complete all entries in accordar	(a) of	This Form is	s Open to Public pection			
Part I	Annual Report Id	entification Information		aions to the Form 5500	J-Эг.			
	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	ant plan	
	urn/report is:		e final return/report					
	Γ	an amended return/report	short plan year return	n/report (less than 12 mo	onths))		
C Check	box if filing under:	 │ Form 5558 │ au	utomatic extension			DFVC progra	m	
	[] [] [] [] [] [] [] [] [] [] [] [] [] [special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	n					
1a Name					1b	Three-digit		
	•	ALISTS OF NEW YORK PC 401K PLAN	N			plan number		
						(PN) 🕨	001	
					1c	Effective date of 01/01/	•	
2a Plan s	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identif		
KIDNEY & HYPERTENSION SPECIALISTS OF NEW YORK, PC						(EIN) 75-298		
					2c	Sponsor's telepl		
130 E 77TH NEW YORK	STREET, 5TH FLOOR				~ '	212-439		
NEW TORK	, NT 10075				2d	Business code (s	,	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's E		
					_			
					3c	Administrator's t	elephone number	
		lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN		
		per from the last return/report.			4c	DN		
a Spons		the beginning of the plan year				PN	<u> </u>	
					5a		6	
		the end of the plan year			5b		6	
	· ·	count balances as of the end of the plan			5c		6	
_		luring the plan year invested in eligible a					X Yes No	
		ne annual examination and report of an						
		See instructions on waiver eligibility and	,				X Yes No	
-		er line 6a or line 6b, the plan cannot						
C If the p	plan is a defined benefit p	blan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.		
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a tte.						
SIGN	Filed with authorized/va	lid electronic signature.	07/24/2014	MARIA DEVITA				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adm	ninistrator	
SIGN	· · ·							
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ial sic	ning as employe	r or plan sponsor	

HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite number	(optional)	Preparer's telephone number (optional)

Pa	t III Financial Information	-			-						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	d of Y	ear		
а	Total plan assets	7a	118454	4				14	455715		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1184544		1455715						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: (1) Employers	or receivable from:		2							
	(2) Participants	8a(2)	3787	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	22682	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	87591		
_	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d	382	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	1260	0							
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16420		
	Net income (loss) (subtract line 8h from line 8c)	8i							271171		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2J$ $2G$ $2E$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ictions	8:		
b		oturo ood	as from the List of Dian Charge	otoriot		loo in t	ha inatrus	tional			
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature cou		clensi		ies in t	ne instruc	uons.			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu			100		х					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	-		10a							
	on line 10a.)	•	•	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					1500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
-	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	· · · · · · · · · · · · · · · · · · ·	•				X					
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							
•	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part											
11											
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>			
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				FRISA?	ТГ	Yes	XI	No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30		502 01			100		
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of			ing	
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul			ui		Day		Yea	u		<u> </u>
-	Enter the minimum required contribution for this plan year					12b					

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	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
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) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

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Authorization to Electronically Sign and File 5500

Kidney & Hypertension Specialists of New York, PC 401(k) Profit Sharing Plan

I hereby authorize any employee of <u>Qualified Plan Administrators, Inc</u>. ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s): 2013.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

Dated: 4 30/2014 By: Main Dulat

Steps to complete this authorization:

- 1. Sign this authorization form authorizing QPA to sign on your behalf.
- 2. Physically sign the Form 5500. Keep one copy for your records, and make a copy to send with your authorization form.
- 3. Forward both forms via mail or fax to:

Qualified Plan Administrators, Inc. P.O. Box 1171 Augusta, GA 30903 Fax: (706) 722-1208

Note: There will be a \$100.00 administrative charge for filing the Form 5500.

