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 Comple	ete all entries in accor	dance with the instruc	tions to the Form 5500)-SF.	•	
Part I	Annual Report Identification	on Information					
For calenda	ar plan year 2013 or fiscal plan year b	eginning 01/01/201	3	and ending 12	2/31/2013		
A This ret	urn/report is for:	mployer plan	a multiple-employer pl	an (not multiemployer)	а	one-participa	ant plan
B This ret	urn/report is: the first re	turn/report	the final return/report				
	片	ed return/report		n/report (less than 12 mo	· —		
C Check I	oox if filing under:	Btension (enter description	automatic extension		∐D	FVC progran	n
		` '	<i>'</i>				
Part II	Basic Plan Information—er	ter all requested inform	nation				
1a Name NADIA LANI	of plan ADO, DDS, PC 401(K) PLAN				1b Thre plan	ee-digit number	
					(PN)	,	002
					1C Effec	ctive date of 01/01/2	
	ponsor's name and address; include ADO, DDS, PC	room or suite number (e	employer, if for a single-	employer plan)	2b Emp		cation Number 5121
545 WEST 1	11 STREET				2c Spor	nsor's teleph 914-472-	
APT. 2C NEW YORK					2d Busin	ness code (s 621210	ee instructions)
3a Plan a	dministrator's name and address XS	ame as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b Adm	inistrator's E	IN
					3c Adm	inistrator's te	elephone number
name,	name and/or EIN of the plan sponsor EIN, and the plan number from the l		last return/report filed fo	or this plan, enter the	4b EIN		
name, a Sponse	, EIN, and the plan number from the lor's name	ast return/report.	· 	·	4c PN		
a Sponso	EIN, and the plan number from the lor's name number of participants at the beginning	g of the plan year			4c PN 5a		3
name, a Sponso 5a Total r b Total r c Numb	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the	g of the plan year the plan year the plan year of the end of the	plan year (defined bene	fit plans do not	4c PN 5a 5b		3
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the er of participants with account balance te this item) all of the plan's assets during the plan	g of the plan year e plan yeares as of the end of the	plan year (defined bene ble assets? (See instruc	fit plans do not	4c PN 5a 5b 5c		
name, a Sponso 5a Total r b Total r C Numbo comple 6a Were b Are younder	EIN, and the plan number from the lor's name number of participants at the beginning number of participants at the end of the er of participants with account balance ete this item)	g of the plan year e plan yeares as of the end of the n year invested in eligible amination and report of ons on waiver eligibility	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	fit plans do not tions.)d public accountant (IQF	4c PN 5a 5b 5c		3
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the er of participants with account balance te this item)	g of the plan year g of the plan year e plan year es as of the end of the n year invested in eligible amination and report of ons on waiver eligibility line 6b, the plan canr	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.) not use Form 5500-SF	fit plans do not tions.)d public accountant (IQF	4c PN 5a 5b 5c)	3 X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan number from the loor's name number of participants at the beginning number of participants at the end of the er of participants with account balance tee this item)	g of the plan year g of the plan year ne plan year es as of the end of the n year invested in eligible amination and report of ons on waiver eligibility line 6b, the plan canrected under the PBGC in	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.) not use Form 5500-SF nsurance program (see	fit plans do not tions.)d public accountant (IQF and must instead use I	4c PN 5a 5b 5c Form 5500 Yes	D. No []	3 X Yes No X Yes No
name, a Sponse 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the of participants with account balance tee this item)	g of the plan year g of the plan year e plan year es as of the end of the n year invested in eligible amination and report of the son waiver eligibility line 6b, the plan canred under the PBGC in the filling of this return/reset forth in the instruction	plan year (defined bene- ple assets? (See instruction an independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cau examined this return/rep	4c PN 5a 5b 5c PA) Form 5500 Yes se is estate ort, including	D. No Dished.	3 X Yes □ No X Yes □ No Not determined ble, a Schedule
