Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instri	ections to the Form 550	n_SE	Ins	pection
Part I	Annual Report	Identification Information	cordance with the mon	actions to the Form 550	0-31 .		
		scal plan year beginning 01/01/	2013	and ending	12/31/2	2013	
_		a single-employer plan		plan (not multiemployer)	12/31/2	a one-particip	ant plan
	urn/report is for:	the first return/report	the final return/repor			a one-particip	ant plan
D This ret	urn/report is:	:	<u>'</u>		ontho)		
0		an amended return/report	H	ırn/report (less than 12 m	ontris)	—	
C Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
		special extension (enter descr	· ,				
Part II	Basic Plan Info	ermation —enter all requested inf	ormation				
1a Name	•				1b	Three-digit	
LAW OFFICE	E OF EDUARD KORS	SINSKY PC 401(K) PROFIT SHARI	NG PLAN			plan number (PN)	001
					10	Effective date of	
						01/01/	
2a Plan sp	oonsor's name and ac	Idress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identif	
LAW OFFIC	E OF EDUARD KORS	SINSKY PC		,		(EIN) 46-379	
					2c	Sponsor's teleph	hone number
	STREET, 24TH FLOO	R				212-584	
NEW YORJI	K, NY 10004				2d	Business code (s	
			🗖		01	54111	
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	30	Administrator's E	EIN
					3c	Administrator's to	elephone number
						,	оторитонто типпоот
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN	
name,	EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the			
name, a Sponso	EIN, and the plan nu or's name	mber from the last return/report.	·	· 	4c		2
name, a Sponso 5a Total r	EIN, and the plan nu or's name number of participants	mber from the last return/report. at the beginning of the plan year			4c 5a		2
name, a Sponso 5a Total r b Total r	EIN, and the plan nu or's name number of participants number of participants	mber from the last return/report. at the beginning of the plan year at the end of the plan year			4c		2 2
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan nu or's name number of participants number of participants er of participants with	mber from the last return/report. at the beginning of the plan year	the plan year (defined ber	nefit plans do not	4c 5a		
name, a Sponso 5a Total r b Total r c Number comple	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	the plan year (defined ber	nefit plans do not	4c 5a 5b		2
name, a Sponso 5a Total r b Total r c Number compl 6a Were b Are yo	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year invested in eff the annual examination and report	the plan year (defined ber ligible assets? (See instru	nefit plans do not	4c 5a 5b 5c		2 2 X Yes No
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are younder	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of the end of the plan year invested in eff the annual examination and report? (See instructions on waiver eligib	the plan year (defined ber ligible assets? (See instru t of an independent qualif ility and conditions.)	nefit plans do not lictions.)	4c 5a 5b 5c	PN	2
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	account balances as of the end of the samual examination and report? If the annual examination and report? (See instructions on waiver eligib ither line 6a or line 6b, the plan c	ligible assets? (See instrut of an independent qualifility and conditions.)	nefit plans do not uctions.) ied public accountant (IQ	4c 5a 5b 5c PA)	PN	2 X Yes No X Yes No
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan yearaccount balances as of the end of the end of the plan year invested in eff the annual examination and report? (See instructions on waiver eligib	ligible assets? (See instrut of an independent qualifility and conditions.)	nefit plans do not uctions.) ied public accountant (IQ	4c 5a 5b 5c PA)	PN	2 2 X Yes No
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	account balances as of the end of the samual examination and report? If the annual examination and report? (See instructions on waiver eligib ither line 6a or line 6b, the plan c	ligible assets? (See instrutt of an independent qualifility and conditions.)	nefit plans do not sctions.) ied public accountant (IQ F and must instead use e ERISA section 4021)?	4c 5a 5b 5c PPA)	PN	2 X Yes No X Yes No
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second that account balances as of the end of the second that account balances as of the end of the second that account balances as of the end of the second that account balances as of the end of the second that account balances as of the end of the annual examination and report? (See instructions on waiver eligible ther line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instruction.	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se u/report will be assessed ctions, I declare that I have	nefit plans do not ctions.)	4c 5a 5b 5c PPA) Form Juse is port, in	PN 5500. Yes No established. acluding, if applica	2 X Yes No X Yes No Not determined
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eaction of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instruction disigned by an enrolled actuary, a	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se u/report will be assessed ctions, I declare that I have	nefit plans do not ctions.)	4c 5a 5b 5c PPA) Form Juse is port, in	PN 5500. Yes No established. acluding, if applica	2 X Yes No X Yes No Not determined
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Sche	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eaction of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instruction disigned by an enrolled actuary, a	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se u/report will be assessed ctions, I declare that I have	nefit plans do not ctions.)	4c 5a 5b 5c PPA) Form Juse is port, in	PN 5500. Yes No established. acluding, if applica	2 X Yes No X Yes No Not determined
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the second the plan year invested in eaction of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instruction disigned by an enrolled actuary, a	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se u/report will be assessed ctions, I declare that I have	nefit plans do not ctions.)	4c 5a 5b 5c PPA) Form Juse is port, in	PN 5500. Yes No established. acluding, if applica	2 X Yes No X Yes No Not determined
name, a Sponsor b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan number's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and repore? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, a plete.	the plan year (defined ber ligible assets? (See instru- t of an independent qualifility and conditions.) annot use Form 5500-SI C insurance program (se u/report will be assessed ctions, I declare that I have	nefit plans do not ctions.)	4c 5a 5b 5c PPA) Form port, int, and t	PN 5500. Yes No cestablished. Including, if applicate to the best of my	Z Z X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t	EIN, and the plan number of participants number of participants or of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and repore? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, a plete.	the plan year (defined ber ligible assets? (See instru- t of an independent qualif illity and conditions.)	nefit plans do not netions.)	4c 5a 5b 5c PPA) Form port, int, and t	PN 5500. Yes No cestablished. Including, if applicate to the best of my	Z Z X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number of participants number of participants or of participants are of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	the plan year (defined ber ligible assets? (See instru- t of an independent qualif- ility and conditions.)	nefit plans do not netions.)	4c 5a 5b 5c Form port, in t, and t	PN 5500. Yes No established. Including, if applicate to the best of my uning as plan adm	2 X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	ligible assets? (See instruct of an independent qualifility and conditions.)	nefit plans do not ictions.)	4c 5a 5b 5c Form port, in t, and t	PN	2 X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the beginning of the plan year account balances as of the end of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, applete. [Valid electronic signature.]	ligible assets? (See instruct of an independent qualifility and conditions.)	nefit plans do not ictions.)	4c 5a 5b 5c Form port, in t, and t	PN	2 X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the beginning of the plan year account balances as of the end of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, applete. [Valid electronic signature.]	ligible assets? (See instruct of an independent qualifility and conditions.)	nefit plans do not ictions.)	4c 5a 5b 5c Form port, in t, and t	PN	2 X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the beginning of the plan year account balances as of the end of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, applete. [Valid electronic signature.]	ligible assets? (See instruct of an independent qualifility and conditions.)	nefit plans do not ictions.)	4c 5a 5b 5c Form port, in t, and t	PN	2 X Yes No X Yes No Not determined Able, a Schedule knowledge and
name, a Sponsor b Total r c Number complement 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the beginning of the plan year account balances as of the end of the annual examination and report? (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, applete. [Valid electronic signature.]	ligible assets? (See instruct of an independent qualifility and conditions.)	nefit plans do not ictions.)	4c 5a 5b 5c Form port, in t, and t	PN	2 X Yes No X Yes No Not determined Able, a Schedule knowledge and