Form 5500-SF							
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Plan	nd 4065 of the Employe	A		2013	
Department of Labor Employee Benefils Security Administration	Retirement Income Security Act		tions 6057(b) and 6058		Inis Form	is Open to Public	
Pension Benefit Guaranty Corporation	Complete all entries in acco	rdance with the instruc	tions to the Form 550	0-SF,			
Part I Annual Report Id For calendar plan year 2013 or fisca	entification Information	1/01/2013	and ending		12/31/201	3	
	k a single-employer plan	a multiple-employer pl			a one-partici		
A This return/report is for: 2 B This return/report is:	the first return/report	the final return/report	fu (not montomprojen)			•	
	an amended return/report	·	/report (less than 12 m	onths)			
C Check box If filing under:			DFVC progra	am			
	Form 5558	Lion)					
Part II Basic Plan Inform	nation-enter all requested infor						
1a Name of plan				1b	Three-digit		
KIDNEY & HYPERTENSION		plan number (PN)	001				
					Effective date o 01/01/2004		
2a Plan sponsor's name and addre KIDNEY & HYPERTENSION	ess; include room or suite number I SPECIALISTS OF NEW	(employer, if for a single- YORK, PC	employer plan)	2b	Employer Identi (EIN) 75-298	ification Number 37890	
130 E 77TH STREET, 51	TH FLOOR			2c	Sponsor's telep 212-439-9		
				2d	Business code 621111	(see instructions)	
NEW YORK 3a Plan administrator's name and	NY 10075	Name XSame as Plan	Sponsor Address	3b	Administrator's	EIN	
We Trait destation diates one				2.	A	talaabaa a uumbar	
				JC	Administrators	telephone number	
4 If the name and/or EIN of the o	lan sponsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN		
name, EIN, and the plan numb	per from the last return/report.			Ac	PN		
a Sponsor's name 5a Total number of participants at	the beginning of the plan year		******	ļ	1	6	
	t the end of the plan year			5b		б	
	count balances as of the end of the				1		
complete this item)				5c		6 X Yes No	
6a Were all of the plan's assets of the	furing the plan year invested in elig he annual examination and report of	ible assets? (See instruc of an independent qualifie	tions.) d public accountant (IQ	PA)	******		
under 29 CFR 2520.104-46? (See instructions on waiver eligibilit	y and conditions.)	***********	********		X Yes 🗍 No	
If you answered "No" to eith	er line 6a or line 6b, the plan ca	not use Form 5500-SF	and must instead use	Form	15500. 1 x □N- Ű	1 Matidataminad	
· · · · · · · · · · · · · · · · · · ·	plan, is It covered under the PBGC					Not determined	
Caution: A penalty for the late or	incomplete filing of this return/r	eport will be assessed	unless reasonable cau	use is	established.	ashla a Cahadula	
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	I signed by an enrolled actuary, as	ons, I declare that I have well as the electronic ver	examined this return/report sion of this return/report	port, ii t, and	to the best of m	y knowledge and	
SIGN Mara	Righ IRA	7/22/2012/	Maria DeVita				
HERE Signature of plan add	<u>v vr ja kv</u>	Date	Enter name of individ	ual si	gning as plan ad	ministrator	
SIGN See							
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	lual si	gning as employ	er or plan sponsor	
Preparer's name (including firm na	me, if applicable) and address; incl	ude room or suite numbe		Pre	parer's telephon	e number (optional)	
				L			
For Paperwork Reduction Act Notice	and OMB Control Numbers can the	estructions for Form 5500	·SF.	l		Form \$500-SF (2013)	
LAL LABRIARIE VARACION WOL MORICE	and other control full of a control of the f						

