## 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

Pa	ort I					ne instructions to the Forn			
_	art I		Identification Ir						
For	calend	lar plan year 2013 or fis	cal plan year beginn	ning 01/01/2	2013	and ending	12/31/	2013	
Α .	This ret	turn/report is for:	a single-employ	yer plan	a multiple-er	nployer plan (not multiemplo	yer)	a one-particip	pant plan
В -	This ret	turn/report is:	the first return/r	eport	the final retu	rn/report			
			an amended re	turn/report	a short plan	ear return/report (less than	12 months	)	
C	Check I	box if filing under:	X Form 5558		automatic ex	tension		DFVC progra	am
			special extension	on (enter descr	ription)				
Pa	art II	Basic Plan Info	rmation—enter al	II requested info	ormation				
		of plan					1b	Three-digit	
THE	VETER	RINARY EMERGENCY	GROUP, PC 401K I	PROFIT SHAR	RING PLAN AND	TRUST		plan number (PN) ▶	001
							1c	Effective date of	
								01/01/	
		sponsor's name and add RINARY EMERGENCY		or suite numbe	er (employer, if fo	r a single-employer plan)	2b	Employer Identification (EIN) 13-34	fication Number 87977
1 CO	II LIMBI	US PLACE S40B					2c	Sponsor's telep	
NEW	/ YORK	K, NY 10019					2d	Business code (	
3a	Plan a	administrator's name an	d address XSame	as Plan Spons	or Name San	ne as Plan Sponsor Address	3b	Administrator's I	
							3с	Administrator's t	telephone number
4	If the r	name and/or EIN of the	plan sponsor has c	hanged since t	the last return/rep	ort filed for this plan, enter t	he <b>4b</b>	EIN	
		e, EIN, and the plan nur							
	•	sor's name					+	PN	
5a			0 0	. ,			<u> </u>		15
b		number of participants	at the end of the niz	an woor			l Eh		10
С			·	•			<u>5b</u>		11
_	compl	olete this item)	account balances as	s of the end of t	the plan year (def	ined benefit plans do not	5c		11 2
	compl Were	e all of the plan's assets	account balances as	s of the end of t	the plan year (def	ined benefit plans do not	5c		11
6a b	Were Are yo	e all of the plan's assets ou claiming a waiver of	during the plan yea	ar invested in el	the plan year (det ligible assets? (S t of an independe	ined benefit plans do not ee instructions.) nt qualified public accounta	5c 1t (IQPA)		11 2
	Were Are you	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46?	account balances as during the plan yea the annual examina (See instructions o	ar invested in el ation and report on waiver eligibi	the plan year (def ligible assets? (S t of an independe ility and condition	ined benefit plans do not	5c nt (IQPA)		11 2 X Yes No
b	Were Are you under	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 u answered "No" to ei	during the plan yea the annual examina (See instructions o	ar invested in el ation and report on waiver eligibi 6b, the plan ca	ligible assets? (S t of an independe ility and condition annot use Form	ee instructions.)nt qualified public accounta	5c  nt (IQPA)	n 5500.	11 2 X Yes No
b c	Were Are you under If you If the p	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefi	during the plan year the annual examinar (See instructions of ther line 6a or line t plan, is it covered	ar invested in el ation and report on waiver eligibi 6b, the plan ca under the PBG	the plan year (def ligible assets? (S t of an independe ility and condition annot use Form CC insurance proc	ee instructions.)	5c  nt (IQPA)  I use Form 21)?	1 <b>5500.</b> Yes No	2  X Yes No  X Yes No
b C Cau	Complete Were Are you under If you If the pution: A	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? u answered "No" to ei plan is a defined benef	during the plan yea the annual examina (See instructions of ther line 6a or line of the plan, is it covered or incomplete filing	ar invested in el ation and report on waiver eligibi 6b, the plan ca under the PBG	the plan year (def ligible assets? (S t of an independe ility and condition annot use Form C insurance prog	ee instructions.) nt qualified public accounta s.) 5500-SF and must instead ram (see ERISA section 40	ot (IQPA)  I use Form [21)?	n 5500.  Yes No established.	11  2  X Yes □ No  X Yes □ No  Not determined
c Cau	Complete Com	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 u answered "No" to ei plan is a defined benefi A penalty for the late of alties of perjury and oth	account balances as the annual examina (See instructions of the line 6a or line t plan, is it covered or incomplete filing ther penalties set fort ad signed by an enro	ar invested in elation and report on waiver eligibi 6b, the plan counder the PBG of this return th in the instruction.	the plan year (def ligible assets? (S t of an independe ility and condition annot use Form C insurance prog h/report will be a ctions, I declare th	ee instructions.)	5c  I use Form 21)?   e cause is rn/report, i	n 5500.  Yes No established.  ncluding, if applic	11  2  X Yes □ No  X Yes □ No  Not determined  able, a Schedule
C Cau Und SB obelie	compl Were Are you under If you If the p ution: A der pena or Sche ef, it is t	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and other dule MB completed ar	account balances as the annual examina (See instructions of ther line 6a or line t plan, is it covered or incomplete filing ther penalties set fort ad signed by an enrollete.	ar invested in elation and report on waiver eligibi 6b, the plan counder the PBG g of this return th in the instruc-	the plan year (def ligible assets? (S t of an independe ility and condition annot use Form C insurance prog h/report will be a ctions, I declare th	ee instructions.)	5c  I use Form 21)?   e cause is rn/report, i	n 5500.  Yes No established.  ncluding, if applic	11  2  X Yes □ No  X Yes □ No  Not determined  able, a Schedule
