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

	enefit Guaranty Corporation	▶ Complete all entries in acce	ordance with the instruc	tions to the Form 5500)-SF.		
Part I	Annual Report lo	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
Dort II	Dania Dian Infan		<u> </u>				
Part II		mation—enter all requested infor	rmation		4 15	T	<u> </u>
1a Name		TT CHARING DI ANI			TD	Three-digit plan number	
SANJAT SIK	AND, M.D., P.C. PROF	II SHARING PLAN				(PN) ▶	001
					1c	Effective date o	
						01/01	
	consor's name and addr	ress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
	IAIN STREET ON, NY 11743				2d	Business code ((see instructions)
						62111	` ,
3a Plan a	dministrator's name and	I address XSame as Plan Sponso	r Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 If the r	name and/or EIN of the	nlan anapaar haa ahangad ainaa th	a last return/report filed for	or this plan, optor the	4 h	FINI	
		plan sponsor has changed since the ber from the last return/report.	ie iast return/report filed fo	or this plan, enter the	4b	EIN	
a Sponso		ser nem are race retains report.			4c	PN	
		t the beginning of the plan year			5a		3
b Total r	number of participants a	t the end of the plan year			5b		3
	•						3
compl	ete this item)		e plan year (defined bene	•	5c		3
	•	during the plan year invested in elig		· 	5с		
6a Were b Are yo	all of the plan's assets ou claiming a waiver of t	during the plan year invested in elig	gible assets? (See instruc	tions.)d public accountant (IQI	 PA)		3
6a Were b Are you under	all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46?	during the plan year invested in elig he annual examination and report of (See instructions on waiver eligibility	gible assets? (See instruction of an independent qualifier ty and conditions.)	tions.)d public accountant (IQI	PA)		3
6a Were b Are younder If you	all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eith	during the plan year invested in elig he annual examination and report of (See instructions on waiver eligibilither line 6a or line 6b, the plan cal	gible assets? (See instruction of an independent qualifier ty and conditions.)nnot use Form 5500-SF	tions.)d public accountant (IQI	PA) Form	5500.	3 X Yes □ No X Yes □ No
6a Were b Are younder If you	all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eith	during the plan year invested in elig he annual examination and report of (See instructions on waiver eligibility	gible assets? (See instruction of an independent qualifier ty and conditions.)nnot use Form 5500-SF	tions.)d public accountant (IQI	PA) Form	5500.	3
6a Were b Are you under If you c If the p	all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit	during the plan year invested in eliging the annual examination and report of (See instructions on waiver eligibility or line 6a or line 6b, the plan carplan, is it covered under the PBGC	gible assets? (See instruction of an independent qualifier ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	PA) Form	5500. Yes No	3 X Yes □ No X Yes □ No
6a Were b Are younder If you c If the p	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eitheld benefit a penalty for the late or	during the plan year invested in elig he annual examination and report of (See instructions on waiver eligibilither line 6a or line 6b, the plan cal	gible assets? (See instruction of an independent qualifier ty and conditions.)nnot use Form 5500-SF consurance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	Form	5500. Yes No cestablished.	3 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Not determined
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eitheld blan is a defined benefit a penalty for the late or alties of perjury and other	during the plan year invested in eligine annual examination and report of (See instructions on waiver eligibilitier line 6a or line 6b, the plan carplan, is it covered under the PBGC rincomplete filing of this return/rer penalties set forth in the instruction signed by an enrolled actuary, as	gible assets? (See instruction of an independent qualifier ty and conditions.)nnot use Form 5500-SFC insurance program (see report will be assessed ons, I declare that I have	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	Form se is	5500. Yes No established.	Yes No Yes No Not determined
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? answered "No" to eitholan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and crue, correct, and comple	during the plan year invested in eligine annual examination and report of (See instructions on waiver eligibilitier line 6a or line 6b, the plan carplan, is it covered under the PBGC rincomplete filing of this return/rer penalties set forth in the instruction signed by an enrolled actuary, as	gible assets? (See instruction of an independent qualifier ty and conditions.)nnot use Form 5500-SFC insurance program (see report will be assessed ons, I declare that I have	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	Form se is	5500. Yes No established.	Yes No Yes No Not determined