	ion				- T		(I.) E	- 6 1/	
7 Plan Assets and Liabilities	- (000) - 1000 - 1000 - 1000		(a) Beginning of Yea	ar 8454			(b) End		55715
a Total plan assets			· ⊥ ⊥	6404				T.T.	00720
b Total plan liabilities			11	8454				11	55715
c Net plan assets (subtract line 7b				6404					
8 Income, Expenses, and Transfer			(a) Amount		12.845		<u>(b)</u> T	otai	
a Contributions received or receiva (1) Employers	able from:	8a(1)		2289	000000 000000				
(2) Participants				3787	0				
(3) Others (including rollovers)									
b Other income (loss)			2.	2682	a 966				
c Total income (add lines 8a(1), 8a		<u>8c</u>			205 - 2005-0	Majagani		2 Verderstydersty	87591
d Benefits paid (including direct rol to provide benefits)		8d		382	0				
e Certain deemed and/or corrective	e distributions (see instructions).				163				
f Administrative service providers	(salaries, fees, commissions)			1260	0				
g Other expenses									
h Total expenses (add lines 8d, 8e	, 8f, and 8g)								16420
i Net income (loss) (subtract line &	3h from line 8c)	. 8i						2	71171
j Transfers to (from) the plan (see	instructions)	- 8j							
Part IV Plan Characterist	ics								
	······								
	ons				Vor	No		A	
10 During the plan year:		utiono withir	the time period described in		Yes	No		Amount	
 10 During the plan year: a Was there a failure to transmit 29 CFR 2510.3-102? (See ins) 	to the plan any participant contrib tructions and DOL's Voluntary Fic	luciary Corr	ection Program)	10a	Yes	No X		Amount	
10 During the plan year: a Was there a failure to transmit 29 CFR 2510.3-102? (See ins b Were there any nonexempt transmit	to the plan any participant contrib tructions and DOL's Voluntary Fic	luciary Corr st? (Do not i	ection Program) nclude transactions reported	10a 10b	Yes			Amount	
10 During the plan year: a Was there a failure to transmit 29 CFR 2510.3-102? (See ins b Were there any nonexempt transmit	to the plan any participant contrib tructions and DOL's Voluntary Fic isactions with any party-in-interes	luciary Corr st? (Do not i	ection Program) nclude transactions reported		Yes	x			50000
 10 During the plan year: a Was there a failure to transmit to 29 CFR 2510.3-102? (See institute on line 10a.) b Were there any nonexempt transmit transmit to 10a.) c Was the plan covered by a fide d Did the plan have a loss, wheth 	to the plan any participant contrib tructions and DOL's Voluntary Fic hsactions with any party-in-interes elity bond?	tuciary Corr st? (Do not i	ection Program) nclude transactions reported	10b		x			50000
 10 During the plan year: a Was there a failure to transmit to 29 CFR 2510.3-102? (See instant) b Were there any nonexempt transmon line 10a.) c Was the plan covered by a fide d Did the plan have a loss, wheth or dishonesty? e Were any fees or commissions 	to the plan any participant contrib tructions and DOL's Voluntary Fid nsactions with any party-in-interes elity bond? ter or not reimbursed by the plan paid to any brokers, agents, or o	tuciary Corr st? (Do not i s fidelity bor ther person	ection Program) nclude transactions reported 	10b 10c		x x			50000
 10 During the plan year: a Was there a failure to transmit to 29 CFR 2510.3-102? (See instant on line 10a.) b Were there any nonexempt transon line 10a.) c Was the plan covered by a fide d Did the plan have a loss, wheth or dishonesty? e Were any fees or commissions insurance service, or other organisation of the plan have a loss of the plan have a loss	to the plan any participant contrib tructions and DOL's Voluntary Fic nsactions with any party-in-interes elity bond? ter or not reimbursed by the plan	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c		x x			50000
 During the plan year: Was there a failure to transmit to 29 CFR 2510.3-102? (See instead of the second second	to the plan any participant contrib tructions and DOL's Voluntary Fid nsactions with any party-in-interest ality bond? er or not reimbursed by the plan' paid to any brokers, agents, or o anization that provides some or a	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x x			50000
 10 During the plan year: a Was there a failure to transmit 29 CFR 2510.3-102? (See inside the second se	to the plan any participant contrib tructions and DOL's Voluntary Fid hsactions with any party-in-interest ality bond? her or not reimbursed by the plan' paid to any brokers, agents, or o anization that provides some or a	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben- an?	ection Program) nclude transactions reported ad, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e		x x x x			50000
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 10 During the plan year: a Was there a failure to transmit to 29 CFR 2510.3-102? (See inside the second second	to the plan any participant contrib tructions and DOL's Voluntary Fic sactions with any party-in-interest ality bond? are or not reimbursed by the plan' paid to any brokers, agents, or o anization that provides some or a ny benefit when due under the pl nt loans? (If "Yes," enter amount lan, was there a blackout period?	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e c (See instru the required	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g		X X X X X X X X			50000
 10 During the plan year: a Was there a failure to transmit to 29 CFR 2510.3-102? (See instant 20 CFR 2510.3-102) i If 10h was answered "Yes," che exceptions to providing the notification of the sec instant 20 CFR 2510.3-102? (See instant 20 CFR 2510.3-102) 	to the plan any participant contrib tructions and DOL's Voluntary Fic sactions with any party-in-interest elity bond? 	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e c (See instru the required	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		X X X X X X X X			50000