Cau Und SB o	compl Were Are you under If you If the p ution: A der pena or Sche ef, it is t	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and other due, correct, and compared true, correct, and compared and	account balances as the during the plan yea the annual examina (See instructions o ther line 6a or line t plan, is it covered or incomplete filing her penalties set fort ad signed by an enro olete.	ar invested in elation and report on waiver eligibi 6b, the plan counder the PBG g of this return th in the instruc-	the plan year (def ligible assets? (S t of an independe ility and condition annot use Form C insurance prog h/report will be a ctions, I declare th	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No established.  ncluding, if applic	Yes No Yes No Not determined  able, a Schedule knowledge and
C Cau Und SB o belief	compl Were Are you under If you If the p ution: A der pena or Sche ef, it is to RE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? I answered "No" to ei plan is a defined benefication of perjury and ottedule MB completed artrue, correct, and completed with authorized/	account balances as the during the plan yea the annual examina (See instructions o ther line 6a or line t plan, is it covered or incomplete filing her penalties set fort ad signed by an enro olete.	ar invested in elation and report on waiver eligibi 6b, the plan counder the PBG g of this return th in the instruc-	the plan year (def	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No established. Including, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
C Cau Und SB o belie	compl Were Are you under If you If the p ution: A der pena or Sche ef, it is to RE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? I answered "No" to ei plan is a defined benefication of perjury and ottedule MB completed artrue, correct, and completed with authorized/	during the plan year the annual examinator (See instructions of the line 6a or line at plan, is it covered for incomplete filing the penalties set for the disigned by an enrollete.	ar invested in elation and report on waiver eligibi 6b, the plan counder the PBG g of this return th in the instruc-	the plan year (def	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No established. Including, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
C Cau Und SB o belie SIG HEF	compl Were Are younder If you If the p ution: A der pend or Sche ef, it is t in RE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of perjury and other of plan is a defined benefication of perjury and other of plan and completed are true, correct, and completed with authorized.  Signature of plan and plan in the plan is a defined with authorized.	account balances as the during the plan yea the annual examina (See instructions o ther line 6a or line t plan, is it covered or incomplete filing ther penalties set fort ad signed by an enro elete.  valid electronic signa dministrator	ar invested in elation and report on waiver eligibines of the plan caunder the PBG of this return the instruction actuary, as ature.	ligible assets? (S t of an independe ility and condition annot use Form GC insurance prog freport will be a tions, I declare th is well as the elect	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and
C Cau Und SB o belie SIG HEF	compl Were Are younder If you If the p ution: A der pend or Sche ef, it is t in RE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of perjury and otherwise of perjury and otherwise of perjury and completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	account balances as the during the plan yea the annual examina (See instructions o ther line 6a or line t plan, is it covered or incomplete filing ther penalties set fort ad signed by an enro elete.  valid electronic signa dministrator	ar invested in elation and report on waiver eligibines of the plan caunder the PBG of this return the instruction actuary, as ature.	ligible assets? (S t of an independe ility and condition annot use Form GC insurance prog freport will be a tions, I declare th is well as the elect	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and  ministrator
C Cau Und SB o belie SIG HEF	compl Were Are younder If you If the p ution: A der pend or Sche ef, it is t in RE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of perjury and otherwise of perjury and otherwise of perjury and completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	account balances as the during the plan yea the annual examina (See instructions o ther line 6a or line t plan, is it covered or incomplete filing ther penalties set fort ad signed by an enro elete.  valid electronic signa dministrator	ar invested in elation and report on waiver eligibines of the plan caunder the PBG of this return the instruction actuary, as ature.	ligible assets? (S t of an independe ility and condition annot use Form GC insurance prog freport will be a tions, I declare th is well as the elect	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and  ministrator
C Cau Und SB o belie SIG HEF	compl Were Are younder If you If the p ution: A der pend or Sche ef, it is t in RE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of perjury and otherwise of perjury and otherwise of perjury and completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	account balances as the during the plan yea the annual examina (See instructions o ther line 6a or line t plan, is it covered or incomplete filing ther penalties set fort ad signed by an enro elete.  valid electronic signa dministrator	ar invested in elation and report on waiver eligibines of the plan caunder the PBG of this return the instruction actuary, as ature.	ligible assets? (S t of an independe ility and condition annot use Form GC insurance prog freport will be a tions, I declare th is well as the elect	ee instructions.)	5c  I use Form 21)?  e cause is rn/report, in report, and	n 5500.  Yes No sestablished. Including, if applic to the best of my	Yes No Yes No Not determined  able, a Schedule knowledge and  ministrator