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? answered "No" to eitholan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and crue, correct, and comple	during the plan year invested in eligine annual examination and report of (See instructions on waiver eligibilities are line 6a or line 6b, the plan carplan, is it covered under the PBGC incomplete filing of this return/rer penalties set forth in the instruction signed by an enrolled actuary, as ete.	gible assets? (See instruction of an independent qualifier ty and conditions.)nnot use Form 5500-SFC insurance program (see report will be assessed ons, I declare that I have	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/rep	Form se is oort, in, and	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	all of the plan's assets of the plan's assets of the claiming a waiver of the 29 CFR 2520.104-46? It answered "No" to eithe plan is a defined benefit to a penalty for the late or alties of perjury and other dule MB completed and the complete correct, and complete with authorized/value.	during the plan year invested in eligine annual examination and report of (See instructions on waiver eligibilities are line 6a or line 6b, the plan carplan, is it covered under the PBGC incomplete filing of this return/rer penalties set forth in the instruction signed by an enrolled actuary, as ete.	gible assets? (See instruction of an independent qualified ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/repsion of this return/report	Form se is oort, in, and	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	all of the plan's assets of u claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and the corrue, correct, and complete with authorized/va Signature of plan additional control of the corrue of the	during the plan year invested in eliginal he annual examination and report of (See instructions on waiver eligibility of the plan carplan, is it covered under the PBGC or incomplete filing of this return/or penalties set forth in the instruction of signed by an enrolled actuary, as ete. Alid electronic signature.	gible assets? (See instruction of an independent qualified ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report sion of this return/report Enter name of individu	Form se is oort, in, and t	5500. Yes No established. Including, if applicate the best of my	Yes No Yes No Not determined Sable, a Schedule knowledge and
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and the corrue, correct, and completed with authorized/va Signature of plan add	during the plan year invested in elighe annual examination and report of (See instructions on waiver eligibilities and the first line 6a or line 6b, the plan carplan, is it covered under the PBGC or incomplete filing of this return/or penalties set forth in the instruction of signed by an enrolled actuary, as ete. alid electronic signature. ministrator	gible assets? (See instruction of an independent qualified ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report Enter name of individu	Form se is oort, in , and t	5500. Yes No established. Including, if applicate the best of my service and a plan admining as employed.	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and the corrue, correct, and completed with authorized/va Signature of plan add	during the plan year invested in eliginal he annual examination and report of (See instructions on waiver eligibility of the plan carplan, is it covered under the PBGC or incomplete filing of this return/or penalties set forth in the instruction of signed by an enrolled actuary, as ete. Alid electronic signature.	gible assets? (See instruction of an independent qualified ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report Enter name of individu	Form se is oort, in , and t	5500. Yes No established. Including, if applicate the best of my service and a plan admining as employed.	Yes No Yes No Not determined Sable, a Schedule knowledge and
