For	m 5500-SF	Short Form Annual Ret	turn/Report o enefit Plan	f Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Employe	е	2	013		
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058			s Open to Public pection		
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 550	0-SF.		pection		
Part I		entification Information							
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013			
A This ref	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan		
B This ref	urn/report is:	the first return/report th	ne final return/report						
		an amended return/report	short plan year return	/report (less than 12 m	onths)	1			
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	m		
		special extension (enter description))						
Part II	Basic Plan Inforn	nation—enter all requested information	on						
1a Name	•	:			1b	Three-digit			
R.I. NEURO	LOGY GROUP, INC. PR	OFIT SHARING PLAN				plan number	004		
					10	(PN) ►	001		
					1c	Effective date of 01/01/	•		
2a Plan s	ponsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identif	ication Number		
I.I. NEORO					2c	(EIN) 03-04 Sponsor's telep			
1065 MEND	ON ROAD				20	401-762			
WOONSOC	KET, RI 02895-3927				2d	Business code (62111	,		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's	EIN		
	3c Administrator's telephone number								
		lan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN			
	, EIN, and the plan numb or's name	per from the last return/report.			4c	PN			
· · ·		the beginning of the plan year			5a		4		
b Total	number of participants at	the end of the plan year			5b		4		
	· ·	count balances as of the end of the pla		•	5c				
	•	luring the plan year invested in eligible a ne annual examination and report of an		,			X Yes 🗌 No		
		See instructions on waiver eligibility and					X Yes No		
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
C If the	olan is a defined benefit p	plan, is it covered under the PBGC insu	arance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed (unless reasonable cau	ise is	established.			
Under pena SB or Sche	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN	Filed with authorized/va	lid electronic signature.	10/06/2014	DENNIS J. AUMENTA	DO, N	И.D.			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	ining as employe	r or plan sponsor		
Preparer's		ne, if applicable) and address; include r	room or suite number				number (optional)		

Par	t III Financial Information	-									
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Yea					(b) End of Year				
а	al plan assets 7a 244503				269419						
b	Total plan liabilities		0			0					
С	Net plan assets (subtract line 7b from line 7a) 7c 24				03 2694						
8	come, Expenses, and Transfers for this Plan Year (a) Amount						(b) ⁻	Fotal			
а	Contributions received or receivable from:	80(1)									
	(1) Employers	8a(1) 8a(2)									
	(2) Participants (including rollovers)	8a(3)									_
· · ·	Other income (loss)	8b	2741	6							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					27416		_
	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	250	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2500		
	Net income (loss) (subtract line 8h from line 8c)	8i							24916		
	Transfers to (from) the plan (see instructions)	8j									
-	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instruc	tions.			
	······································										
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu			10-		х					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a							
	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х					24500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			V					
	or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e		Х					
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	nd.)	10g		Х					—
h	If this is an individual account plan, was there a blackout period?			log		V					
	2520.101-3.)			10h		Х					
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							
Dent		1-3		101							
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	onte? (If "	(as " see instructions and com	nleta	Schoo	عاما ٩	(Form	1			
	5500) and line 11a below)								Yes	N	١o
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	XN	١o
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	e date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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-	Form 5500-SF Short Form Annual Return/Report of Small Emplo						•	OMB Nos. 1210-0110 1210-0089			
Department of the Treas Internal Revenue Servio		This form is required to b			and 4065 of the Employ	/ee		2013			
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 609 the Internal Revenue Code (the Code).							This Form	This Form is Open to Public			
Perision Benefit Guaranty Cor	00-SF	. In	spection								
		lentification Information			20 	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
For calendar plan year 20		······		/01/2013	and ending		12/31/201	3			
A This return/report is fo	or:	X a single-employer plan	ء اِ	a multiple-employer p	olan (not multiemployer	yer) 🔄 a one-participant plan					
B This return/report is:	L	the first return/report		the final return/report							
_	Ĺ	an amended return/report	[]	· •	rn/report (less than 12 r	months					
C Check box if filing unc	ier: 🏻	X Form 5558		automatic extension			DFVC progr	am			
		special extension (enter desc		·							
	n Inforn	nation-enter all requested in	format	tion							
1a Name of plan R.I. NEUROLOGY	GROUP,	, INC. PROFIT SHARI	NG P	PLAN		10	Three-digit plan number (PN) ♪	001			
						1c	Effective date of 01/01/199				
2a Plan sponsor's name R.I. NEUROLOGY	and addre	ess; include room or suite numb INC .	er (em	nployer, if for a single	-employer plan)		(EIN) 03-04				
1065 MENDON ROA	D					2c	Sponsor's telep 401-762-0				
WOONSOCKET		RI 02895-392	27			2d	Business code 621111	(see instructions)			
3a Plan administrator's r	name and	address XSame as Plan Spon		ame XSame as Pla	n Sponsor Address	3b	b Administrator's EIN				
						30	3c Administrator's telephone number				
4 If the name and/or E	N of the pl	lan sponsor has changed since	the las	st return/report filed fi	or this plan, enfor the	4b					
		er from the last return/report.	ale ide	at return report neu n	or this plan, enter the		EIN PN				
	cipants at	the beginning of the plan year .									
		the end of the plan year				5b		4			
c Number of participan	ts with acc	count balances as of the end of	the pla	an vear (defined bene	efit plans do not						
		uring the plan year invested in e						X Yes No			
b Are you claiming a w	aiver of the	e annual examination and report See instructions on waiver eligib	rt of an	n independent qualifie	ed public accountant (IC	QPA)		X Yes No			
		er line 6a or line 6b, the plan o									
c If the plan is a define	d benefit p	lan, is it covered under the PBC	GC insu	urance program (see	ERISA section 4021)?		Yes 🗌 No 📋] Not determined			
Caution: A penalty for th	ne late or i	incomplete filing of this return	n/repoi	rt will be assessed	unless reasonable ca	use is	established.				
Under penalties of perjury SB or Schedule MB comp belief, it is true, correct, ar	leted and a	penalties set forth in the instruction signed by an enrolled actuary, a	ctions, as well	I declare that I have as the electronic ver	examined this return/re sion of this return/repor	port, ir t, and	ncluding, if applic to the best of my	able, a Schedule knowledge and			
SIGN	<u>J</u>	matter	- -	12/3/14	DENNIS J. AUM	ENTA	DO, M.D.				
HERE Signature of	plan adm	inistrator	4	Date 1	Enter name of individ	tual sig	ning as plan adr	ninistrator			
SIGN	27/	Manter	2	+12/3/19	DENNIS J. AUM	ENTA	DO, M.D.				
		r/plan sponsor		Date	Enter name of individ						
Preparer's name (includin	g firm nam	e, if applicable) and address; in	clude i	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			
For Paperwork Reduction A	ct Notice ar	nd OMB Control Numbers, see the	e instru	ections for Form 5500-	SF.	I	l	Form 5500-SF (2013)			

