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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information	on				
For calend	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013						
A This re	turn/report is for:	X a single-employer plan	a multiple-employe	er plan (not multiemployer)		a one-particip	pant plan
B This re	turn/report is:	the first return/report	the final return/rep	ort			
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	on		DFVC progra	am
	ŭ	special extension (enter de	escription)				
Part II	Basic Plan Infe	ormation—enter all requested	d information				
1a Name		· ·			1b	Three-digit	
MAYER & C	OPE FAMILY PRACT	TICE, LLP PROFIT SHARING PL	LAN AND 401(K)			plan number	
					10	(PN)	001
					10	Effective date o	•
2a Plan s	ponsor's name and a	iddress; include room or suite nui	mber (employer, if for a sin	gle-employer plan)	2h	Employer Identi	
	COPE FAMILY PRAC		(1) /	J 1 7 1 7			87288
					2c	Sponsor's telep	hone number
	E HIGHWAY 30, BOX	(923				518-883	3-8699
BROADALE	BIN, NY 12025				2d	Business code (,
20.51				DI 0 AII	26	62111	
3a Pian a	idministrator's name a	and address XSame as Plan Sp	onsor NameSame as i	Plan Sponsor Address	30	Administrator's	ΞIN
					3с	Administrator's	telephone number
4 If the	name and/or EIN of the	he plan sponsor has changed sin	 nce the last return/report file	ed for this plan, enter the	4b	EIN	
		umber from the last return/report.		, a		2114	
	sor's name				1	PN	
5a Total	number of participant	ts at the beginning of the plan year	ar		5a		17
		ts at the end of the plan year			5b		21
		n account balances as of the end	of the plan year (defined b	•	5c		04
6a Were							21
Ju Well	all of the plan's asse	ets during the plan year invested i					X Yes No
b Are y	ou claiming a waiver	ets during the plan year invested it of the annual examination and re	in eligible assets? (See inseport of an independent qua	tructions.)alified public accountant (IQ	PA)		X Yes No
b Are younder	ou claiming a waiver or r 29 CFR 2520.104-46	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver eli	in eligible assets? (See inseport of an independent qualigibility and conditions.)	tructions.)alified public accountant (IQ	PA)		
b Are y under	rou claiming a waiver or r 29 CFR 2520.104-46 u answered "No" to o	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver eli either line 6a or line 6b, the pla	in eligible assets? (See inseport of an independent quaigibility and conditions.)an cannot use Form 5500-	tructions.) alified public accountant (IQ 	PA) Forn	n 5500.	X Yes No X Yes No
b Are y under	rou claiming a waiver or r 29 CFR 2520.104-46 u answered "No" to o	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver eli	in eligible assets? (See inseport of an independent quaigibility and conditions.)an cannot use Form 5500-	tructions.) alified public accountant (IQ 	PA) Forn	n 5500.	X Yes No
b Are y under If you C If the Caution: A	ou claiming a waiver of r 29 CFR 2520.104-46 u answered "No" to of plan is a defined beneated the late.	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver eli- either line 6a or line 6b, the pla efit plan, is it covered under the F	in eligible assets? (See inseport of an independent qualigibility and conditions.) an cannot use Form 5500-PBGC insurance program (sturn/report will be assess	tructions.)	PA) Form	n 5500. Yes No established.	