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6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and the corrue, correct, and completed with authorized/va Signature of plan add	during the plan year invested in elighe annual examination and report of (See instructions on waiver eligibilities and the first line 6a or line 6b, the plan carplan, is it covered under the PBGC or incomplete filing of this return/or penalties set forth in the instruction of signed by an enrolled actuary, as ete. alid electronic signature. ministrator	gible assets? (See instruction of an independent qualified ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report Enter name of individu	Form se is oort, in , and t	5500. Yes No established. Including, if applicate the best of my service and a plan admining as employed.	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	all of the plan's assets on claiming a waiver of the 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late or alties of perjury and other dule MB completed and the corrue, correct, and completed with authorized/va Signature of plan add	during the plan year invested in elighe annual examination and report of (See instructions on waiver eligibilities and the first line 6a or line 6b, the plan carplan, is it covered under the PBGC or incomplete filing of this return/or penalties set forth in the instruction of signed by an enrolled actuary, as ete. alid electronic signature. ministrator	gible assets? (See instruction of an independent qualified ty and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?. unless reasonable cau examined this return/report Enter name of individu	Form se is oort, in , and t	5500. Yes No established. Including, if applicate the best of my service and a plan admining as employed.	Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Da	t III. Financial Information						
	t III Financial Information		I		1		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
-	Total plan assets	. 7a	17704				228034
	Total plan liabilities	. 7b		0	-		0
_	Net plan assets (subtract line 7b from line 7a)	- 7c	17704	3			228034
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	5000	0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	99	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					50991
	Benefits paid (including direct rollovers and insurance premiums	- 55					
	to provide benefits)	. 8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f		0			
g	Other expenses	. 8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					50991
j	Transfers to (from) the plan (see instructions)	. 8j		0			
Par	t IV Plan Characteristics		•		•		
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
	2E 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		itions withi	n the time period described in				7 ano an
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b		`	•	405		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c		^	
d	Did the plan have a loss, whether or not reimbursed by the plan's 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	of the ben	efits under the plan? (See			X	
	instructions.)			10e		X	
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		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			10i			
Part		1-0		101			
11		onte2 (If "	Vos " soo instructions and com	nloto	Schoo	lulo SE	2 (Form
	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)						
11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	lule 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 3	302 of	ERISA? Yes X No
	(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 beir granting the waiver.		Mon		, and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				
h	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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form FEGG SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

4D	offilia Annual Banari	t Identification Information	- Columne Will the Mistra	chois to the Form 550	10-51°.	
	calendar plan year 2013 or fi	t Identification Information	01/01/2013	and ending	12/31/2013	3
	This return/report is for:	x a single-employer plan		plan (not multiemployer)		rticipant plan
	This return/report is:	the first return/report	the final return/report		☐ ~ aug b=	topant pan
-	Tillo tetatimoperi io.	an amended return/report		rn/report (less than 12 m	nonthe)	
C	Check box if filing under:	Form 5558	automatic extension	Ilitichair (icos maii 17 iii	DFVC pro	ogram
•	Check box is filling under.	special extension (enter desc			Пы зорь	,grain
<u></u>	2 400 Design	<u> </u>				
	art II Basic Plan Info Name of plan	ormation enter all requested	Information		1b Three-digit	T
	•				plan number	
	Sanjay Sikand, M.D	., P.C. Profit Sharing	Plan		(PN) ► 1c Effective date	001
					01/01/20	•
2a	Plan sponsor's name and ac Sanjay Sikand, M.D	ddress; include room or suite num	ber (employer, if for a single	-employer plan)	2b Employer Id (EIN) 06-	lentification Number
					2c Sponsor's te	elephone number
	205 East Main Stree		(631) 42			
	TT 4	NTZ 11740			20 Business co 621111	de (see instructions)
	Huntington Plan administrator's name a	NY 11743 and address X Same as Plan Sp	onsor Name Same as i	Plan Sponsor Address	3b Administrato	or's EIN
					3c Administrate	or's telephone number
						·
	If the name and/or CINI of th		the look setum (see set filed)		Ab EIN	
4		ne plan sponsor has changed since mber from the last return/report.	the last return/report filed t	or this plan, enter the	4b EIN	
