For	rm 5500-SF	Short Form Annual Re	OMB Nos. 1210					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	е	2	013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Internal	(a) of	This Form is	s Open to Public pection			
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.	1115	pection	
Part I		entification Information						
For calend	ar plan year 2013 or fisca		}	and ending 1	2/31/2	2013		
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan	
B This ret	turn/report is:	the first return/report	the final return/report					
	Γ	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m	
• • • • • • • • •	Γ	ے special extension (enter descriptior						
Part II	Basic Plan Inform	nation—enter all requested informa	,					
1a Name					1b	Three-digit		
		ANCE 401K PROFIT SHARING PLAN	& TRUST		10	plan number		
						(PN) 🕨	001	
					1c	Effective date of	f plan	
						01/01/	/2007	
	ponsor's name and addre & ASSOCIATES INSUR/	ess; include room or suite number (en ANCE AGENCY, INC.	nployer, if for a single-	-employer plan)	2b	Employer Identit (EIN) 59-18		
8181 NW 15	54 ST STE 230				2c	Sponsor's telep 305-556		
8181 NW 154 ST STE 230 MIAMI LAKES, FL 33016-5882						Business code (52421	,	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's I	EIN	
							elephone number	
		lan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b	EIN		
	or's name	er from the last return/report.			4c	PN		
5a Total	number of participants at	the beginning of the plan year			5a		37	
b Total i	number of participants at	the end of the plan year			5b		39	
	· ·	count balances as of the end of the pl		•	5c		25	
-		uring the plan year invested in aligible					X Yes No	
		uring the plan year invested in eligible the annual examination and report of a						
		See instructions on waiver eligibility a					🗙 Yes 🗌 No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.		
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ise is	established.		
Under pena SB or Sche	alties of perjury and other	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	07/31/2014	GEORGE NENEZIAN	NENEZIAN			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	idual signing as plan administrator			
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	r or plan sponsor	
Preparer's		ne, if applicable) and address; include					number (optional)	

