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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500-	-SF.	
Part I	Annual Report	Identification Information				
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01/2	2013	and ending 12	/31/2013	
A This re	eturn/report is for:	a single-employer plan		lan (not multiemployer)	a one-partici	ipant plan
B This re	eturn/report is:	the first return/report	the final return/report		41 X	
		X an amended return/report □	a short plan year retur	n/report (less than 12 mor	· —	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am
	T	special extension (enter descri	· · ·			
Part II		rmation—enter all requested info	ormation			1
1a Name	•				1b Three-digit	
ADA DERM	MATOLOGY, PA 401K PI	LAN			plan number	004
					(PN)	001
					1c Effective date of	
On Diese		don a series de la companya de la co				1/2010
	Sponsor's name and add MATOLOGY, PA	dress; include room or suite numbe	er (employer, it for a single	-employer plan)	2b Employer Identi (EIN) 82-05	ification Number 518425
0454545	OTDEET				2c Sponsor's telep	ohone number
BOISE, ID	RALD STREET 83704				2d Business code	(see instructions)
					6211	
3a Plan	administrator's name an	d address XSame as Plan Sponso	or Name Same as Pla	n Sponsor Address	3b Administrator's	EIN
					3c Administrator's	telephone number
		plan sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b EIN	
name	e, EIN, and the plan num	plan sponsor has changed since the plan sponsor has changed since the plant return/report.	he last return/report filed f			
name a Spon	e, EIN, and the plan num sor's name	nber from the last return/report.	· 		4c PN	
a Spon 5a Total	e, EIN, and the plan num sor's name I number of participants	nber from the last return/report. at the beginning of the plan year			4c PN 5a	8
name a Spon 5a Total b Total	e, EIN, and the plan num sor's name I number of participants a	at the beginning of the plan year at the end of the plan year			4c PN	8 9
name a Spon 5a Total b Total c Num comp	e, EIN, and the plan numesor's name I number of participants and the plan number of participants and the plan of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	he plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	9
name a Spon 5a Total b Total c Num comp	e, EIN, and the plan num sor's name I number of participants a I number of participants a ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	he plan year (defined bene igible assets? (See instruc	efit plans do not	4c PN 5a 5b 5c	9
name a Spon 5a Total b Total c Num com 6a Wer b Are y	e, EIN, and the plan numeror's name I number of participants and the plan number of participants and the plan number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the during the plan year invested in elethe annual examination and report	he plan year (defined bene igible assets? (See instruc t of an independent qualific	efit plans do not	4c PN 5a 5b 5c	9 9 X Yes No
name a Spon 5a Total b Total c Num com 6a Wer b Are y under	e, EIN, and the plan numeror's name I number of participants and number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in elethe annual examination and report (See instructions on waiver eligibil	he plan year (defined bendligible assets? (See instruct of an independent qualifications.)	efit plans do not	4c PN 5a 5b 5c	9
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde	e, EIN, and the plan num sor's name I number of participants a ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in election the annual examination and report of (See instructions on waiver eligibil ther line 6a or line 6b, the plan can be the plan can be seen to be the plan can be seen to	he plan year (defined bender ligible assets? (See instruct t of an independent qualific lity and conditions.)annot use Form 5500-SF	efit plans do not etions.)ed public accountant (IQPa	4c PN 5a 5b 5c A)	9 X Yes No X Yes No
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde	e, EIN, and the plan num sor's name I number of participants a ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in elethe annual examination and report (See instructions on waiver eligibil	he plan year (defined bender ligible assets? (See instruct t of an independent qualific lity and conditions.)annot use Form 5500-SF	efit plans do not etions.)ed public accountant (IQPa	4c PN 5a 5b 5c A)	9 9 X Yes No
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the	e, EIN, and the plan num sor's name I number of participants at number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in election the annual examination and report of Csee instructions on waiver eligibility ther line 6a or line 6b, the plan cast plan, is it covered under the PBG	he plan year (defined benderated) ligible assets? (See instruct t of an independent qualific lity and conditions.)	efit plans do not etions.)ed public accountant (IQP,	4c PN 5a 5b 5c A) Form 5500. Yes No	9 X Yes No X Yes No
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo C If the	e, EIN, and the plan num sor's name I number of participants a ber of participants with a plete this item) e all of the plan's assets you claiming a waiver of er 29 CFR 2520.104-46? u answered "No" to eit plan is a defined benefit A penalty for the late of	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in election the annual examination and report of (See instructions on waiver eligibil ther line 6a or line 6b, the plan can be the plan can be seen to be the plan can be seen to	he plan year (defined bender the plan year (defined bender the plan year) (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQP, and must instead use F ERISA section 4021)?	4c PN 5a 5b 5c A) Form 5500. We is established.	9 X Yes No X Yes No Not determined
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch	e, EIN, and the plan numsor's name I number of participants at the plan number of participants at the plan of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in election to the annual examination and report of the count of the plan year invested in election to the plan year invested in election to the plan year invested in election to the plan year invested in the instruction of the plan year invested in the instruction of the plan year invested in the instruction of the plan year	he plan year (defined bender the plan year (See instruct of an independent qualification and conditions.)	efit plans do not ed public accountant (IQP and must instead use F ERISA section 4021)? unless reasonable caus examined this return/repo	4c PN 5a 5b 5c A) Form 5500. We is established. Ort, including, if applic	9 X Yes No X Yes No Not determined
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Sch	e, EIN, and the plan numsor's name I number of participants and the plan number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in election to the annual examination and report of the count of the plan year invested in election to the plan year invested in election to the plan year invested in election to the plan year invested in the instruction of the plan year invested in the instruction of the plan year invested in the instruction of the plan year	he plan year (defined bender the plan year (See instruct of an independent qualification and conditions.)	efit plans do not ed public accountant (IQP and must instead use F ERISA section 4021)? unless reasonable caus examined this return/repo	4c PN 5a 5b 5c A) Form 5500. We is established. Ort, including, if applic	9 X Yes No X Yes No Not determined
