For	m 5500-SF	Short Form Annual Re	eturn/Report o Senefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	ment of the Treasury al Revenue Service	This form is required to be filed		nd 4065 of the Employee	ė	2	2013
	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a)           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						s Open to Public
Pension Ber	nefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 5500	)-SF.	Ins	pection
Part I		entification Information		and anding 44	0/04/0	2040	
	r plan year 2013 or fisca				2/31/2		
	urn/report is for:			an (not multiemployer)		a one-partici	oant plan
B This retu	urn/report is:		the final return/report				
			a short plan year returr	n/report (less than 12 mo	onths)	_	
C Check b	ox if filing under:	Form 5558	automatic extension			DFVC progra	im
		special extension (enter description	,				
Part II		nation—enter all requested informa	tion				L
<b>1a</b> Name of ROBERT N. I	of plan KORNFIELD, MD, P.C.,	412(I) PLAN			1b	Three-digit plan number (PN) ►	002
				-	1c	Effective date o	f plan
2a Dian an	onsor's name and addr	ess; include room or suite number (er	nnlovor if for a single	omployor plan)	<b>2</b> h	01/01	
	KORNFIELD, MD, P.C.		npioyer, il lor a single-	employer plan)	20	Employer Identi (EIN) 16-14	87952
1401 STONE	ROAD				2c	Sponsor's telep 585-66	
ROCHESTEI	R, NY 14615				2d	Business code ( 62111	see instructions) 1
3a Plan ac	Iministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN
<b>A</b> 15 the e			at active law and file of f				elephone number
	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ist return/report filed fo	or this plan, enter the	4D 4C	EIN	
- <u> </u>		the beginning of the plan year			5a		1
		the end of the plan year			5b		1
<b>c</b> Numbe	er of participants with ac	count balances as of the end of the p	lan year (defined bene	fit plans do not	5c		
	,	uring the plan year invested in eligible					X Yes No
		e annual examination and report of a					
under	29 CFR 2520.104-46? (	See instructions on waiver eligibility a	nd conditions.)		· · · · · · · · · · ·		X Yes No
-		er line 6a or line 6b, the plan canno					1
C If the p	lan is a defined benefit p	blan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable caus	se is	established.	
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.					
	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan adr	ninistrator
SIGN HERE							
	Signature of employe		Date	Enter name of individu			
Preparer's r	name (including firm nan	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Ye	ear	
а	Total plan assets	7a	19723	1				1	97231	I
b	Total plan liabilities	7b		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	19723	1				1	97231	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b			_					
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_					
u	to provide benefits)	8d								
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								
i	Net income (loss) (subtract line 8h from line 8c)	8i								
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	11 3D	4	- from the List of Disc Observe			! 4				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Coa	es in t	ne instruct	ions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
a		tions withir	n the time period described in			V				
<u> </u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С				10c		Х				
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				log						
	2520.101-3.)			10h						
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						
Dem		1-3		101						
Pan 11	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)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12							ERISA?		Yes	X No
							1			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	(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 granting the waiver.	ng amortize	ed in this plan year, see instruc		and e	enter th Day	ne date of	he le Yea		ling
	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instruc		and e	_	ne date of			ling

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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