7 Plan Assets and Liabilities			(a) Beginning of Yea	ır_			(b) End o	of Year	
a Total plan assets	7a	80145				964664			
b Total plan liabilities	7b		0	0					
c Net plan assets (subtract line 7b from lin	7c	80145	5	964664					
8 Income, Expenses, and Transfers for th	nis Plan Year		(a) Amount				(b) To	otal	
a Contributions received or receivable from			4054	4					
(1) Employers		8a(1)	4651						
(2) Participants		8a(2)	8081						
(3) Others (including rollovers)		8a(3)		0					
b Other income (loss)		8b	10210	8					
c Total income (add lines 8a(1), 8a(2), 8a	(),	8c			_			229434	
d Benefits paid (including direct rollovers to provide benefits)	•	8d	6617	7					
e Certain deemed and/or corrective distrib		8e		0					
f Administrative service providers (salarie	es. fees. commissions)	8f	4	8					
g Other expenses	· · · · · · · · · · · · · · · · · · ·	8g		0					
h Total expenses (add lines 8d, 8e, 8f, an		8h						66225	
i Net income (loss) (subtract line 8h from								163209	
j Transfers to (from) the plan (see instruct	,	8j							
Part IV Plan Characteristics		9							
b If the plan provides welfare benefits, er				ວເຮົາອເ					
				ciensi	Yes	No		Amount	
Part V Compliance Questions		tions within 1	the time period described in	10a				Amount	1094
Part V Compliance Questions I0 During the plan year: a Was there a failure to transmit to the plan year	ns and DOL's Voluntary Fiduns with any party-in-interest	tions within t uciary Correct ? (Do not ind	the time period described in ction Program)		Yes			Amount	1094
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction	ns and DOL's Voluntary Fiduns with any party-in-interest	tions within t uciary Correc ? (Do not ind	the time period described in ction Program) clude transactions reported	10a	Yes	No			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.)	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? not reimbursed by the plan's	tions within t uciary Correct ? (Do not ind fidelity bond	the time period described in ction Program) clude transactions reported	10a 10b	Yes X	No			
Part V Compliance Questions I0 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bord d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organization	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef	the time period described in ction Program) clude transactions reported I, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes X	No			0000
Part V Compliance Questions IO During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organization	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all	tions within t uciary Correc ? (Do not ind fidelity bond ner persons l of the benef	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes X X	No			
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bord d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organization instructions.) f Has the plan failed to provide any ben	ns and DOL's Voluntary Fidu ns with any party-in-interest nd? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the pla	tions within t uciary Correct ? (Do not ind fidelity bond her persons l of the benef n?	the time period described in ction Program) clude transactions reported I, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d 10e 10f	Yes × × ×	No X X			00000 340
Part V Compliance Questions IO During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loans	ns and DOL's Voluntary Fidu ns with any party-in-interest and? Not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d	Yes X X	No X X			00000 340
Part V Compliance Questions IO During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loans h If this is an individual account plan, wa 2520.101-3.)	ns and DOL's Voluntary Fidu ns with any party-in-interest and? Not reimbursed by the plan's of any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period?	tions within t uciary Correc ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes × × ×	No X X			00000 340
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bord d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organization instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loans h If this is an individual account plan, wa 2520.101-3.) 	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's of any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the box if you either provided the plant of the provided the plant of the pla	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	Yes × × ×	No X X X			00000 340
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loans h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10f 10g 10h 10i	Yes X X X X	No			00000 340
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loans n h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app vart VI Pension Funding Complii 11 Is this a defined benefit plan subject to 5500) and line 11a below)	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all refit when due under the plan s? (If "Yes," enter amount a as there a blackout period? (box if you either provided the blied under 29 CFR 2520.10 iance	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X Sched	No X X X	; (Form		340
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loans h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant loans 11 Is this a defined benefit plan subject to 5500) and line 11a below) a Use the unpaid minimum required compliant loans	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all refit when due under the plan s? (If "Yes," enter amount a as there a blackout period? (box if you either provided the blied under 29 CFR 2520.10 iance	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X X Sched	No X X X	; (Form	5	340
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organization instructions.) f Has the plan have any participant loans h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's of any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance of minimum funding requirem	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3 ments? (If "Ye	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X Sched	No X X X Iule SB	9 (Form	5	340 1323
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bord d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organizatio instructions.) f Has the plan have any participant loans h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant loans 11 Is this a defined benefit plan subject to 5500) and line 11a below) 12 Is this a defined contribution plan subject line 12a or lines 12	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's o any brokers, agents, or oth on that provides some or all refit when due under the plan s? (If "Yes," enter amount a as there a blackout period? (box if you either provided the blied under 29 CFR 2520.10 iance o minimum funding requirem portribution for current year fr ject to the minimum funding tb, 12c, 12d, and 12e below,	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the ess," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code ple.)	10a 10b 10c 10d 10e 10f 10g 10h 10i e or se	Yes X X X X Sched	No X X X X Iule SB 11a 302 of f	6 (Form ERISA?	Yes	340 1323
Part V Compliance Questions IO During the plan year: a Was there a failure to transmit to the p 29 CFR 2510.3-102? (See instruction b b Were there any nonexempt transaction on line 10a.) c Was the plan covered by a fidelity bor d Did the plan have a loss, whether or n or dishonesty? e Were any fees or commissions paid to insurance service, or other organization instructions.) f Has the plan failed to provide any ben g Did the plan have any participant loans h h If this is an individual account plan, wa 2520.101-3.) i If 10h was answered "Yes," check the exceptions to providing the notice app Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to 5500) and line 11a below)	ns and DOL's Voluntary Fidu ns with any party-in-interest and? not reimbursed by the plan's of any brokers, agents, or oth on that provides some or all nefit when due under the plan s? (If "Yes," enter amount a as there a blackout period? box if you either provided the blied under 29 CFR 2520.10 iance of minimum funding requirem pontribution for current year fr ject to the minimum funding tb, 12c, 12d, and 12e below, ndard for a prior year is beir	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i e or see	Yes X X X X Sched	No X X X X Iule SB 11a 302 of f	e date of th	Yes	340 1323

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	

Form 5500-SF	orm 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						
Department of the Treasury Internal Revenue Service	Department of the freesory						
Department of Labor Employee Benefits Security Administration	Department of Labor ployee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	 Complete all entries in accordar entification Information 	nce with the instruc	tions to the Form 550	0-SF.	•		
Part I Annual Report Id For calendar plan year 2013 or fisca		01/2013	and ending	-	12/31/2013		
A This return/report is for:	~)		an (not multiemployer)	ſ	a one-participant plan		
B This return/report is:	the first return/report th	e final return/report		L			
	an amended return/report	hort plan year return	/report (less than 12 m	onths)			
C Check box if filing under:		[DFVC program				
	special extension (enter description)	waanaa ay ay kay sa ay					
	nation—enter all requested information	<u>n</u>		48			
1a Name of plan NENEZIAN & ASSOCIATES	S INSURANCE 401K PROFIT	SHARING PLAN	I & TRUST		Three-digit plan number (PN) ▶ 001		
					Effective date of plan		
	ess; include room or suite number (emp INSURANCE AGENCY, INC.		employer plan)		Employer Identification Number (EIN) 59-1801673		
8181 NW 154 ST STE 23	0				Sponsor's telephone number 305-556-1488		
MIAMI LAKES	FL 33016-5882	un sector sector a sector para por como antica da desendar a desta da sector de sector de sector de sector de s			Business code (see instructions) 524210		
3a Plan administrator's name and	address XSame as Plan Sponsor Nan	ne XSame as Plan	Sponsor Address	3b /	Administrator's EIN		
4 If the name and/or EIN of the p	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	Administrator's telephone number		
name, EIN, and the plan numb a Sponsor's name	er from the last return/report.			4c PN			
	the beginning of the plan year			5a	37		
b Total number of participants a	the end of the plan year			5b	39		
	count balances as of the end of the plan			5c	25		
b Are you claiming a waiver of the under 29 CFR 2520.104-46? (luring the plan year invested in eligible a ne annual examination and report of an See instructions on waiver eligibility and rer line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQ	PA)	X Yes No		
	plan, is it covered under the PBGC insu				and a second sec		
Caution: A nanalty for the late or	incomplete filing of this return/repor	t will he accessed i	inless reasonable car		stahlished		
Under penalties of periury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well	declare that I have	examined this return/re	port, ind	cluding, if applicable, a Schedule		
SIGN Jen	(on-)		GEORGE NENEZI.	AN	ny kao mpikana mpikana Mpikana mpikana m		
HERE Signature of plan ad	njnistrator	Date 01/3/14	Enter name of individ	lual sigr	ning as plan administrator		
SIGN Kum	lent-	, , ,					
HERE Signature of employe	er/plan sponsor	Date 09/3/14			ning as employer or plan sponsor		
Preparer's name (including firm na	ne, if applicable) and address; include r	oom or suite numbe	r (optional)	Prepa	arer's telephone number (optional)		
	and ALP Annual House Inc	alana far Farmer PFA	0 F		Form 5500-SF (2013)		
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the instru	cuons for Porm 5500-	ar.		rum 5000+3r (2013)		

