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).

▶ 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

-	rt I		t Identification Informat	tion									
For	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending							12/31/2013					
A	Γhis retu	urn/report is for:	a single-employer plan	ar	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan				
В	Γhis retu	urn/report is:	the first return/report	the	e final return/report								
			n/report (less than 12 m	onths)								
C	Check b	oox if filing under:	X Form 5558	au	tomatic extension			DFVC program					
Pa	rt II	Basic Plan Info	ormation—enter all requeste	ed informatio	n								
1a	Name o	of plan					1b	Three-digit					
ORAN	IGE AN	IESTHESIA SERVIC	ES, PC 401K PROFIT SHARIN	NG PLAN & 1	TRUST			plan number (PN) ▶	002				
							10	Effective date o					
								01/01					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ORANGE ANESTHESIA SERVICES, PC							2b	Employer Identi (EIN) 14-15	fication Number 50036				
							20	Sponsor's telep					
PO B	OX 311	8						845-34					
		VN, NY 10940					2d	Business code ((see instructions)				
								62111	l1				
3a	Plan ac	dministrator's name a	and address XSame as Plan S	Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN				
							3с	Administrator's	telephone number				
4	If the n	name and/or EIN of th	ne plan sponsor has changed s	since the last	return/report filed fo	r this plan, enter the	4b	EIN					
_		•	umber from the last return/repo	ort.			4.						
	•	or's name	a at the heatening of the plan w	10.0°			+	PN T					
_			s at the beginning of the plan y				5a		24				
			s at the end of the plan year				5b		20				
С			account balances as of the er	•	•	•	5c		20				
6a			ts during the plan year invested	_					X Yes No				
b			of the annual examination and 6? (See instructions on waiver						X Yes □ No				
			either line 6a or line 6b, the p										
С	If the p	olan is a defined bene	efit plan, is it covered under the	PBGC insur	ance program (see	ERISA section 4021)?		Yes No	Not determined				
Cau	tion: A	nanalty for the late	or incomplete filing of this r	roturn/ronort	will be accessed a	unlaca raasanahla aa	uso is	ostablished	<u> </u>				
			e or incomplete filing of this report of the orthogonal time in the interpretation of the orthogonal transfer of the orthogonal transfer or incomplete or in						able a Schedule				
SB	or Šche		and signed by an enrolled actua										
SIG		Filed with authorized	d/valid electronic signature.										
HER	KE.	Signature of plan	administrator		Date	Enter name of individ	lual si	gning as plan adr	ninistrator				
SIG													
HER	RE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	lual siç	gning as employe	er or plan sponsor				
Prep	arer's r	name (including firm	name, if applicable) and addre	ess; include ro	oom or suite number	(optional)	Prep	oarer's telephone	number (optional)				

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information											
7	Plan Assets and Liabilities						(b) End of Year					
	Total plan assets	7a	(a) Beginning of Yea				(b) End		66515			
b	Total plan liabilities	7a 7b		0	+				0			
	Net plan assets (subtract line 7b from line 7a)	76 7c	1542395					171	66515			
8	Income, Expenses, and Transfers for this Plan Year	70		•			(b) T					
	Contributions received or receivable from:		(a) Amount				(b) 1	otai				
	(1) Employers	8a(1)	86597	4								
	(2) Participants	8a(2)	4840	0								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b	327872	8								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						41	93102				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	245054	1								
е	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						24	50541			
i	Net income (loss) (subtract line 8h from line 8c)	8i						17	42561			
j	Transfers to (from) the plan (see instructions)	8j		0								
Pai	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2R 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions	:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	c Coc	les in t	he instruct	ons:				
Par	V Compliance Questions											
10	During the plan year:				Yes	No		Amo	unt			
а	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)					X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X						
С	Was the plan covered by a fidelity bond?			10c	Χ					500000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X				300000		
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100								
C	insurance service, or other organization that provides some or all					X						
	instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X					19781		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i								
Part												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•		Yes	X No		
112	Enter the unpaid minimum required contribution for current year fr					11a						
12							EDICAS	П	Yes	X No		
14	Is this a defined contribution plan subject to the minimum funding			or sec	CUUII .	JUZ Üſ	LRIOA!	ш	169	/ INU		
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 being granting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th	ne date of	he le Yea		ing		
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			u 1		⊔ay		ı ed	'			
	Enter the minimum required contribution for this plan year	•	•		Т	12b						

Page	3	-	1	
гаус	J	_		

			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	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es No)					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	rol Yes X No						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to							
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)				
Part	VIII Trust Information (optional)			•					
14a	Name of trust	14b Trust's EIN							

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).