7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	. 7a		445() 3		·····		26941
b	Total plan liabilities	7b			0				(
С	Net plan assets (subtract line 7b from line 7a)	. 7c	2.	4450)3				269419
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
h	(3) Others (including rollovers) Other income (loss)	8a(3)		2741					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c							2741
	Benefits paid (including direct rollovers and insurance premiums				_				2. (7. 1.)
	to provide benefits)	8d				10111911111111111111111111111111111111			
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		250	0				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2500
	Net income (loss) (subtract line 8h from line 8c)	8i							2491
j	Transfers to (from) the plan (see instructions)	8j					··· · · · · · ·		
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D		× = ///////////////////////////////////						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	oterist	ic Cod	es in tl	he instructi	ons:	
Dari	V Compliance Questions								
					Yes	No		Amoun	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu-			10a	Yes	No X	циплониции и полото и	Amoun	t
10 a	During the plan year:	iciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes			Amoun	t
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribur 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.)	iciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	х		Amoun	******
10 a b c	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 on line 10a.)	iciary Correc ? (Do not inc fidelity bond,	tion Program) lude transactions reported that was caused by fraud	10b		х		Amoun	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribur 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 loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	iciary Correc ? (Do not inc fidelity bond, mer persons b	tion Program) lude transactions reported that was caused by fraud y an insurance carrier,	10b 10c		X X X		Amoun	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribur 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 loss, whether or not reimbursed by the plan's or dishonesty?	iciary Correc ? (Do not inc fidelity bond, mer persons b	tion Program) lude transactions reported that was caused by fraud y an insurance carrier,	10b 10c		X X		Amoun	
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10 a b c d e f	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 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan	Iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n?	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10b 10c 10d 10e 10f		X X X X X		Amoun	
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribur 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 loss, 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 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	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10b 10c 10d 10e		X X X X X X X		Amoun	245000
10 a b c d e f g	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 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 or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f		X X X X X		Amoun	
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribur 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 loss, 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 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 If this is an individual account plan, was there a blackout period? (iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g		X X X X X X X		Amoun	
b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribur 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 loss, 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 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 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 2520.101-3.	iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction he required not	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		X X X X X X X		Amoun	
10 a b c d e f f h i	During the plan year: Was there a failure to transmit to the plan any participant contribur 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 loss, 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 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 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-	Iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruct) he required not 1-3 ents? (If "Yea	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB			
10 a b c d d e f f h i i 2art	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 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 loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, 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 the plan have any participant loans? (If "Yes," enter amount as 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 2520.10' VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	Iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruct) he required no 1-3 ents? (If "Yea	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X ule SB			245000
10 a b c d d e f f h i i 2art	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 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 or dishonesty? 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 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	Iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruction the required not 1-3 ents? (If "Yeat om Schedule	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ule SB			245000
10 a b c d e f g h i 2art 11	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 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 loss, 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 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 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year free	Iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit n? s of year end (See instruct) he required not 1-3 ents? (If "Yea om Schedule requirement	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, is under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X ule SB			245000 es 🗍 No
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Form 5500-SF 2013

Page 3 -

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с	Enter the amount contributed by the employer to the plan for this plan year	12c	T							
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	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	T		.,,					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			Γ	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								
	(3c(1) Name of plan(s):	3c(2) E	IN(s)	Τ	13c(3	PN(s)			
					-					

Part	VIII Trust Information (optional)				I					
14a	Name of trust	14b T	rusť	s EIN						