b Are y under If you c If the Caution: A	ou claiming a waiver of r 29 CFR 2520.104-46 a answered "No" to of plan is a defined beneated a penalty for the lateral ties of perjury and of the lateral ties of the	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver eli- either line 6a or line 6b, the pla efit plan, is it covered under the F e or incomplete filing of this reforther penalties set forth in the ins	in eligible assets? (See inseport of an independent qualigibility and conditions.)an cannot use Form 5500-PBGC insurance program (sturn/report will be assessed tructions, I declare that I have	tructions.)	PA) Form use is	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule
b Are y under If you C If the Caution: A Under pen SB or School	ou claiming a waiver of r 29 CFR 2520.104-46 a answered "No" to of plan is a defined beneated a penalty for the lateral ties of perjury and of the lateral ties of the	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver eli- either line 6a or line 6b, the pla- efit plan, is it covered under the F e or incomplete filing of this reto other penalties set forth in the instant signed by an enrolled actuar	in eligible assets? (See inseport of an independent qualigibility and conditions.)an cannot use Form 5500-PBGC insurance program (sturn/report will be assessed tructions, I declare that I have	tructions.)	PA) Form use is	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule
b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is	ou claiming a waiver of r 29 CFR 2520.104-46 a answered "No" to oplan is a defined beneated a planties of perjury and coedule MB completed a true, correct, and con	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver elicether line 6a or line 6b, the placefit plan, is it covered under the Feron error or incomplete filling of this rest other penalties set forth in the instand signed by an enrolled actuar inplete.	in eligible assets? (See inseport of an independent qualigibility and conditions.) an cannot use Form 5500- PBGC insurance program (seturn/report will be assessed tructions, I declare that I have, as well as the electronic	tructions.)	Forn Se is port, it, and	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule
b Are y under If you C If the Caution: A Under pen SB or Schebelief, it is	r 29 CFR 2520.104-46 u answered "No" to a plan is a defined bene A penalty for the late talties of perjury and of edule MB completed a true, correct, and con	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver elimether line 6a or line 6b, the planefit plan, is it covered under the Fe or incomplete filing of this resolute penalties set forth in the instand signed by an enrolled actuar implete.	in eligible assets? (See inseport of an independent qualigibility and conditions.)an cannot use Form 5500-PBGC insurance program (sturn/report will be assess structions, I declare that I hary, as well as the electronic	tructions.)	Forn Ise is Oort, i , and	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is	ou claiming a waiver of r 29 CFR 2520.104-46 a answered "No" to oplan is a defined beneated a planties of perjury and coedule MB completed a true, correct, and con	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver elimether line 6a or line 6b, the planefit plan, is it covered under the Fe or incomplete filing of this resolute penalties set forth in the instand signed by an enrolled actuar implete.	in eligible assets? (See inseport of an independent qualigibility and conditions.) an cannot use Form 5500- PBGC insurance program (seturn/report will be assessed tructions, I declare that I have, as well as the electronic	tructions.)	Forn Ise is Oort, i , and	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
b Are y under If you C If the Caution: A Under pen SB or Schebelief, it is SIGN HERE	ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to of plan is a defined beneated a penalty for the lateral true, correct, and confiled with authorized Signature of plan	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver elimether line 6a or line 6b, the placefit plan, is it covered under the Fe or incomplete filing of this resultant penalties set forth in the instand signed by an enrolled actuar inplete. In or incomplete filing of this resultant plane is and signed by an enrolled actuar inplete. In or incomplete filing of this resultant plane is and signed by an enrolled actuar inplete.	in eligible assets? (See inseport of an independent qualigibility and conditions.)an cannot use Form 5500-PBGC insurance program (sturn/report will be assess structions, I declare that I hary, as well as the electronic	tructions.)	Forn Ise is Oort, i , and	n 5500. Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
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b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE	ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to or plan is a defined beneated a penalty for the late and the second of perjury and or dedule MB completed a true, correct, and con Filed with authorized Signature of plan	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver elimether line 6a or line 6b, the placefit plan, is it covered under the Fe or incomplete filing of this result of the penalties set forth in the instand signed by an enrolled actuar inplete. In divalid electronic signature. In administrator	in eligible assets? (See inseport of an independent qualigibility and conditions.) an cannot use Form 5500-PBGC insurance program (sturn/report will be assess structions, I declare that I hary, as well as the electronic 07/25/2014 Date Date	tructions.)	Forn Forn Ise is oort, i and MD ual si	n 5500. Yes No sestablished. Including, if applic to the best of my spring as plan adragning as employed	Yes No Yes No Not determined Sable, a Schedule reknowledge and ministrator er or plan sponsor