OMB Nos. 1210-0110 1210-0089

2013

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	Guaranty Corporation	▶ Complete all entries in a	ccordance w	rith the	instruct	ions to the Folia 330			
Part! /	Annual Report I	dentification information	01/01/	/2013		and ending	1	2/31/201	3
or calendar j	dan year 2013 or fis	cal plan year beginning	01/01/			n (not multiemployer)	Π.	a one-participa	ant plan
This return	n/report is for:	X a single employer plan	_			It (HO! High grapho) or y	u	,	
3 This return		the first return/report	the fina	al return	/report		onthe)		
, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		an amended return/report	a short	plan ye	ar retum	report (less than 12 m	ionuis <i>)</i> □ .	DE 10 accesso	
5 01 1 h	x if filing under:	☑ Form 5558	autom	atic ext	ension		Ш	DFVC progra	"
Check do.	X II IIIIII UNOOL	special extension (enter des	scription)	;					
B-4 11	Deele Blen Info	rmation—enter all requested		1			1 4		
Part II 1a Name of		THIRD ONLY			_			ree-digit an number	
Ia Nameui	PANGSTHESTA	SERVICES, PC 401k	PROFIT	i				N) •	002
SHARI	NG PLAN & TR	UST						fective date of	f plan
V • • • • • • • • • • • • • • • • • • •								1/01/198	
		telegas include room or suite num	nber (employe	er, if for	a single	employer plan)	2b En	nployer Identi	fication Number
2a Plan sponsor's name and address; include room or suite number (emplo ORANGE ANESTHESIA SERVICES, PC				.,	_			IN) 14-155	
OKANO	ORANGE ANDSINESZII S-III S-III						2c S	ponsor's telep 845) 343:	hone number
									(see instructions)
PO BO	X 3118					10010		21111	(956 11011 2000110)
MIDDL	ETOWN					10940		dministrator's	EIN
3a Plan ad	ministrator's name a	and address XSame as Plan Sp	onsor Name	Sam	ne as Ma	n Sponsoi Address	-		
							3c A	dministrator's	telephone number
							_		
4 If the n	ame and/or EIN of t	he plan sponsor has changed sin	nce the last re	turn/re	ort filed	for this plan, enter the	4b E	EIN	<u> </u>
name,	EIN, and the plan n	umber from the last return/report	l.				4c f	PN	
a Sponse	or's name			 			5a		24
5a Total r	number of participant	ts at the beginning of the plan ye	ar,			41 94-1 8 141 9 2	5b		20
b Total r	number of participant	ts at the end of the plan year					<u>3D</u>		
C Numb	er of participants with	h account balances as of the end	d of the plan y	ear (de	tined ber	ent plans do not	5c		2(
compl	ete this item)	Tracoccine Data and Tracoccine and Tracoccine	in eligible se	onte? (S	Soe instr	ictions)		***************************************	X Yes No
6a Were	all of the plan's asse	ets during the plan year invested of the annual examination and n	onod of an inc	denend Spro: (v	ent qualil	ied public accountant ((IQPA)		
									X Yes ∐ No
If wou	answered "No" to	either line 6a or line 6b, the pl	an cannot us	se Fom	า 5500-5	F and must instead o	Se FUIIII I)JYU.	
C If the	dan is a defined ben	efit plan, is it covered under the	PBGC insura	nce pro	gram (se	e ERISA section 4021)?	Yes No	Not determined
		e or incomplete filing of this re							
		The state of the s	ataustiane 1d	laciara I	hat I hav	e examined this return	/report. Inc	ciuding, ir appi	icable, a Schedule
SB or Schr	arties or perjury and edule MB completed	other penalties set forth in the in and signed by an enrolled actua	ary, as well as	the ele	ctronic v	ersion of this return/rep	ort, and to	the best of n	ny knowledge and
belief, it is	true, correct, and co	mplete.	•	:					
	300	3 Soler -		109	14	STEPHEN G. S	OLOMON	1	
SIGN HERE	Otym	10000		+	<u> </u>	Enter name of indi	ividual sidu	ning as plan a	dministrator
E TRUE COM	Signature of plan	n aðministrator		Date		Enter hame or inc	randon orgi	inig as promite	
SIGN	<i>a</i>	<u> </u>		+					
HERE	Signature of em	ployer/plan sponsor		Date			ividual sign	ning as emplo arac's telepho	yer or plan sponsor ne number (optional)
Preparer's	name (including firm	m name, if applicable) and addre	ss; include ro	opm or s	uite num	per (opuonal)	Lieb	area a terebulo	(openier)
							. 520.0	444	. m