10/07/2014 10:54 FAX 715 858 4516

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obert Komfleid Page 5 of	Short Form Annual f	Report of	Small Employe	e		OMB NOB. 1810-01 1216-00
Form 5500-SF		Contraction and a second		Į		013
Department of the Traceway Internet Revenue Service	This form is required to be f Retirement income Security Act	lied Under sections 104 And t of 1974 (ERISA), and sect smal Revenue Code (the Ca		) of	This Form is	e Open te Public spection
Pendion Benefit Security Administration	Com <u>plete all entries in acc</u>			9 <u>6.</u>		
Annual Report	Identification Information	01/01/2013	and ending		/31/2013	
x calendar plan year 2013 or fis	cal plan year beginning	a multiple-amployer play		٦	a one-particip	vant elan
This return/report le for:	a single-employer plan	the final return/report		_	-	
This return/report is:	the first return/report	a shert plan year rotum	/report (less than 12 me	nths)		
		automatic extension		Ē	DFVC progra	רות
Check box if filling under:	x Form 5558 special extension (enter descrip	اسا	•			
	prmation enter all requested i					
a Name of plan	prmation enter al reduceds -			16	Three-digit plan number	
					(PN) -	002
Robert N. Komfiel	d, MD, P.C., 412(i) Flam	•	1		Effective date a	
					01/01/2004	
2 Plan sponsor's name and a	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	20	Employer Identi (EIN) <u>16-</u> 14	liicallon Number 87952
Robert N. Korrfiel	d, MD, P.C.		Ì		Sponsor's teler (388) 663-	hone number
1401 Stone Road				2d		(see Instructions
<u>78 Rochester</u> 32 Pien administrator's name (	ny 14615 and address [X] Same as Plan Spo	nsor Name 🛄 Same ar P	tan Sponsor Address		Administrator's	
	and address [2] Same as Plan Spo			3c		
32 Plen administrator's name t 4 If the name and/or EIN of t name, EIN, and the plan of	NY 14615 and address X Same as Plan Spo be plan sponsor has changed since umber from the last return/report.			3c 4b	Administrator's	
<ul> <li>3a Plan administrator's name t</li> <li>4 If the name and/or EiN of tiname, EIN, and the plan of a sponsor's name.</li> </ul>	and address [2] Same as Plan Spo he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	3c 4b 4 <u>c</u> 5 <u>a</u>	Administrator's EIN PN	
<ul> <li>3a Pien administrator's name t</li> <li>4 If the name and/or EiN of t</li> <li>name, EIN, and the plan or</li> <li>a Sponsor's name</li> <li>5a Total number of participant</li> </ul>	and address [2] Same as Plan Spo he plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	r this plan, enter the	3c 4b 4c	Administrator's EIN PN	stelephone numb
<ul> <li>3a Pien administrator's name t</li> <li>4 If the name and/or EiN of t</li> <li>name, EIN, and the plan or</li> <li>a Sponsor's name</li> <li>5a Total number of participant</li> </ul>	and address [2] Same as Plan Spo the plan sponsor has changed since umber from the last return/report. is at the loginning of the plan year is at the end of the plan year moments accurate balance as of the end of	the last return/report filed fo	r this plan, enter the	3c 4b 4c 5a 5b	Administrator's EIN PN	s telephone numb
<ul> <li>3a Pien administrator's name to a sponsor's name and/or EiN of the name and/or EiN of the name, EiN, and the plan or a sponsor's name</li> <li>5a Total number of participant</li> <li>b Total number of participant</li> <li>c Number of participants with plan by here</li> </ul>	and address [2] Same as Plan Spo the plan sponsor has changed since umber from the last return/report. Is at the loginning of the plan year is at the end of the plan year minute a account balances as of the end of	the last return/report filed fo the plan year (defined bene	n this plan, enter the fit plans do not	3c 4b 4 <u>c</u> 5 <u>a</u>	Administrator's EIN PN	s telephone numb
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<ul> <li>3a Pien administrator's name to name, administrator's name to name, and/or EiN of to name, EiN, and the plan or a Sponsor's name</li> <li>5a Total number of participant</li> <li>b Total number of participants with complete this item</li></ul>	and address [X] Same as Plan Spo he plan sponsor has changed since umber from the last return/report. Is at the loginning of the plan year is at the end of the plan year is account balances as of the end of the annual chamination and repor- ble during the plan year invested in el- of the annual examination and repor- s? (Seclinstructions on waiver eligib- either Nao 6a er line 6b, the plan of the or incomplete filing of this retu- ter or incomplete filing of this retu- other penalties set forth in the instin- t and signed by an enrelied actuary, complete.	the last return/report filed for the plan year (defined bene ligible assets? (See instruct rt of an independent qualifie bility and conditions.) samnot use Form 5500-RF GC insurance program (see m/report will be assessed	r this plan, enter the fit plans do not ions.) ed public accountant (IQ) and must instead use ERISA section 4021)? I unless reasonable ca s examined this return/re rsion of this return/repoint Robert N. Kormi Enter name of individu.	3c 4b 4 <u>c</u> 5 <u>a</u> 5 <u>b</u> 5 <u>c</u> 5 <u>k</u> 5 <u>c</u> 5 <u>k</u> 5 <u>c</u> 5 <u>k</u> 5 <u>c</u> 5 <u>c</u> 5 <u>c</u> 5 <u>c</u> 5 <u>c</u> 5 <u>c</u> 5 <u>c</u> 5 <u>c</u>	Administrator's EIN PN S500, PN S500, PN S500, Pres In Sectoblished. Motor State Sta	I I I I I I I I I I I I I I I I I I I
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## Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
a Total plan assets	7a	197,23	81			(,	197,231
<b>b</b> Total plan liabilities	7b	10,710	0				19,7101
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	197,23	-				197,231
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amount	<u>,                                    </u>			(b) To	-
a Contributions received or receivable from:		(u) Anount					