Form 5500-SF 2013 Page **2**

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y	ear		
а	Total plan assets	7a	(/ 5						3950	00	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c							3950	0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:		2050	0							
	(1) Employers	8a(1)	3950	U							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b							0050		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3950	0	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2050	10	
+	Net income (loss) (subtract line 8h from line 8c)	8i							3950	<i>J</i> U	
	Transfers to (from) the plan (see instructions)	8j									
Pai 9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	des in	the inst	uction	s:		
	2E 2J										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	he instru	ctions	:		
_	<u> </u>										
Par				ı	v I						
10	During the plan year:	4: · · · · · · · · · · · · · · · ·		1	Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ner person	s by an insurance carrier,								
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		Χ					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
Part	vi Pension Funding Compliance	1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem									. V	No
11a	5500) and line 11a below)										
12									No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	nter th	ne date d	of the I		uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk										_
b	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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Gueranty 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning		and ending	
A This return/report is for:	a multiple-employe	r plan (not multiemployer)	a one-participant plan
B This return/report is:	the final return/repo	ort ·	
an amended return/report	a short plan year re	turn/report (less than 12 m	on t es)
C Check box if filing under:	automatic extensio	n 🗼	DFVC program
special extension (enter description	on)		
Basic Plan Information—enter all requested inform	ation		
1a Name of plan			Three-digit
Law office of Eduard Korsinsky PC 401(k) Profit Sharing Plan			plan number
the state of the s			(PN) ▶ 001 IC Effective date of plan
			1/1/2013
2a Plan sponsor's name and address; include room or suite number (e	mployer, if for a singl	e-employer plan)	2b Employer Identification Number
Law office of Eduard Korsinsky PC			(EIN) 46-3790172
Law office of Eddard Roisinsky F C			2C Sponsor's telephone number
30 Broad Street, 24th Floor	. 4		112-584-2740 2d Business code (see instructions)
New Yorjk, NY 10004			2d Business code (see instructions) 41110
3a Plan administrator's name and address X Same as Plan Sponsor Na	ame X Sam as		Bb Administrator's EIN
		_	
Same		3	Administrator's telephone number
	≈ `		
•			
If the name and/or EIN of the plan sponsor has changed since the	ascreturn/report filed	for this plan, enter	lb ein
the name, EIN, and the plan number from the last return/n co. a Sponsor's name	•		le ou
5a Total number of participants at the beginning of the plantean			IC PN 2
D Total number of participants at the end of the plan year	•••••		5b 2
C Number of participants with account balances as of the position complete this item)			
6a Were all of the plan's assets during the planys cinvested in eligible	assets? (See instru		5c 2
b Are you claiming a waiver of the annual examination and report of a	in independent qualif	ied public accountant (IQP/	X Yes No
under 29 CFR 2520.104-46? (See instructions of waiver eligibility a	and conditions.)	***************************************	X Yes No
If you answered "No" to either line to or me 6b, the plan cann	ot use Form 5500-	F and must instead use	
C If the plan is a defined benefit plan, si co ered under the PBGC in			Yes No Not determined
Caution: A penalty for the like on complete filing of this return/	report will be asses	sed unless reasonable c	ause is established.
Under penalties of perjury and other cenalties set forth in the instructions, SB or Schedule MB completed prosigned by an enrolled actuary, as well	as the electronic ver	examined this return/report sion of this return/report, an	, including, if applicable, a Schedule
belief, it is true, correct, and complete		son of the fetting eport, an	a to the best of my knowledge and
Column 2h	10/12/2014	Eduard Korsinsky	
Signature of plan administrator	Date	-	
(/	10/12/2014		signing as plan administrator
Signature of employer/plan sponsor		Eduard Korsinsky	
Preparer's name (including firm name, if applicable) and address; include	Date		signing as employer or plan sponsor Preparer's telephone number (optional)
The second secon		· (Spanism)	reparer a terepriorie number (optional)
		ŀ	