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Scr belief, it is	e, EIN, and the plan numsor's name I number of participants and the plan number of participants and plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan can be plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, as olete.	he plan year (defined bending by the plan year (defined bending by the plan year (defined bending by the plan year (See instruct of an independent qualification and use Form 5500-SF C insurance program (see	efit plans do not ed public accountant (IQPa and must instead use F ERISA section 4021)? unless reasonable caus examined this return/report, a	4c PN 5a 5b 5c A) Form 5500 Yes No se is established. ort, including, if applicand to the best of my	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Scr belief, it is	e, EIN, and the plan number of participants and inumber of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan can be plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, as olete.	he plan year (defined bene- ligible assets? (See instruct t of an independent qualified lity and conditions.)	efit plans do not ed public accountant (IQP) and must instead use F ERISA section 4021)? unless reasonable caus examined this return/reportsion of this return/report, a	4c PN 5a 5b 5c A) Form 5500 Yes No se is established. ort, including, if applicand to the best of my	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and
name a Spon 5a Total b Total c Num com 6a Wer b Are y unde If yo c If the Caution: Under per SB or Scr belief, it is	e, EIN, and the plan number of participants and inumber of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in elements of the annual examination and report of the instructions on waiver eligibility of the plan can be plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instruction of the plan o	he plan year (defined bene- ligible assets? (See instruct t of an independent qualified lity and conditions.) annot use Form 5500-SF C insurance program (see l/report will be assessed tions, I declare that I have s well as the electronic ver 07/29/2014 Date	efit plans do not ed public accountant (IQP) and must instead use F ERISA section 4021)? unless reasonable caus examined this return/reportsion of this return/report, and the return of the retur	4c PN 5a 5b 5c A) Form 5500. Yes No ae is established. Ort, including, if applicand to the best of my	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and
name a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan number of participants and innumber of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in election of the annual examination and report of (See instructions on waiver eligibility of the plan captor incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, as objecte.	he plan year (defined bender the plan year (defined bender the plan year) (See instruct of an independent qualified lity and conditions.)	efit plans do not ctions.)	4c PN 5a 5b 5c A) Form 5500. Yes No ae is established. Ort, including, if applicand to the best of my	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and ministrator er or plan sponsor
name a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan number of participants and innumber of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in elements of the annual examination and report of the instructions on waiver eligibility of the plan can be plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instruction of the plan o	he plan year (defined bender the plan year (defined bender the plan year) (See instruct of an independent qualified lity and conditions.)	efit plans do not ctions.)	4c PN 5a 5b 5c A) Form 5500. We is established. Ort, including, if applicand to the best of my al signing as plan ada	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and ministrator er or plan sponsor
name a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan number of participants and innumber of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in election of the annual examination and report of (See instructions on waiver eligibility of the plan captor incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, as objecte.	he plan year (defined bender the plan year (defined bender the plan year) (See instruct of an independent qualified lity and conditions.)	efit plans do not ctions.)	4c PN 5a 5b 5c A) Form 5500. We is established. Ort, including, if applicand to the best of my al signing as plan ada	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and ministrator er or plan sponsor
name a Spon 5a Total b Total c Num com 6a Wer b Are y under lf yo c If the Caution: Under per SB or Scr belief, it is SIGN HERE	e, EIN, and the plan number of participants and innumber of participants and ber of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in election of the annual examination and report of (See instructions on waiver eligibility of the plan captor incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, as objecte.	he plan year (defined bender the plan year (defined bender the plan year) (See instruct of an independent qualified lity and conditions.)	efit plans do not ctions.)	4c PN 5a 5b 5c A) Form 5500. We is established. Ort, including, if applicand to the best of my al signing as plan ada	9 X Yes No X Yes No Not determined Cable, a Schedule y knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7				or.	(b) End of Year						
	Total plan assets	7a	(a) Beginning of Yea				(b) Ella c		669		
	otal plan liabilities							011	-		
	Net plan assets (subtract line 7b from line 7a)				+			371	669		
	Income, Expenses, and Transfers for this Plan Year	70			+		(b) To		-		
	Contributions received or receivable from:		(a) Amount		(b) Total						
	(1) Employers	8a(1)	5198	2							
	(2) Participants	8a(2)	3632	!1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5633	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						144	633		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		_
	Net income (loss) (subtract line 8h from line 8c)	8i						144	1633		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	٠,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
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 instruction	ns:			
D	V O markana a O markana										
Par				1		١	ı	_			
10	During the plan year:		0 0 11 2 11	ı	Yes	No	,	Amour	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					180	000
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							
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		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		X					
Part	VI Pension Funding Compliance						•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пу	⁄es	X	No
112	Enter the unpaid minimum required contribution for current year fr					11a				-1	
	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAS	\Box	⁄es	Y	No
12	Is this a defined contribution plan subject to the minimum funding			e or se	cuon	ა∪∠ 0f	EKISA!	<u> </u>	Co	^	INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ctions	and a	enter th	l ne date of th	e lette	r rulir	חמ	
	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	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	14b Trust'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). 2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance with the instru	ctions to the Form 550	0-SF.		
