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 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

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instr	uctions to the Form 550	0-SF	Inspection
Part I	Annual Report	Identification Information	radice with the man	uctions to the Form 550	0-01.	
		iscal plan year beginning 01/01/20	13	and ending 1	12/31/2	2013
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan
B This re	eturn/report is:	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter descripti	ion)			_
Part II	Basic Plan Info	prmation—enter all requested inform	nation			
1a Nam	•				1b	Three-digit
ALEXANDE	ER SONKIN MD PA PR	OFIT SHARING PLAN				plan number
					4.	(PN) 001
					1C	Effective date of plan
2a Plan	snonsor's name and ad	ddress; include room or suite number (employer if for a singl	e-employer plan)	2h	01/01/1991 Employer Identification Number
	ER SONKIN MD PA	laress, include room of suite number (employer, il for a singi	e-employer plan)	20	(EIN) 59-3058117
					2c	Sponsor's telephone number
11012 N D	ALE MABRY HWY	11012 N DA	LE MABRY HWY			813-968-9298
SUITE 304 TAMPA, FI		SUITE 304 TAMPA, FL			2d	Business code (see instructions)
TAIVIEA, EI	_ 33010	TAIVIFA, FL				621111
3a Plan	administrator's name a	nd address Same as Plan Sponsor	Name Same as Pl	an Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					36	Administrator's telephone number
		e plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN
	·	mber from the last return/report.			4.0	DV
	sor's name	at the charge of the charge			4c	
_		s at the beginning of the plan year			5a	2
	·	at the end of the plan year			5b	1
		account balances as of the end of the		•	5c	1
6a Wer	e all of the plan's asset	s during the plan year invested in eligi	ble assets? (See instru	uctions.)		X Yes No
		of the annual examination and report of			PA)	X Yes □ No
		? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can			Form	
•		fit plan, is it covered under the PBGC				
C II tile	pian is a delined bene	- In plan, is it covered under the FBGC	insurance program (se	E LNISA SECTION 4021)!	🗀	Tes Not determined
Caution:	A penalty for the late	or incomplete filing of this return/re	port will be assesse	d unless reasonable cau	use is	established.
		ther penalties set forth in the instruction and signed by an enrolled actuary, as well as the control of the co				
	true, correct, and com	J ,	veli as the electronic vi	ersion or this return/report	ı, anu i	to the best of my knowledge and
	I	·	T	T		
SIGN	Filed with authorized	/valid electronic signature.				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ning as plan administrator
SIGN						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual sig	ning as employer or plan sponsor
Preparer'		name, if applicable) and address; inclu				arer's telephone number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voor		_
	Total plan assets	7a	(a) beginning of Tea				(b) Ella ol	52621	a a	_
	Total plan liabilities)	_
	Net plan assets (subtract line 7b from line 7a)			0			526219)	_
	Income, Expenses, and Transfers for this Plan Year	70		(a) Amount		(b) Total				_
	Contributions received or receivable from:		(a) Amount				(a) 100	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	16740	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						167407	,	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	957	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						957	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i						15782	9	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	-,								_
9a										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ıs:		_
Par	t V Compliance Questions									_
10	During the plan year:				Yes	No		mount		
a		tions withi	n the time period described in	1	163	140	A	mount		_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X				
	on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						_
C	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	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		-								
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	X N	lo.
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr									_
	· · · · · · · · · · · · · · · · · · ·		,			11a	EDICAS	Yes	X N	<u>ــــــــــــــــــــــــــــــــــــ</u>
12	Is this a defined contribution plan subject to the minimum funding	-		or se	Cuon	ou∠ of	EKISA!	res	^ IV	U
	(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			ctions	and 4	enter th	ne date of the	letter ru	ling	_
	granting the waiver.	-			und t	Day		ear	9	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1			
b	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 Rovenue Service

Department of Lobor Employee Bonofits Security Administration Pension Benefit Guaranty Companii