b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE	ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to or plan is a defined beneated a penalty for the late and the second of perjury and or dedule MB completed a true, correct, and con Filed with authorized Signature of plan	ets during the plan year invested in of the annual examination and re 6? (See instructions on waiver elimether line 6a or line 6b, the placefit plan, is it covered under the Fe or incomplete filing of this result of the penalties set forth in the instand signed by an enrolled actuar inplete. In divalid electronic signature. In administrator	in eligible assets? (See inseport of an independent qualigibility and conditions.) an cannot use Form 5500-PBGC insurance program (sturn/report will be assess structions, I declare that I hary, as well as the electronic 07/25/2014 Date Date	tructions.)	Forn Forn Ise is oort, i and MD ual si	n 5500. Yes No sestablished. Including, if applic to the best of my spring as plan adragning as employed	Yes No Yes No Not determined Sable, a Schedule reknowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	129067				(5) =::		629948	3
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	129067	2				1	629948	3
8	Income, Expenses, and Transfers for this Plan Year	,,	(a) Amount				(h)	Total		
	Contributions received or receivable from:		(a) Amount				(1)	TOtal		
	(1) Employers	8a(1)	2685	4						
	(2) Participants	8a(2)	2927	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	28338	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						;	339506)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23	0						
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							230)
i	Net income (loss) (subtract line 8h from line 8c)	8i							339276	6
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	٥,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
Par	t V Compliance Questions									
	•				V	N ₁ -	Ī			
10	During the plan year:	tiono within	a the time period described in	Г	Yes	No		Am	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 1997).	iciary Corr	ection Program)	10a		X				
N	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		X				
					Χ					125000
				10c						125000
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				
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	and \			Χ				
— s	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the	10h						
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	· ·							-		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		_		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	[Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instru		, and e	enter th Day	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year					12b				

Page	3 -		1
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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

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)

Complete all entries in accordance with the instructions to the Form 5500-SF

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Deal	A	cordance with the mist	detions to the Form 550	70-31.	
Part I For calen	Annual Report Identification Information dar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/201	3
20	eturn/report is for: a single-employer plan		plan (not multiemployer)		
	eturn/report is:	the final return/repor		☐ a one-particip	ant plan
D IIIIS	an amended return/report		um/report (less than 12 m	anthe)	
C Check	s box if filing under: Form 5558	automatic extension		DFVC progra	
O Ollecti	special extension (enter descr			Drvc progra	m
Part II	Basic Plan Information—enter all requested info				
1a Name		Jillauon		1b Three-digit	
	er & Cope Family Practice, LLP Prof	it Sharing		plan number	
	and 401(k)			(PN)	001
				1c Effective date of 01/01/1996	
2a Plan	sponsor's name and address; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b Employer Identif	
Maye	er & Cope Family Practice, LLP			(EIN) 14-178	
				2c Sponsor's teleph	
3768	3 State Highway 30, Box 923			(518) 883-	
Broa	adalbin	N,	Y 12025	2d Business code (s 621111	see instructions)
	administrator's name and address XSame as Plan Spons		an Sponsor Address	3b Administrator's E	IN
		2000 PO 0000 PO 000 PO 100 PO			
				3c Administrator's to	elephone number
4					
4 If the	name and/or EIN of the plan sponsor has changed since to e, EIN, and the plan number from the last return/report.	ne last return/report filed	for this plan, enter the	4b EIN	
	sor's name			4c PN	
5a Total	number of participants at the beginning of the plan year			5a	17
b Total	number of participants at the end of the plan year			5b	21
	per of participants with account balances as of the end of the				
	plete this item)			5c	21
	e all of the plan's assets during the plan year invested in eli ou daiming a waiver of the annual examination and report				Yes
unde	r 29 CFR 2520.104-46? (See instructions on waiver eligibil	ity and conditions.)	led public accountant (IQI	PA)	X Yes No
If you	answered "No" to either line 6a or line 6b, the plan ca	annot use Form 5500-SF	F and must instead use	Form 5500.	