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name, a Sponse 5a Total r b Total r c Numb- compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the er of participants with account balance tee this item)	g of the plan year g of the plan year e plan year es as of the end of the myear invested in eligible amination and report of ons on waiver eligibility line 6b, the plan canre ered under the PBGC in filling of this return/re et forth in the instruction in enrolled actuary, as we	plan year (defined bene- ple assets? (See instruction an independent qualifier and conditions.) not use Form 5500-SF insurance program (see port will be assessed as, I declare that I have rell as the electronic ver	fit plans do not tions.) d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report,	4c PN 5a 5b 5c PA) Form 5500 Yes se is estate ort, including and to the	D. No Dished. ng, if applical best of my k	3 X Yes No X Yes No Not determined ble, a Schedule knowledge and
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the er of participants with account balance tee this item)	g of the plan year g of the plan year e plan year es as of the end	plan year (defined bene- ple assets? (See instruction an independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cau examined this return/report, Enter name of individu Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se is estable ort, including and to the estable orthogonal signing and signi	blished. ng, if applical best of my kas as plan admi	3 X Yes No X Yes No Not determined ble, a Schedule knowledge and inistrator or plan sponsor
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schelbelief, it is to SIGN HERE Preparer's LEE KAMIN PENSION A	EIN, and the plan number from the lor's name number of participants at the beginnin number of participants at the end of the er of participants with account balance tee this item)	g of the plan year g of the plan year e plan year es as of the end	plan year (defined bene- ple assets? (See instruction an independent qualifier and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use I ERISA section 4021)? unless reasonable cau examined this return/report, Enter name of individu Enter name of individu	4c PN 5a 5b 5c PA) Form 5500 Yes se is estable ort, including and to the estable orthogonal signing and signi	blished. ng, if applical best of my kas as plan admi	3 X Yes No X Yes No Not determined ble, a Schedule knowledge and or plan sponsor number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Vec				(h) End of Voca
_ <u>'</u> _a		. 7a	(a) Beginning of Yea		+		(b) End of Year 722512
<u>a</u>	Total plan assets Total plan liabilities	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	67706				722512
8	· · · · · · · · · · · · · · · · · · ·	. 76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	572	5			
	(2) Participants	8a(2)	2515	0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	. 8b	1457	4			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					45449
d	Benefits paid (including direct rollovers and insurance premiums	0.4		0			
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d		0			
<u>e</u>	,	. 8e		0			
	Administrative service providers (salaries, fees, commissions)	. 8f					
<u>g</u>	Other expenses	. 8g		0			
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
÷	Net income (loss) (subtract line 8h from line 8c)						45449
		· 8j		0			
	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	teature co	des from the List of Plan Char	acteris	stic Co	ides in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Dom	W Compliance Overtions						
Par					Vac	Na	
10	During the plan year:	4:			Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		X	
b				10b		X	
	on line 10a.)				Χ		
<u>C</u>				10c	,,		75000
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			10e		X	
f	instructions.)			10f		X	
g				10g		X	
h				iug		V	
	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	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					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 applic	able.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						. 531
	Enter the minimum required contribution for this plan year	,	,			12b	

