Fo	rm 5500-SF	Short Form Annual F	Return/Report o Benefit Plan	f Small Employ	vee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2013
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of		tions 6057(b) and 6058(This Form	is Open to Public
Pension B	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instruc	tions to the Form 5500	-SF.	I	nspection
Part I		entification Information					
For calence	lar plan year 2013 or fisca		13	and ending 12	2/31/2	2013	
A This re	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-parti	cipant plan
B This re	turn/report is:	the first return/report	the final return/report				
-		an amended return/report		/report (less than 12 mo	nths)	_	
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ram
		special extension (enter descript	,				
Part II		nation—enter all requested inforr	nation				
1a Name	•				1b	Three-digit plan number	
	IEDICAL, LLP RETIREM	ENT PLAN				(PN)	001
					1c	Effective date	of plan
)1/2000
	ponsor's name and addre	ess; include room or suite number (employer, if for a single-	employer plan)	2b		ntification Number
					2c		ephone number 01-8030
	49TH STREET / 10451-5623			-	2d		e (see instructions)
3a Plan a	administrator's name and	address Same as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	621 Administrator	
UPTOWN ME			9TH STREET	Sponsol Address	00		4031158
		BRONX, NY			3c		s telephone number 01-8030
		lan sponsor has changed since the per from the last return/report.	last return/report filed fo	r this plan, enter the	4b	EIN	
a Spons	sor's name				4c	PN	
		the beginning of the plan year		_	5a		9
		the end of the plan year			5b		9
		count balances as of the end of the			5c		8
6a Were	e all of the plan's assets d	luring the plan year invested in eligi	ble assets? (See instruct	ions.)			X Yes No
		ne annual examination and report o					
	,	See instructions on waiver eligibility er line 6a or line 6b, the plan can	,				X Yes No
-		plan, is it covered under the PBGC			_		Not determined
		incomplete filing of this return/re					
SB or Sch		r penalties set forth in the instructio signed by an enrolled actuary, as v te.					
SIGN	Filed with authorized/va	lid electronic signature.	10/14/2014	KIM WOODS			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	al sig	ning as plan a	dministrator
SIGN							
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	al sic	ning as emplo	ver or plan sponsor
Preparer's		ne, if applicable) and address; inclu			_		ne number (optional)

Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear		
а	Total plan assets	7a	83967	9	936743						
b	Total plan liabilities	7b		0			0				
С	Net plan assets (subtract line 7b from line 7a)	t plan assets (subtract line 7b from line 7a) 7c 8396						9	36743		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	ions received or receivable from: overs									
	(1) Employers	8a(2)	2974								
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	6451	3							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							99611		_
	Benefits paid (including direct rollovers and insurance premiums										
-	to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	254	7							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_				2547		
	Net income (loss) (subtract line 8h from line 8c)	8i			_				97064		
J	Transfers to (from) the plan (see instructions)	8j									
	2A 2E 2H 2J 3B 3D										
Part	V Compliance Questions										
10					Yes	No		A			
	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		162	NO		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х					43	394
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	end.)	10g		Х					
h		(See instru	uctions and 29 CFR	10g		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							. Г	Yes		No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,				ERISA?	. Γ	Yes	XI	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			2.20							
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 instruc		and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul										
-	Enter the minimum required contribution for this plan year					12b					

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

C						
	Short Form Annual	Return/Report of Small Empl Benefit Plan	oyee		OMB Nos. 1210-01 1210-00	
hitemal Revenue Service	This form is required to be fil	led under sections 104 and 4065 of the Emplo	yee	2013		
Department of Labor Environe Benally Security Administration Periodn Benalt Stenatic Celeration	the Intern	of 1974 (ERISA), and sections 6057(b) and 60 nal Revenue Code (the Code)			s Open to Public spection	
	> Complete all entries in acco	rdance with the instructions to the Form 5	500-SF.	· · · · · · · · · · · · · · · · · · ·		
Part J Annual Report In For calendar plan year 2013 or fisc	dentification Information	4 164 /2022			-	
		01/01/2013 and ending	1	2/31/2013		
re mareteropotribior.	a single-employer plan] a mutople-employer plan (noi multiemployer	n [a one-particip	pant plan	
B This return/report is:	the first return/report	_ the final return/report				
	an amended raturi/report	a short plan year return/report (less than 12	months)	_		
C Check box of filing under:	X Form 555B	automatic extension		DEVC progra	im.	