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Va	ar		
	Total plan assets	7a	(a) Beginning of Tea		+		(b) Liiu (		20816	3	
	Total plan liabilities	7b			+				C		
	Net plan assets (subtract line 7b from line 7a)	7c	39384	393844				4	20816	<u> </u>	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı			
	(1) Employers	8a(1)	366	3							
	(2) Participants	8a(2)	2260	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1998	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46259		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1551	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	377	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19287	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i							26972	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions	:		
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	ns:			
Dan	(V Commission of Constitute										
Par				1				_			
10	During the plan year:			ı	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
					X					000	000
				10c						260	000
	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										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end )	10q		Χ					
h		(See instru	uctions and 29 CFR	10g		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
Daw	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem									_	
	5500) and line 11a below)							L	Yes	Ц	No
	Enter the unpaid minimum required contribution for current year from		,		-	11a	<u> </u>	_		_	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	L	Yes	X	No
	(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 beingranting the waiver.		Mon		, and e	enter th Day		ie le Yea		ing	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		Ī				
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
------	-----	--	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)			
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

OMB Nos. 1210-0110 1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor on Benefits Security Adminis

## 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).

This Form is Open to Public

2013

Inspection Pension Benefit Guaranty Corporat Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan the first return/report B This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) X Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number THE VETERINARY EMERGENCY GROUP, PC (PN) 🕨 001 401K PROFIT SHARING PLAN AND TRUST 1c Effective date of plan 01/01/1994 28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number THE VETERINARY EMERGENCY GROUP, PC (EIN) 13-3487977 2c Sponsor's telephone number (212) 956-3302 1 COLUMBUS PLACE \$40B Business code (see instructions) NEW YORK NY 10019 541940 3a Plan administrator's name and address XSame as Plan Sponsor Name | Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4¢ PN a Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a 15 Total number of participents at the end of the plan year ...... 5b 11 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520-104-46? (See instructions on waiver eligibility and 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 Form 5500. 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 beilef, it is true, correct, and complete. KATHRYN ELAINE THORNDIKE SIGN HERE Date Enter name of individual signing as plan administrator Signature of plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Dete Signature of employer/plan aponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Page 2