Pal	t III Financial Information									
7	Plan Assets and Liabilities	(a) Paginning of Vac		(b) End of Ye						
		7-	(a) Beginning of Yea		54		(D) End			5,515
	Total plan assets Total plan liabilities	7a 7b			0				,	0
	Net plan assets (subtract line 7b from line 7a)	76 7c	15,423	3.95	54			7.166	5,515	
8	·	70		.,,,			(b) T		, = 0 0	,,010
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	86!	5,97	4					
	(2) Participants	8a(2)	48	8,40	0.0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	3,278	8,72	28					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	1,193	3,102
d	nefits paid (including direct rollovers and insurance premiums provide benefits)									
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	strative service providers (salaries, fees, commissions) 8f								
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	2,450	,541
i	Net income (loss) (subtract line 8h from line 8c)	8i						1	1,742	2,561
j	Transfers to (from) the plan (see instructions)			0						
Par	t IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2R 2T 3D	feature cod	des from the List of Plan Chara	acteri	stic Co	odes in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Co	des in t	he instructi	ons:		
Pari	Part V Compliance Questions									
10					Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in						Aiiic	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					х				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	ection Program)nclude transactions reported	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	ection Program)nclude transactions reported	10a 10b		X				
b c	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	ection Program)		Х				500	0,000
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	ection Program)	10b	Х				500	0,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported nd, that was caused by fraud by an insurance carrier,	10b 10c	X	Х			500	0,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	? (Do not in fidelity bor ner persons of the bene	nclude transactions reported and, that was caused by fraud by by an insurance carrier, fits under the plan? (See	10b 10c	Х	Х			500	0,000
c d	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	? (Do not in	ad, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d	X	Х			500	0,000
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plantageneral contents and the plantageneral contents and the plantageneral contents and the plantageneral contents are contents and the plantageneral contents are contents and the plantageneral contents and the plantageneral contents are contents.	? (Do not in fidelity bor ner persons of the bene	nclude transactions reported and, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	X	X				9,781
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity borner persons of the benembers of year e	ad, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g		X				
d e	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 12520.101-3.)	fidelity borner persons of the beneward sof year e (See instrume required	and, that was caused by fraud shy an insurance carrier, fits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h		X X X				
c d e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 12520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity borner persons of the beneward sof year e (See instrume required	and, that was caused by fraud shy an insurance carrier, fits under the plan? (See and.)	10b 10c 10d 10e 10f 10g		X X X				
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	fidelity borner persons of the benember of year e (See instrumer required 1-3	and, that was caused by fraud by an insurance carrier, fits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X			1:	
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity borner persons of the beneficial series of year efficients of the series of t	and, that was caused by fraud shy an insurance carrier, fits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X			1:	9,781
e f g h	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 1f this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year finding the plan subject to minimum for current year finding the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem the unpaid minimum required contribution for current year finding the plan subject to minimum funding requirem t	fidelity borner persons of the beneficial series of year effective (See instrument required 1-3	nclude transactions reported and, that was caused by fraud by by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the are "es," see instructions and comule SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X tule SE			1:	9,781 X No
c d e f g h i Part 11 11a	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding	fidelity borner persons of the bene sof year e (See instrumer required 1-3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X tule SE			19	9,781 X No
c d e f g h i Part 11 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year file this a defined contribution plan subject to the minimum funding (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 bein	fidelity borner persons of the bene on the series of year e (See instrument required 1-3	and, that was caused by fraud should be	10b 10c 10d 10e 10f 10g 10h 10i nplete	X Sched	X X X X Aulule SE 11a 302 of	ERISA?		Yes Yes	9,781 X No
e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year file this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	fidelity borner persons of the bene on? s of year e (See instrument required 1-3	nclude transactions reported ad, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the all SB (Form 5500) line 39 nts of section 412 of the Code able.) ad in this plan year, see instructions and common the code able.)	10b 10c 10d 10e 10f 10g 10h 10i nplete	X Sched	X X X X Aulule SE	ERISA?	he let	Yes Yes	9,781 X No

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?	Х	Yes 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	ntrol Yes				
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	13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s	s)		
Part	VIII Trust Information (optional)						
		14b ⊺r	rust's EIN				

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