P	art I Annual Report	Identification Information					
For	calendar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending		12/31/201	. 3
	This return/report is for:	X a single-employer plan		olan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	m/report (less than 12 m	onths)		
С	Check box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descripti					
		rmation—enter all requested inform	nation		41.		
	Name of plan				10	Three-digit plan number	
	Ada Dermatology,	PA 401K Plan				(PN)	001
					1c	Effective date of	<u> </u>
						08/01/2010	
	Plan sponsor's name and ad Ada Dermatology,	ldress; include room or suite number (PA	employer, if for a single	-employer plan)	1	Employer Identif	
						Sponsor's telep	
	6454 Emerald Stre	et			2d	Business code ((see instructions)
	Boise		TD	83704	1	621111	(Jee mandanona)
3a		nd address Same as Plan Sponsor		n Sponsor Address		Administrator's I	EIN
		-		•			
					3с	Administrator's	telephone number
					<u> </u>		***************************************
4		e plan sponsor has changed since the	last return/report filed f	for this plan, enter the	4b	EIN	
а	Sponsor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	T	0
b	· ·	at the end of the plan year			5b		8
	, ,	· •			ac	-	9
С	•	account balances as of the end of the		· -	5c	a de la companya de l	9
62		s during the plan year invested in eligi			·		X Yes ☐ No
b		f the annual examination and report of					
~		? (See instructions on waiver eligibility					X Yes No
	If you answered "No" to e	ither line 6a or line 6b, the plan can	not use Form 5500 - SF	and must instead use	Form	5500.	
С	If the plan is a defined benef	fit plan, is it covered under the PBGC i	insurance program (see	ERISA section 4021)?		Yes No	Not determined
Cai	ition: A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable cau	use is	established.	
Und	der penalties of perjury and ot	her penalties set forth in the instruction	ns, I declare that I have	examined this return/rep	port, in	cluding, if applic	able, a Schedule
SB	or Schedule MB completed a	nd signed by an enrolled actuary, as v	vell as the electronic ve	rsion of this return/report	t, and t	to the best of my	knowledge and
beli	ef, it is true, correct, and com	piete.	1				
SIG	N Fileshul	D. 1000 5411	2/10/14	Richard D. Bli	icke	nstaff	
HE	MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY	administrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIG	\$1.00 pt (2.00 pt (2.00 pt))						
HE	RE Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ining as employe	er or plan sponsor
Pre		name, if applicable) and address; inclu	de room or suite numb	er (optional)	Prep	arer's telephone	number (optional)
1							
ı					L		

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year		
а	Total plan assets	7a	225	7 , 03	6		371,669	
<u>b</u>	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	227	7,03	6	371,6		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	51	1,98	2			
	(2) Participants	8a(2)	<u> </u>	5,32				
***************************************	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	5.6	6,33	80			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					144,633	
-	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e		•				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			288			
	Other expenses	8g		New York	3463 341			
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					144,633	
-	Net income (loss) (subtract line 8h from line 8c)	8i					144,000	
J Testellossos	Transfers to (from) the plan (see instructions) It IV Plan Characteristics	8j						
	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare f							
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	•	•	10b		Х		
c	Was the plan covered by a fidelity bond?			10c	Х		18,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,	· ·	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		Х		
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i		Х		
Par				·				
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							
112	Enter the unpaid minimum required contribution for current year t				- I	11a		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes 🛚 No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.		Mon		, and e	enter tl Day	ne date of the letter ruling Year	
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	rm 5500), and skip to line 13.			40.	T	
b	b Enter the minimum required contribution for this plan year							

	Form 5500-SF 2013 130118 Page 3 -				
	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 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?		res 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 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			
	3c(1) Name of plan(s):	13c(2) El	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			<u></u>	
14a	Name of trust	14b ⊤	rust's EIN		