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
<b>b</b> Other income (loss)	8b						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	04						
to provide benefits)	8d						
e 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						
Net income (loss) (subtract line 8h from line 8c)	8i						
<b>j</b> Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character		odes	In the	Instructions	
Part V Compliance Questions							
10 During the plan year:				Yes	No	A	mount
<b>a</b> Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion)	iary Correc	ction Program)	10a		x		
<b>b</b> Were there any nonexempt transactions with any party-in-interest?							
on line 10a.)			10b		x		
on line 10a.) <b>C</b> Was the plan covered by a fidelity bond?	••••••	·	10b 10c		x x		
on line 10a.)	idelity bon	d, that was caused by fraud					
on line 10a.)         C       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss.	idelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c		x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o</li> </ul>	idelity bon er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d		x x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's filled to plan's filled to provide any benefit when due under the plan's filled to plan's filled</li></ul>	idelity bon er persons of the bene ?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f		x x x x x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's fi Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (S</li> </ul>	idelity bon er persons of the bene ?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.)	10c 10d 10e 10f 10g		x x x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's fi Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the</li> </ul>	idelity bon er persons of the bene ? of year er See instruc e required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h		x x x x x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's fi Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i 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.</li> </ul>	idelity bon er persons of the bene ? of year er See instruc e required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.)	10c 10d 10e 10f 10g		x x x x x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's fi Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> </ul>	idelity bon er persons of the bene ? of year er See instruc e required -3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h 10i		x x x x x		
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's fi Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i 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.</li> </ul>	idelity bon er persons of the bene ? of year er See instruc e required -3 ents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the ces," see instructions and compl	10c 10d 10e 10f 10g 10h 10i		x x x x x	`	Yes X No
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan's fi Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement</li> </ul>	idelity bon er persons of the bene ? of year er See instruct e required -3 ents? (If "Y	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and compl	10c 10d 10e 10f 10g 10h 10i		x x x x x	`	Yes X No
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> </ul>	idelity bon er persons of the bene ? of year er See instruct e required -3 ents? (If "Y om Schedu equiremer	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the ces," see instructions and compl ule SB (Form 5500) line 39 ts of section 412 of the Code of	10c 10d 10e 10f 10g 10h 10i	·····	x x x x x x le SB (	` ••••••	Yes X No
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding requirement (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, the second second</li></ul>	idelity bon er persons of the bene ? of year er See instruct e required -3 ents? (If "Y om Schedu equiremer as applica	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the '(es," see instructions and compl alle SB (Form 5500) line 39 ats of section 412 of the Code of ble.)	10c 10d 10e 10f 10g 10h 10i ete S	on 302	x x x x x le SB ( 11a 2 of EF	RISA?	Yes X No
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)</li> </ul>	idelity bon er persons of the bene ? of year er See instruct e required -3 ents? (If "Y om Schedu equiremer as applica g amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the ces," see instructions and compl ule SB (Form 5500) line 39 the of section 412 of the Code of ble.) ed in this plan year, see instructi	10c 10d 10e 10f 10g 10h 10i 10i	on 30: Ind en	x x x x x k le SB ( 11a 2 of EF ter the	RISA?	Yes X No
<ul> <li>on line 10a.)</li> <li>C Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan?</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year from 12 Is this a defined contribution plan subject to the minimum funding requirements and line "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is being</li> </ul>	idelity bon er persons of the bene ? of year er See instruc e required -3 ents? (If "Y equiremer as applica g amortize	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the 'res," see instructions and compl ule SB (Form 5500) line 39 ts of section 412 of the Code of ble.) and in this plan year, see instructi Mor <b>n 5500), and skip to line 13.</b>	10c 10d 10e 10f 10g 10h 10i 10i r secti ons, a th	on 30	x x x x x k le SB ( 11a 2 of EF ter the	RISA?	Yes X No

Form 5500-SF 2013

С	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [	🗌 No 🔲 N/A		
Part	t VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	es XIN	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 un of the PBGC?				Yes X No		
С							
1	13c(1) Name of plan(s):	130	<b>:(2)</b> EIN(	(s)	13c(3) PN(s)		
_							
Part	t VIII   Trust Information (optional)						

14a Name of trust	14b Trust's EIN