Page	3	-	1	
гаус	J	_		

			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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

(Rev. August 2012)

Application for Extension of Time To File Certain Employee Plan Returns

File With IRS Only

Department of the Treasury Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

4	Name of filer, plan administrator, or plan sponsor (see instructions)	В		lifying number (s						
	Nadia Laniado, DDS, PC		Employer identification number (EIN)(9 digits XX-XXXXX							
	Number, street, and room or suite no. (If a P.O. box, see instructions) 545 West 111 Street		13-39651	**-		****				
	City or town, state, and ZIP code		Social secu	ity number (SSN)	(9 digits XXX-X)	(-XXXX)				
	New York NY 10025									
;	114 10023		DI	Dia	n waar andi					
	Plan name		Plan number	MM	n year endir DD	19 YYYY				
	Nadia Laniado, DDS, PC 401(k) Plan	0	0 2	12	31	2013				
Par	t II Extension of Time To File Form 5500 Series, and/or Form	n 8955-SSA	<u> </u>			<u></u>				
1	Check this box if you are requesting an extension of time on line 2 in Part 1, C above.	to file the first	Form 5500	series return/re	eport for the p	olan listed				
2	I request an extension of time until 10 / 15 / 2014 to fil Note. A signature IS NOT required if you are requesting an extension to	e Form 5500 s to file Form 55	eries (see i 00 series.	nstructions).						
3	I request an extension of time until / / to fil Note. A signature IS NOT required if you are requesting an extension to	e Form 8955-8 to file Form 89	SSA (see ins 55-SSA.	structions).						
	The application is automatically approved to the date shown on line 2 the normal due date of Form 5500 series, and/or Form 8955-SSA for wand/or line 3 (above) is not letter than the 45th day of the line 1.	2 and/or line 3	(above) if: (a) the Form 55	558 is filed on	or before				
² art	and/or line o (above) is not later than the 15th day of the third month at	/hich thic aviar	eion io root	ested, and (b)	the date on I	ine 2				
Part	Extension of Time To File Form 5330 (see instructions) I request an extension of time until	ter the normal	sion is requ	ested, and (b)	the date on I	ine 2				
	Extension of Time To File Form 5330 (see instructions)	the this exter fer the normal e Form 5330. after the norm	sion is requ	ested, and (b)	the date on I	ine 2				
4	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330,	the this exter fer the normal e Form 5330. after the norm	al due date	ested, and (b)	the date on I	ine 2				
4 a	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b	IT Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the norm	al due date	of Form 5330.	the date on I	ine 2				
4 a b c 5	Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file You may be approved for up to a 6 month extension to file Form 5330, Enter the Code section(s) imposing the tax	e Form 5330. after the normal	al due date al due date al due date diment date	of Form 5330.	b c	ine 2				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

		identification information	<u> </u>						
	calendar plan year 2013 or fi	scal plan year beginning		01/01	/2013	and ending	1	.2/31/2013	
Α	This return/report is for:	x a single-employer plan	ar	nultiple-e	employer	plan (not multiemployer)		a one-partici	pant plan
В	This return/report is:	the first return/report	the	final ret	urn/repoi	t			, -
		an amended return/report				urn/report (less than 12 r	aonthe	4	
С	Check box if filing under:	x Form 5558			extension		1011113	_	
	-	special extension (enter desc	_		A(01131011			DFVC progra	am
Б	art II Basic Plan Info					· · · · · · · · · · · · · · · · · · ·			
	Name of plan	ormation enter all requested	l informat	tion			1		
	·						1b	Three-digit plan number	
	Nadia Laniado, DDS	, PC 401(k) Plan						(PN) ►	002
							1c	Effective date of	
2a	Plan sponsor's name and ad	ddress; include room or suite numb	hor (omn	lover if	ine a sisse		 	01/01/2009	***************************************
	Nadia Laniado, DDS	, PC	nei (eiiih	ioyei, ii i	or a sing	ie-employer plan)	2b		ification Number
							<u> </u>	(EIN) 13-39	······································
	545 West 111 Street	-					ZC	Sponsor's telep (914) 472-	
	Apt. 2C	•					2d		(see instructions)
	New York	NY 10025						621210	(see instructions)
3a	Plan administrator's name a	nd address 🗓 Same as Plan Spo	onsor Na	ame 🔲	Same as	Plan Sponsor Address	3b	Administrator's	EIN
			•				3c	Administrator's	telephone number
									- ,
4	If the name and/or EIN of the						<u> </u>	-	
•	name, EIN, and the plan num	e plan sponsor has changed since nber from the last return/report.	the last	return/re	port filed	for this plan, enter the	4b	EIN	
а	Sponsor's name						4c		
5a	Total number of participants	at the beginning of the plan year					5a		3
b	lotal number of participants	at the end of the plan year	***********	***********	******		5b	 	3
С	Number of participants with a	account balances as of the end of t	the plan	vear (de	fined ber	efit plans do not	-	 ""	
a 3a	complete this item)	***************************************	*********	*********	**********	******************************	5c		3
h	Are you claiming a waiver of	during the plan year invested in el	ligible as	sets? (S	ee instru	ctions.)	*********	******************	X Yes No
~	under 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibi	t of an In ility and (depende					
	If you answered "No" to eit	ther line 6a or line 6b, the plan ca	annot re	ea Form	5.) EEOO-QE	and must instead use			X Yes No
С	If the plan is a defined benefi	it plan, is it covered under the PBG	3C insura	ance pro	aram (se	PRISA section 4021)2	rorm	5500. 	Mot determine
									☐ Not determined
Unc	der nenalties of perium and of	or incomplete filing of this return	n/report	WIII De	assesse	d unless reasonable ca	use is	established.	
	or contourne tere completed a	her penalties set forth in the instruction of signed by an enrolled actuary, a plate.	as well a	declare	inat i nav	e examined this return/re ersion of this return/repor	port, ir t_and	ncluding, if applic	cable, a Schedule
beli	ef, it is true, correct, and com	plete.				or time retaining por	i, and	to the best of my	r knowledge and
Si	SN X hadia	annul	Y	9/23	114	NADIA LANIADO			
HE	RE Signature of plan adm	inistrator	D	ate		Enter name of individua	l sioni	na as nlan admir	nistrator
SIC	IN X hadin of	amid	X	9/2	114	NADIA LANIADO	. o.g.	ing do plan dann	notitatoi .
17.0 0	RE Signature of employer	/plan sponsor	D	ate	- (l oigni	ng oo omnleyes	
Pre		ame, if applicable) and address; in			uite numi	Enter name of individua			number (optional)
	Lee Kaminetzky, Ph					(optional)			
	Pension Actuaries,						. (2	201) 530-066	06
	584 Rutland Avenue								
						ļ	1 / / / /		en de la porte de la composition de la La composition de la
	US Teaneck	NJ 07666							
For	Panerwork Peduction Act N	lotice and OMD O					or next to the		