	Financial Information					·					
7	Plan Assets and Liabilities		(a) Be ginning o	f Year			(b) E	nd o	f Year		
a	Total plan assets	7a			0					39,	500
b	Total plan liabilities	. 7b			0						0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			0					39,	500
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(1	b) To	tal		
а	Contributions received or receivable from:				•						
	(1) Employers	8a(1)		3	9,500						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0						
<u>b</u>	Other income (loss)	. 8b			O						
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								39,	500
d				4							
	to provide benefits)	8d		—							
e	Certain deemed and/or corrective distributions (see instructions)	8e			$\dot{\square}$						
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
	Net income (loss) (subtract line 8h from line 8c)	8i								39,	500
	Transfers to (from) the plan (see instructions)	8j									
	Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension f	feature coo	es om Lust of Plan C	haracte	ristic (codes in	the inst	ructio	ns:		
	2E, 2J										
b	If the plan provides welfare benefits, enter the applicable welfare fe	atum code	from the List of Plan Cl	naracteri	istic Co	odes in t	ne instru	ıction	s:		
		-								· · · · · · · · · · · · · · · · · · ·	
	Compliance Questions										
10	During the plan year:				Yes	No		An	ount		
<u> </u>	Was there a failure to transmit to the plan any participant contributions vin 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary)	thin the time	e period described Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-in-ext? reported on line 10a.)	• •	clude transactions	10b		х		٠			
c	Was the plan covered by a fidelity bond?			10c		Х					
	Did the plan have a loss, whether or not reimbursed by the lan's fid fraud or dishonesty?	delity bond	, that was caused by	10d		х				-	
е	Were any fees or commissions paid to any prokers agents, or other	r persons l	by an insurance								
	carrier, insurance service, or other organization that provides some	or all of the	e benefits under								
	the plan? (See instructions.)			10e		X					
	Has the plan failed to provide any benefit, then the under the plan?			10f		X					—
<u>g</u>	Did the plan have any participant log 157 of "Yes," enter amount as	of year end	1.)	10g	-	Х					
••	If this is an individual account tian, as there a blackout period? (S 2520.101-3.)			10h		X					
$\overline{}$	If 10h was answered "Yes," chick the sox if you either provided the										
	exceptions to providing a price applied under 29 CFR 2520.101-	3	***************************************	10i							
	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Ye	s," see instructions and o	omplete	Sche	dule SB		П	Yes	X N	 10
11a	Enter the unpaid minimum required contribution for current year from					1a		<u> </u>			0
12	Is this a defined contribution plan subject to the minimum funding requiren				_		T	\Box	Yes	XIN	40
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a				J. 20 41	••				23.1	<u></u>
a	If a waiver of the minimum funding standard for a prior year is being	amortized	l in this plan year, see ins	tructions	s, and	enter the	date of	the I	etter n	lina	
	granting the waiver.					Day_			ar		_
ffy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Fort	n 5500), and skip to line	13.				·			
	Enter the minimum required contribution for this plan year				1	2b					—
											_

		_		
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		0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
	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		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	(s) to	•	
1	3c(1) Name of plan(s):	(2)	EIN(s)	13c(3) PN(s)
			•	
	Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	

Page 3 -

Form 5500-SF 2013