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

Part I Annual Report Identification Information	ince with the instru	ctions to the Form 550	0-SF.	Ins	spection
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013					
A This set of the State of the	a manufalla de la constanti		2/31/		
B This mhouse to Dun to		lan (not multiemployer)		a one-particip	pant plan
H	he final return/report				
C 01-11-11-11-11-11-11-11-11-11-11-11-11-1		n/report (less than 12 m	onths		
special extension (enter description)	utomatic extension			DFVC progra	am
Part II Basic Plan Information—enter all requested information	100				
1a Name of plan	on		144		
ALEXANDER SONKIN MD PA PROFIT SHARING PLAN			ar	Three-digit plan number	
				(PN)	001
			1c	Effective date o	f plan
2a Plan sponsor's name and address; include room or suite number (em	nlaves If for a start			01/01	
ALEXANDER SONKIN MD PA	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 59-30	
11012 N DALE MABRY HWY 11012 N DALE			2c	Sponsor's telep	
SUITE 304	MABRY HWY			813-968	
TAMPA, FL 33618 TAMPA, FL 336			2d	Business code (62111	
3a Plan administrator's name and address Same as Plan Sponsor Name	ne Same as Plar	Sponsor Address	3b	Administrator's I	EIN
			30	Administrator	elephone number
			50	Administrators	elephone number
			l.		
4 If the name and/or FIN of the plan spaceor has changed sless the less					
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN	
a Sponsor's name			4c	PN	
5a Total number of participants at the beginning of the plan year			5a	1	2
D Total number of participants at the end of the plan year			5b		1
C Number of participants with account balances as of the end of the pla complete this item)	n vest (defined hand	fit plans do not	5c		1
were all of the plan's assets during the plan year invested in eligible	assets? (See instruct	lions.)			X Yes No
Are you carming a waiver of the annual examination and report of an	Independent qualifia	d public accountant (IOI	201		
under 29 CFR 2520. 104-467 (See instructions on waiver eligibility and	d conditions.)				X Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use i	Form	6500.	
c If the plan is a defined benefit plan, is it covered under the PBGC insu	- N. W. W.				Not determined
Caution: A penalty for the late or incomplete filing of this return/report	t will be assessed i	inless reasonable cau	se is	established.	
Under penalties of perjury and other penalties set forth in the instructions, SB or Schedule MB completed and signed by an enrolled actuary, as well belief it is true correct, and complete.	declare that I have	examined this return/rep	ort, in	cluding, if applica	ble, a Schedule
belief, it is true, correct, and complete.	as the electronic ven	sion of this return/report,	and t	o the best of my	knowledge and
BION A SOLUTION	10 20 11				
SIGN HERE	19-29-14		Alex	ander Sonkin, I	M.D.
Signature of plan administrator	Date	Enter name of individu	al sig	ning as plan adm	ninistrator
SIGN Alexander Secreta	19-29-14		Alex	ander Sonkin,	M.D.
Signature of employer/plan sponsor	Date	Enter name of individu	al sig	ning as employe	r or plan sponsor
Preparer's name (including firm name, if applicable) and address; include r	oom or suite number	(optional)	Prep	arer's telephone	number (optional)
		l			
		1			1
		t			