P	art III Financial Information							
7	Plan Assets and Liabilities	10000	(a) Beginning of Yea	r	(b) End of Year			of Year
a	Total plan assets	7a	677,0	_	(0)			722,512
b	Total plan liabilities	7b	3.77	0	1	-		722,512
С	Net plan assets (subtract line 7b from line 7a)	7c	677,0					722,512
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	
а	Contributions received or receivable from: (1) Employers			25		Zivie i		Juli
	(2) Participants	8a(1) 8a(2)	5,7 25,1					
	(3) Others (including rollovers)	8a(3)		0	1000			
þ	Other income (loss)	8b	14,5					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	14,5	/4				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0		10		45,449
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	6.463			20 May 1985
f	Administrative service providers (salaries, fees, commissions)	8f		0	2000			
g	Other expenses	8g		0	000000	(14.1.) (A.1.)	NATE STREET	Company of the process of the company of the compan
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			STATE OF STATE			0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	The second second second second					45,449
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j		0		SAME A	i anne i da	13/113
Pa	irt IV Plan Characteristics				256,666	986.9340		
\dashv	If the plan provides pension benefits, enter the applicable pension fe 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea							·
Pa	rt V Compliance Questions							·····
10	During the plan year:		<u> </u>		Γ.,	T		
a	Was there a failure to transmit to the plan any participant contribut	ions within	the time period described in		Yes	No		mount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10a		х		· •.
C	Was the plan covered by a fidelity bond?	************	***************************************	10b		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	idelity bon	that was caused by fraud	10c	X			75,000
e	or dishonesty?	er persons	by an insurance carrier,	10d		x		·
f	Has the plan failed to provide any benefit when due under the plan	?		10f				
g	Did the plan have any participant loans? (If "Yes," enter amount as					X		
h	If this is an individual account plan, was there a blackout period? (S	See instruc	tions and 29 CFR	10g		Х		
i	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the	10h		X	SAPE US	258242 TEV
Pai	exceptions to providing the notice applied under 29 CFR 2520.101- †VI Pension Funding Compliance	<u>ه</u>		10i				1868 1166
	V I I							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	••••••	*************************************	******	*******	ule Si	3 (Form	Yes X No
118	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39	*******		11a		
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the Code of	or sec	tion 30	02 of F	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortize	d in this plan year, see instruct	ions,	and e		e date of th	
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule l	MB (Form	5500), and skin to line 12	<u> </u>		_ Ja		1 Gal
b	Enter the minimum required contribution for this plan year						M/	V *
	Enter the minimum required continuition for this high year					12b		× .

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	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?	XΥ	es 🗀	No .
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?			☐ 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) to which assets or liabilities were transferred. (See instructions.)	·	*	
1	3c(1) Name of plan(s): 13c	(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's E	EIN

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