11-11-11-11-11-11-11-11-11-11-11-11-11-	special extension (enter descript	· · · · · · · · · · · · · · · · · · ·				
	mation-enter all requested inform	πalion				
1a Name of plan UPTOWN MEDICAL, LLP :				hree-digit		
OPIONN MEDICAL, LLP	KALIKSMENT PLAN			lan number PNI	001	
				fective date of	olao	
1.000				1/01/2000		
28 Plan sponsor's name and addr	ress; include room or suite number (employer, if for a single-employer plan)	2b E	mployer Identil	ication Number	
Jptown Medical, LLP			{E	EIN) 13-403	115B	
305 East 149th Street	-			ponsor's telepl		
JAN WARE TAREN SCLEED			errante	18-401-80	781	
Bronx	NY 10451-5623			usiness code (21111	see Instructions)	
38 Plan administrator's name and	- ber	Name Same as Plan Sponsor Address		diministrator's B	-IN	
Uptown Medical, LLP	The sea Character on a sub- offer the	The set of		3-4031158		
Bronx	NY 10451-5623					
If the name and/or FIN of the	den enorser bee changed since the	last return/report filed for this plan enter the	db c	161		
name, EIN, and the plan numb	plan sponsor has changed since the ber from the last return/report.	last return/report filed for this plan, enter the	410 E			
name, EIN, and the plan numb a Sponsor's name	ber from the last return/report.		4C P			
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants al	ber from the last return/report. I the beginning of the plan year		4c P 5a			
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all	ber from the last return/report. I the beginning of the plan year		4C P			
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac	ber from the last return/report. I the beginning of the plan year I the end of the plan year	plan year (defined banaîri plans do not	4c P 5a			
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all C Number of participants with ac complete this item).	ber from the last return/report. I the beginning of the plan year I the end of the plan year	plan year (defined benefit plans do not	4c P 5a 5b 5c	N	X Yes N	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this itom)	ber from the last return/report. I the beginning of the plan year I the end of the plan year count balances as of the end of the during the plan year invested in eligi he annual examination and report of	plan year (defined benefit plans do not ble assets? (See instructions.)	4c P 5a 5b 5c 0PA)	N		
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants at b Total number of participants at c Number of participants with ac complete this item)	ber from the last return/report. I the beginning of the plan year I the end of the plan year count balances as of the end of the during the plan year invested in eligi he annual examination and report of (See instructions on walvar eligibility	plan year (defined benefit plans do not ble assets? (See instructions.) f an independent qualified public accountant (h y and conditions.)	4c P 5a 5b 5c 0PA)	N		
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants al b Total number of participants al c Number of participants with ac complete this itom)	ber from the last return/report. I the beginning of the plan year I the end of the plan year count balances as of the end of the during the plan year invested in eligi- the annual examination and report of (See instructions on walvar eligibility rer line 6a or line 6b, the plan can	plan year (defined banafit plans do not ble assets? (See instructions.), f an independent qualified public accountant (h and conditions.), not use Form 6500-8F and inust initiad us	4c P 5a 5b 5c 0PA) s Form 50	N	Yes N	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants al b Total number of participants al c Number of participants with ac complete this itom)	ber from the last return/report. I the beginning of the plan year I the end of the plan year count balances as of the end of the during the plan year invested in eligi- the annual examination and report of (See instructions on walvar eligibility rer line 6a or line 6b, the plan can	plan year (defined benefit plans do not ble assets? (See instructions.) f an independent qualified public accountant (h y and conditions.)	4c P 5a 5b 5c 0PA) s Form 50	N		
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item). 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520, 104-46? (If you anawared "No" to eith c If the plan is a defined benefit (ber from the last return/report. I the beginning of the plan year I the end of the plan year count balances as of the end of the during the plan year invested in eligit he annual examination and report of See instructions on walvar eligibility rer line Ga or line 6b, the plan cam- plan, is it covered under the PBCC i	plan year (defined banafit plans do not ble assets? (See instructions.), f an independent qualified public accountant (h and conditions.), not use Form 6500-8F and inust initiad us	4c P 5a 5b 5c 0PA; s Form 50	N 500. 'es []No []	Yes N	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item) 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520.104-46? (If you anawared "No" to atth c If the plan is a defined benefit) Caution: A penalty for the late or Under penalties of penjury and other	ber from the last return/report. I the beginning of the plan year I the end of the plan year Zoount balances as of the end of the during the plan year invested in eligit he annual examination and report of (See instructions on walvar eligibility ier line 6e or line 6b, the plan can plan, is it covered under the PBGC i Incomplete filling of this return/re rependities set forth in the instruction	plan year (defined banaîn plans do not ble assets? (See instructions.). f an independent qualified public accountant (h / and conditions.). not use Form 6500-8F and must instead us insurance program (see ERISA section 4021)? port will be assessed unless reasonable ca ns. I declare that I have examined this relum/n	4C P 5a 5b 5c 0PA; s Form 5C [Y 1096 Is 62 eport. inclu	N 500. 'es []No [] tabliahed. uding. if applics	X Yas Not determined	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item) 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520.104-46? (If you anawared "No" to atth c If the plan is a defined benefit) Caution: A penalty for the late or Under penalties of penjury and other	ber from the last return/report. I the beginning of the plan year I the and of the plan year Count balances as of the end of the during the plan year invested in eligi- he annual examination and report of (See instructions on walvar eligibility ier line 6s or line 6b, the plan can plan, is it covered under the PBCC in Incomplete filing of this return/re re penalties set forth in the instruction signed by an enrolled actuary, as ye	plan year (defined banefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (i and conditions.). not use Form 6500-SF and inust instead us insurance program (see ERISA section 4021)? port will be assessed unless reasonable ca	4C P 5a 5b 5c 0PA; s Form 5C [Y 1096 Is 62 eport. inclu	N 500. 