 10 During the plan year: a Was there a failure to transmit to 29 CFR 2510.3-102? (See instant 29 CFR 2510.3-102? (See instant 29 CFR 2510.3-102? (See instant 20 CFR 2510.3-102) i If 10h was answered "Yes," che exceptions to providing the notion 2520.101-3.) i If 10h was answered "Yes," che exceptions to providing the notion 2520.101-3.) i If 10h was answered "Yes," che exceptions to providing the notion 2520.101-3.) i Is this a defined benefit plan suitable of the stant 2510.3-101.	to the plan any participant contrib tructions and DOL's Voluntary Fic nsactions with any party-in-interest elity bond? 	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben- an? as of year e ? (See instru the requirec 01-3	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the fes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form		50000 [] No
 10 During the plan year: a Was there a failure to transmit 29 CFR 2510.3-102? (See inside the second se	to the plan any participant contrib tructions and DOL's Voluntary Fic nsactions with any party-in-interest elity bond? paid to any brokers, agents, or o anization that provides some or a ny benefit when due under the pl nt loans? (If "Yes," enter amount lan, was there a blackout period? eck the box if you either provided ce applied under 29 CFR 2520.1 Dmpliance bject to minimum funding required	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e (See instru the required 01-3	ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, efits under the plan? (See add.) ctions and 29 CFR I notice or one of the ces," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	Generation of the second secon	1	
 10 During the plan year: a Was there a failure to transmit the 29 CFR 2510.3-102? (See inside 29 CFR 2510.3-102? (See inside 29 CFR 2510.3-102? (See inside 20 CFR 2510.3-102) i If 10h was answered "Yes," chee exceptions to providing the notion 2520.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2520.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i If 10h was answered "Yes," chee exceptions to providing the notion 2500.101-3.1. i Is this a defined benefit plan sut 5500.101-11.1. 	to the plan any participant contrib tructions and DOL's Voluntary Fic nsactions with any party-in-interest ality bond? paid to any brokers, agents, or o anization that provides some or a ny benefit when due under the pl nt loans? (If "Yes," enter amount lan, was there a blackout period? eck the box if you either provided ce applied under 29 CFR 2520.11 DMPLIANCE bject to minimum funding required ired contribution for current year	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e 9 (See instru the required 01-3 ments? (If ") from Sched	ection Program) nclude transactions reported add, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the fes," see instructions and com ule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Iule SE		1	
 10 During the plan year: a Was there a failure to transmit 129 CFR 2510.3-102? (See inside the second s	to the plan any participant contrib tructions and DOL's Voluntary Fic nsactions with any party-in-interest elity bond? paid to any brokers, agents, or o anization that provides some or a ny benefit when due under the pl nt loans? (If "Yes," enter amount ian, was there a blackout period? eck the box if you either provided ce applied under 29 CFR 2520.11 DMPLiance bject to minimum funding requirest ired contribution for current year an subject to the minimum funding	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e (See instru- the requirec 01-3	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See nd.) ctions and 29 CFR I notice or one of the //es," see instructions and com ule SB (Form 5500) line 39 nts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Iule SE		1	 []No
 10 During the plan year: a Was there a failure to transmit 129 CFR 2510.3-102? (See inside the second s	to the plan any participant contrib tructions and DOL's Voluntary Fic neactions with any party-in-interest elity bond? 	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e (See instru- the required 01-3	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) rtions and 29 CFR I notice or one of the res," see instructions and com ule SB (Form 5500) line 39 ints of section 412 of the Code able.) ed in this plan year, see instruction	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X Sched	X X X X X X X X X Iule SE	ERISA?	1	□ No X No
 10 During the plan year: a Was there a failure to transmit 129 CFR 2510.3-102? (See inside the second s	to the plan any participant contrib tructions and DOL's Voluntary Fic sactions with any party-in-interest elity bond? paid to any brokers, agents, or o anization that provides some or a ny benefit when due under the pl nt loans? (If "Yes," enter amount lan, was there a blackout period? eck the box if you either provided ce applied under 29 CFR 2520.11 Dmpliance bject to minimum funding required ired contribution for current year an subject to the minimum fundin nes 12b, 12c, 12d, and 12e below ing standard for a prior year is be	tuciary Corr st? (Do not i s fidelity bor ther persons I of the ben an? as of year e (See instru- the requirec 01-3	ection Program) nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) rtions and 29 CFR anotice or one of the res," see instructions and com ule SB (Form 5500) line 39 ints of section 412 of the Code able.) and in this plan year, see instruc- Mon	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	X Sched	X X X X X X X X X X Iule SE	ERISA?	1	□ No X No

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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		
e	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			
-	Has a resolution to terminate the plan been adopted in any plan year?	, <u> </u>	Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			
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
c	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		
	3c(1) Name of plan(s):	3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
L	Name of trust	14b ⊺	rust's Ell	N