7 The Assets and Labilities	Part !	III Financial Information		white					
a Total plan essets	7 Pla	an Assets and Liabilities		(a) Beginning of Yes	ar		-	(b) End of Year	
D Total plan liabilities			7a			44			
C. Net plan assats (subtract line 7b from line 7e). 7e (3 Amount (b) Total  8 Incomo, Expenses, and Transfers for the Filer Year (c) Amount (b) Total  3 centribution received or receivable from:  (1) Employers. 84(1) 3, 663 (2) Participation. 84(2) 22, 609 (3) Others (including rotiovers). 84(3) (3) Others (including rotiovers). 84(3) (3) Others (including rotiovers). 84(3) (4) Others (including rotiovers). 84(3) (5) Other Income (cast lines 88(1), 88(2), 89(3), and 8b). 8c (6) Total income (cast lines 88(1), 88(2), 89(3), and 8b). 8c (7) Total income (cast lines 88(1), 88(2), 89(3), and 8b). 8c (8) Other (including other rotiovers and insurance promiums or provide penalty. 8c (9) Contain desired corrective distributions (see instructions). 8c (9) Other expenses. 8c (1) Administrative service providers (salarises, Rese, commissions). 8c (1) Other expenses. 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (1) Timesters to (from) the plan (see instructions). 8c (2) EZ (2) E						0		0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants			7c	39	3,8	44		420,816	
a Contributions received or receivable from: (1) Employers. (2) Participants				(a) Amount		$\top$		(b) Total	
(2) Participants						+		(b) rock	
(3) Others (including rollovers).  5 a(3)  5 Other income (lose)  6 Total income (data lines 86(1), 8e(2), 8e(3)), and 8b)	(1)	Employers	8a(1)			_			
b Other Income (loss)	(2)	Participants	8a(2)	2.	2,60	)9			
C Total income (actd lines Ba(1), Ba(2), Ba(3), and 8b)	(3)	Others (including rollovers)	8a(3)						
d Benefits paid (inclusting direct rollovers and insurance premiums to provide bitterfiles).  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8e, 8e, 8e, 8e, 8e, 8e, 8e, 8e, 8e	_ <b>b</b> _ 00	her income (loss)	8b	1	9,98	37		20.	
to provide benefits)	_ C To	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46,259	
F   Administrative service providers (salaries, fees, commissions)   Sf   3,776     G   Other expenses   Management   Sf   3,776     G   Other expenses (add lines 8d, 8e, 8f, and 8g)   8h   19,287     I   Not income (loss) (subtract line 8h from line 8g)   8h   26,972     Transfers to (from) the plan (see instructions)   8l   26,972     J   Transfers to (from) the plan (see instructions)   8l   26,972     J   Transfers to (from) the plan (see instructions)   8l   26,972     J   Transfers to (from) the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Plan Characteristics   Plan Characteristic Codes in the instructions:   Part V   Compliance Questions     If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   Part V   Compliance Questions     If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:   Part V   Compliance Questions			8d	1	5,51	1			
Solid Programses (add lines 8d, 8e, 8f, and 8g)	e Çe	rtain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 5e, 8f, and 8g)	f_Ad	ministrative service providers (salaries, fees, commissions)	8f		3,77	76			
i Net income (loss) (aubtract line 8h from line 8c)	g Oth	ner expenses	8g						
Part IV   Plan Characteristics   Plan Characteristics   Plan Characteristics   Plan Characteristics   Plan Characteristics   Plan Characteristic   Plan	h Tot	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h					19,287	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 2R 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  1	i Ne	t income (loss) (subtract line 8h from line 8c)	81					26,972	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:    2	j Tra	ansfers to (from) the plan (see instructions)	8						
b   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions	Part I	V Plan Characteristics		· · · · · · · · · · · · · · · · · · ·					
Part V Compliance Questions  10 During the plan year:  a Was there a faiture to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a ift	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Chan	acteri	stic C	odes in	the instructions:	
During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b If t	he plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Co	des in 1	the instructions:	
During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond? 10c X 260, 000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10f X  f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 20 CFR 2520.101-3.) 10h X  if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i  b this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schadule S8 (Form 5500) and line 11a below) 11a  Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a  12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.  No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 10a  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	Part V	Part V Compliance Questions							
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?						Yes	No	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a w	as there a failure to transmit to the plan any participant contribut			10a		х		
C Was the plan covered by a fidelity bond? 10c X 260,000  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X  f Has the plan falled to provide any benefit when due under the plan? 10f X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10l Perst VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39. 11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.   Yes   No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.	<b>b</b> w	Vere there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	10b		х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (if "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  10h X  Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schadule SB (Form 5500) and line 11a below)					400	x		260 000	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan? 10e X  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				-	100	<del></del>	<del> </del>	200,000	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	ŎĪ	dishonesty?			10d		х		
f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	in	surance service or other organization that provides some or all o	of the bene	fits under the plan? (See	100		l x		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i  Part VI Pension Funding Compliance  1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a  Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 11 Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	_						-		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					10f		-		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	<u> </u>				10g		×		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	25	520.101-3.)		.,,,	10h		х		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	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	e required	notice or one of the	10i				
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	Part VI	Pension Funding Compliance							
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11 ls	this a defined benefit plan subject to minimum funding requirements	ents7 (If "\	es," see instructions and com	plete	Sche	dule SE	3 (Form Yes No	
12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.    Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		1-11							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month  Day  Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							302 of	ERISA? Yes X No	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a if	a waiver of the minimum funding standard for a prior year is bein	ig amortize	ed in this plan year, see instruc	ctions, th	and o	enter th	ne date of the letter ruling Year	
1461	lf vou	completed line 12a, complete lines 3, 9, and 10 of Schedule	МВ (Гоп	m 5500), and skip to line 13.					
							12b		

	Form 5500-SF 2013 130118	Page 3 -	_				
	Enter the amount contributed by the employer to the plan for Subtract the amount in line 12c from the amount in line 12b.	Enter the result (enter a minus sign to the left of	of a 12d				
e	negative amount)			Yes	No N/A		
Part	VII Plan Terminations and Transfers of Asset	ets					
13a	Has a resolution to terminate the plan been adopted in any plan y	ear?	🔲 Ү	'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 benefici				Yes X No		
C	If during this plan year, any assets or liabilities were transfer which assets or liabilities were transferred. (See instructions.		e plan(s) to				
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)						
14a 1	Name of trust	14b Tr	14b Trust's EIN				