Pa	rt iii Financial Information								
7	Plan Assets and Liabilities		(a) Boolesian - (Y-		7				
8_	Total plan assets	72	(a) Beginning of Year 368390			(b) End of Year			
b	Total plan liabilities	7b		0	╁	526219 0			
C	Net plan assets (subtract line 7b from line 7a)	7c	368390			526219			
8	income, Expenses, and Transfers for this Plan Year		(a) Amount		╅				
а	Contributions received or receivable from:		(a) Amount	_	╅╾		(b) Total		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
<u>h</u>	(3) Others (Including rollovers)	8a(3)							
	Other Income (loss)	_ 8b	16740	7					
<u> </u>	Total income (add lines 8s(1), 8s(2), 8s(3), and 8b)	8c			_		167407		
	provide benefits)								
	Certain deemed and/or corrective distributions (see instructions)	80			╅				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	81			+				
9	Other expanses	8g			+-				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		9578		
	Net Income (loss) (subtract line 8h from line 8c)	81			╁		157829		
j	Transfers to (from) the plan (see instructions)	8]			╁		137029		
Pai	t IV Plan Characteristics	9			Ц.,				
9a	If the plan provides pension benefits, enter the applicable pension (2E 2R	eature co	des from the List of Plan Chara	cteris	lic Co	des in	the instructions:		
b	if the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	teristi	c Cod	os in U	he instructions:		
Par	V Compliance Questions								
	- Loubugues Angations								
10	During the plan year								
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	ione within	the time and address the day	_	Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	dary Com	action Program)	10a	Yes	No X	Amount		
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Com 7 (Do not i	ection Program)		Yes	x	Amount		
b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	dary Com? (Do not i	ection Program)nclude transactions reported	10a	Yes	x	Amount		
a b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Com (Do not i	nction Program)nctude transactions reported	10a 10b	Yes	x	Amount		
a b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all to the provides some or all the provides some or	clary Com (Do not i fidelity bor ar persons of the ben	nction Program)	10a 10b 10c	Yes	x x	Amount		
a b c	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 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 toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.)	clary Corn (Do not i fidelity bor ar persons of the bene	nction Program)	10a 10b 10c 10d	Yes	x x x	Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware there any nonexempt transactions with any party-in-interest on line 10s.) Was the plan covered by a fidelity bond? Did the plan have a toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all constructions.)	clary Com 7 (Do not i fidelity bor ar persons of the beno	nctide transactions reported nd, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10d	Yes	x x x	Amount		
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10s.) Was the plan covered by a fidelity bond? Did the plan have a toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (clary Com 7 (Do not i Ridelity bor 9 persons 17	action Program)	10a 10b 10c 10d 10a 10f	Yes	x x x	Amount		
a b c d d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.)	clary Com 7 (Do not i Ridelity bor er persons of the bence 17	action Program)	10a 10b 10c 10d 10d 10s 10f	Yes	x x x x x x	Amount		
a b c d e f g h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 toss, whether or not reimbursed by the plan's or dishonasty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 11 this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	clary Com 7 (Do not i Ridelity bor er persons of the bence 17	action Program)	10a 10b 10c 10d 10a 10f	Yes	x x x x x x	Amount		
a b c d d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10s.) Was the plan covered by a fidelity bond? Did the plan have a toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	clary Com 7 (Do not i Ridelity bor 8 persons of the bence 17	action Program)	10a 10b 10c 10d 10e 10f 10g 10h	Schad	X X X X X X X X	A (Form		
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements to the provided benefit plan subject to minimum funding requirements.	clary Com (I) (Do not i (I)	action Program)	10a 10b 10c 10d 10s 10f 10g 10h	Sched	X X X X X X X X	A (Form		
a b c d e f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10s.) Was the plan covered by a fidelity bond? Did the plan have a toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	clary Com (Do not i (Do no	action Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X X X X X X X X X X X X	J (Form Yes ⊠ No		
a b c d d e f g h l 11a 11a 12	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	clary Com 7 (Do not i 7 (Do not i 7 (Do not i 7 (Do not i 8 persons 9 persons 9 of the bence 17 9 of year e 9 See instru 9 required 9 required 9 requireme 9 as applica	action Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i plete:	Sched	X X X X X X 11a 02 of	G(Form Yes X No		
a b c d f g h i Part 11 11a 12 a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Ware 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 toss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements a defined contribution plan subject to the minimum funding (if "Yes," complete fine 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	clary Com 7 (Do not i 7 (Do not i 7 (Do not i 7 (Do not i 8 persons 9 fthe bence 17 (Fr) 9 required 1-3 (Fr) 9 m Sched 18 applica 9 amortize	action Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i plete:	Sched	X X X X X X 11a 02 of	G(Form Yes X No		
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O Palastha					
C Enter the amount contributed by the employer to the plan	for this plan year	******	12c		
negative amount)	2b. Enter the result (enter a minus sign to the left o	f a	12d		
e 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 A	ssets	_			[] []
13a Has a resolution to terminate the plan been adopted in any pl	lan year?	****	$\Pi \Pi_i$	res X 1	No
if "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a		
b Were all the plan assets distributed to participants or ben of the PBGC?	oficiaries impolerme la apolhecular de bassales.				∏ Yes 🕅 No
C if during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	Rierred from this plan to another classes. Ideas 6. th.	e plan(s)	to	<u> </u>	
13c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)
			<u> </u>		
Part VIII Trust information (optional)			 -		
14a Name of trust			14b Tr	ust's EIN	·
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