C If the	plan is a defined benefit plan, is it covered under the PBG	C insurance program (see	e ERISA section 4021)? .	Yes No	Not determined
Caution:	A penalty for the late or incomplete filing of this return	report will be assessed	i unless reasonable cau	ise is established.	
Under pen	alties of perjury and other penalties set forth in the instruct	ions. I declare that I have	e examined this return/rep	ort including if applica	ble, a Schedule
belief, it is	edule MB completed and signed by an enrolled actuary, as true, correct, and complete.	well as the electronic ve	rsion of this return/report,	, and to the best of my k	nowledge and
	124	1 , ,			
HERE		7/25/16	WILLIAM D. MAY	ER MD	
1	Signature of plan administrator	Date	Enter name of individu	ual signing as plan admi	nistrator
SIGN HERE	1334	7/25/16	WILLIAM D. MAY	ER MD	
All Control	Signature of employer plan sponsor	Date	Enter name of individu	ual signing as employer	
Preparers	name (including firm name, if applicable) and address; inc	lude room or suite number	er (optional)	Preparer's telephone n	iumber (optional)

The plan Assets and Liabilities	Pa	t III Financial Information									
a Total plan assets.	7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	d of Ye	ar	
b Total plan labibilities. 7b To 1, 290, 672 1, 290, 672 1, 629, 946 1 1	a	Total plan assets	7a			72		(=) =:::			9,948
B Income, Expenses, and Transfers for this Pfan Year			7b								
a Contributions received or receivable from: (1) Employers. 8a(1) 26,854 (2) Participants. 8a(2) 29,270 (3) Others (including rollovers). 8a(3)	С	Net plan assets (subtract line 7b from line 7a)	7c	1,29	0,6	72			- 1	, 629	9,948
a Contributions received or neceivable from: (1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
(2) Participants	а	Contributions received or receivable from:	100000000000000000000000000000000000000				LOWER THE REAL PROPERTY.	\ <u>-</u> /			
(3) Others (including rollovers)			8a(1)			700			a temple	Turin 1	
b Other income (loss)			8a(2)	2	9,2	/0		Market L			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			8a(3)		2 24		2000				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Cartain deemed and/or corrective distributions (see instructions). e Cartain deemed and/or corrective distributions (see instructions). e Administrative service providers (salaries, fees, commissions). e B	90-			28	3,38	32					
to provide benefits)			8c		ALC: N	88	an an advices			339	,506
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d		23	30					
Section Sect			8e				a 1508				
Total expenses (add lines 8d, 8e, 8f, and 8g)	f_	Administrative service providers (salaries, fees, commissions)	8f			58					
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Part IV Plan Characteristics Plan (the plan (see instructions) Bj	_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								230
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2C 22 J 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	_ <u>i</u>		8i			23				339	,276
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3B 3D	j	Transfers to (from) the plan (see instructions)	8j							i i i	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare fe									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amo	unt	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribut			10a		х				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions reported	10b		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С				10c	х				125	5,000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See 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 of year end.). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud		-	Х				,
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er persons of the benef	by an insurance carrier, its under the plan? (See			Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10a		Х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h						Х				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided th	e required	notice or one of the	10i						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	Mariano .									
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11	Is this a defined benefit plan subject to minimum funding requirement							Ιп	Yes	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								ERISA?	П	Yes	No No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	If a waiver of the minimum funding standard for a prior year is bein	g amortized	d in this plan year, see instruc		, and e		ne date of		er rulir	g
b Enter the minimum required contribution for this plan year.	If										
To the state of the plant of the plant position and	b	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for thi	is plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. En negative amount)	ter the result (enter a minus sign to the	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met b				Yes	No [N/A
Part	with a first of the first of th			-		-	
13a	Has a resolution to terminate the plan been adopted in any plan yea	?		Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the			13a			
b	Were all the plan assets distributed to participants or beneficiari of the PBGC?	es, transferred to another plan, or brou	ight under the co	ontrol		☐ Yes	No.
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13	c(2) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a I	Name of trust		1	4b Trust's	EIN		