а	Sponsor's name	· ·			4c PN	
5a	Total number of participants	s at the beginning of the plan year		***************************************	5a	3
b		s at the end of the plan year			5b	3
C	. ,	account balances as of the end of		=	5c	3
 6а		s during the plan year invested in e			,	X Yes No
b		of the annual examination and repo			PA)	
		? (See instructions on waiver eligit		***************************************		XYes ☐No
_	-	ither line 6a or line 6b, the plan] No. [] No. determined
<u>с</u>	if the plan is a defined bene	efit plan, is it covered under the PB	GC insurance program (see	ERISA Section 4021)?	******** Tes	No Not determined
		or incomplete filing of this retu	· · · · · · · · · · · · · · · · · · ·			
		other penalties set forth in the instr and signed by an enrolled actuary.	· · · · · · · · · · · · · · · · · · ·		•	• •
	lief, it is true_correct, and con	- ·	, as well as the electronic ve	and or this returninepor	it, and to the best c	n my knossicage and
ેં	IGN Y DX	A	17/11/14	Sanjay Sikand		
	ERE Signature of plan adn	ninistrator	Date	Enter name of individua	al signing as plan a	dministrator
			*1114	Sanjay Sikand		
	IGN ERE Signature of employe	er/plan sponsor	Date	Enter name of individua	al signing as emplo	ver or plan sponsor
		name, if applicable) and address;				one number (optional)
						•
					and an in the state of the stat	The Control of the Co
					X 1 1 1 1 1 1 1 1 1 1	

Pa	art III Financial Information							
7	Plan Assets and Liabilities	之能強	(a) Beginning of Yea	Γ			(b) End of Y	rear ear
a	Total plan assets	7a	177,0	43				228,034
b	Total plan liabilities	7b		0			-	0
C	Net plan assets (subtract line 7b from line 7a)	7c	177,0	43				228,034
	Income, Expenses, and Transfers for this Plan Year	A. A.	(a) Amount				(b) Tota	
	Contributions received or receivable from: (1) Employers	8a(1)	50,0	nn	1		All the same lower	
	(2) Participants	8a(2)	30,0	0			namen karawa Karajan kara	
	(3) Others (including rollovers)	8a(3)		0	3.			१८ - १८६४ - १८ - १८ १९ - मेर्स्ट्रिक रहा है है - स्ट्रिक्ट्र
_	Other income (loss)	8b	9	<u>-</u> 91			was no s	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	The second of the second	·		g. Philippin	· Andrew Control	50,991
d	Benefits paid (including direct rollovers and insurance premiums		The second of th				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	to provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions)	8e	 	0				Standard M
	Administrative service providers (salaries, fees, commissions)	8f		0				sie rience
	Other expenses	8g	Marini and train Sugar Sugar	O Section	1 1 1 1 1 1 1	9-145-4	Company of the company	in considerations
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)	8i	美国新疆的		-	K(2		50,991
	Transfers to (from) the plan (see instructions)	8 <u>j</u>		0	3:77	Paris in	and the second of the second	निर्म है क जाती
_	rt IV Plan Characteristics		-1					
ya	If the plan provides pension benefits, enter the applicable pension fe 2E 3D	eature cod	es from the List of Plan Charac	teristi	ic Cod	es in t	the instructions	S :
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	1 Am	ount
a		tions withi	n the time period described in		100			Journ
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest?			10a		X	<u> </u>	
	on line 10a.)			10b		x		
c	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's a 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.)	of the ben	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plar	n?		10f		X		
				10g		х		
h		See instru	ictions and 29 CFR	10h		×		
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the				39.3 N	
Die	exceptions to providing the notice applied under 29 CFR 2520.101	1-3 44444441		10i	L		Sept. Sept. 17.00	S GOOD CONTRACTOR
	rt VI Pension Funding Compliance							
11 —	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						B (Form	☐ Yes ☒ No
112	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39	******	*****	11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	ction 3	02 of	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
a		ng amortiz	ed in this plan year, see instruc		and e	nter ti Da		letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.					
b	<u> </u>		···	*******		12b		

	Form 5500-SF 2013 Page 3-				
			•		
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year	***************	12c	<u> </u>	· · · · · · · · · · · · · · · · · · ·
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 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?	************	□ Y6	lo	
	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 the PBGC?			Yes X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)		
1	3c(1) Name of plan(s):	130	(2) EIN((s)	13c(3) PN(s)
Part	VIII. Trust Information (optional)				<u> </u>
14a :	Name of trust	14b Trust's EIN			