7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	l		(b) End	of Year	
а	Total plan assets	7a		0145	55			*****	96466
b	Total plan liabilities	7b	na ferinana di jang se ini ini ang kang dan mang pananan kang na pang na pang na pang na pang na pang na pang n	rymain yn ioninn yn yn dan	0			ni i Chailte an Inne an Anna Anna Anna Anna Anna Anna Ann	(
С	Net plan assets (subtract line 7b from line 7a)	7c	80	0145	55	DDEIMORESI DAVAMANAN			96466
3	Income, Expenses, and Transfers for this Plan Year		(a) Amount	*******		****	(b) [·]	Total	
	Contributions received or receivable from:	1		4651	-				
	(1) Employers	8a(1)				******			
	(2) Participants	8a(2)		8081	1.5				
	(3) Others (including rollovers)	8a(3)	a na		U				
	Other income (loss)	8b	1	0210	18				00040
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		6617	77				22943
*****	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f			18				
	Other expenses	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6622
-	Net income (loss) (subtract line 8h from line 8c)	81					ada ay daga daga daga daga daga daga dag		16320
	Transfers to (from) the plan (see instructions)								10020
	t IV Plan Characteristics	8j		nigyani ini ina ani ini i					
b		001010 000	les from the List of Plan Charac	.(61151					
Part							*****		
Part					Yes	No		Amoun	
Part 0 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	itions withi	n the time period described in rection Program)	10a		r		Amoun	*****
Part 0 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu	itions withi uciary Cor i? (Do not	n the time period described in rection Program)		Yes	r		Amoun	****
Part 10 a	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	tions withi uciary Cor 1? (Do not	n the time period described in rection Program) include transactions reported	10a	Yes	No		Amoun	1094
Part 10 a b	V Compliance Questions During the plan year:	tions withi uciary Cor i? (Do not	n the time period described in rection Program) include transactions reported	10a 10b	Yes	No		Amount	t 1094 50000
Part IO a b c d	V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	tions withi uciary Cor ? (Do not fidelity bo ner person of the ber	n the time period described in rection Program) include transactions reported and, that was caused by fraud is by an insurance carrier, hefits under the plan? (See	10a 10b 10c	Yes	No		Amount	1094 50000
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Form 5500-SF 2013

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?		Yes X]No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1	анталан калан к
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control		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(which assets or liabilities were transferred. (See instructions.)	s) to		
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
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Part	VIII Trust Information (optional)			
14a	Name of trust	14b 1	rust's El	N

Filing Authorization for the 2013 Form 5500-SF

Name of Plan: Nenezian & Associates Insurance 401(k) Profit Sharing Plan & Trust

EIN / PN: 59-1801673

Plan Year Ending: 12/31/2013

Authorization to Electronically Sign and File Form 5500

I hereby authorize any employee of BenefitMall ("Service Provider") to electronically sign and file 5500 forms on my behalf.

I understand that in granting this authority:

- I must sign and date a paper copy of completed 5500 Form.
- I must provide copy of the signed 5500 Form to BenefitMall before electronic filling can be initiated.
- 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.
- BenefitMall will retain a copy of this written authorization in its records.
- BenefitMall will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report;
- BenefitMall shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.
- This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator/Employer/Plan Sponsor

Bv

Date: 0/1/3/14

George Nenezian