'es []No [] tabliahed. uding. if applics	X Yas Not determined	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants al b Total number of participants al c Number of participants with ac complete this itom)	ber from the last return/report. I the beginning of the plan year I the and of the plan year Count balances as of the end of the during the plan year invested in eligi- he annual examination and report of (See instructions on walvar eligibility ier line 6s or line 6b, the plan can plan, is it covered under the PBCC in Incomplete filing of this return/re re penalties set forth in the instruction signed by an enrolled actuary, as ye	plan year (defined benefit plans do not ble assets? (See instructions.)	4C P 5a 5b 5c 0PA; s Form 5C [Y 1096 Is 62 eport. inclu	N 500. 'es []No [] tabliahed. uding. if applics	X Yas Not determined	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item) 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520.104-46? (If you anawared "No" to atth c If the plan is a defined benefit j Caution: A penalty for the late or Under penalties of penjury and other SE or Schedule MB completed and bellef, it is true, correct, and completed BIGN	ber from the last return/report. I the beginning of the plan year I the end of the plan year zount balances as of the end of the during the plan year invested in eligi- he annual examination and report of (See instructions on walvar eligibility ier line 6e or line 6b, the plan cam- plan, is it covered under the PBCC i Incomplete filling of this return/re re penalties set forth in the instruction signed by an enrolled actuary, as very	plan year (defined benefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (H y and conditions.). not use Form 6500-SF and must instead us insurance program (see ERISA section 4021)? port will be assessed unless reasonable ca ns. I declare that I have examined this relum/ well as the electronic version of this return/repo	4C P 5a 5b 5c 0PA) s Form 50 	N 500. 'es []No [] tabliahed. uding. if applics lihe best of my l	X Yes Not determined	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants al b Total number of participants al c Number of participants with ac complete this itom)	ber from the last return/report. I the beginning of the plan year I the end of the plan year zount balances as of the end of the during the plan year invested in eligi- he annual examination and report of (See instructions on walvar eligibility ier line 6e or line 6b, the plan cam- plan, is it covered under the PBCC i Incomplete filling of this return/re re penalties set forth in the instruction signed by an enrolled actuary, as very	plan year (defined benefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (H) and conditions.). not use Form 6500-SF and must instead us insurance program (see ERISA section 4021)? port will be assessed unless reasonable ca ns. I declare that I have examined this relum/ well as the electronic version of this retum/report i.c/# (211) KIM WOODS Date Enter name of indivi	4C P 5a 5b 5c 0PA) s Form 50 	N 500. 'es []No [] tabliahed. uding. if applics lihe best of my l	X Yes N Not determined Ible, a Schedule knowledge and	
name, EIN, and the plan number a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item) 6a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520.104-46? (If you anawared "No" to atth c If the plan is a defined benefit) Caution: A penalty for the lete or Under penalties of penjury and other SE or Schedule MB completed and bellef, it is true, correct, and completed BIGN Signeture of plan adr Signeture of plan adr	ber from the last return/report. I the beginning of the plan year I the end of the plan year zount balances as of the end of the during the plan year invested in eligi- he annual examination and report of (See instructions on walver eligibility rer line 6e or line 6b, the plan cam- plan, is it covered under the PBCC i Incomplete filing of this return/re re penalties set forth in the instruction signed by an enrolled actuary, as very	plan year (defined benefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (H and conditions.). not use Form 6500-SF and must instead us insurance program (see ERISA section 4021)? uport will be assessed unless reasonable ca ns. I declare that I have examined this return/report well as the electronic version of this return/report i.c/# (211 / KIM WOODS	4C P 5a 5b 5c 0PA) s Form 50 	N 500. 'es []No [] tabliahed. uding. if applics lihe best of my l	X Yes N Not determined Ible, a Schedule knowledge and	
name, EIN, and the plan numb a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item)	ber from the last return/report. Lifte beginning of the plan year I the end of the plan year toount balances as of the end of the during the plan year invested in eligit he annual examination and report of (See instructions on walvar eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBCC i Incomplete filing of this return/m repentities set forth in the instruction signed by an enrolled actuary, as very eligibility	plan year (defined benefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (H) and conditions.). not use Form 6500-SF and must instead us insurance program (see ERISA section 4021)? port will be assessed unless reasonable ca ns. I declare that I have examined this relum/ well as the electronic version of this retum/report i.c/# (211) KIM WOODS Date Enter name of indivi	4c P 5a 5b 5c 0PA; s Form 5c s Form 5c s port, inclu rt, and to 1 dual signin	N 500. 'es No D tabliahed. Joing, if applics the best of my t the best of my t	X Yes N Not determined Ible, a Schedule knowledge and inistrator	
name, EIN, and the plan number a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item)	ber from the last return/report. Lifte beginning of the plan year I the end of the plan year toount balances as of the end of the during the plan year invested in eligit he annual examination and report of (See instructions on walvar eligibility her line 6a or line 6b, the plan cam plan, is it covered under the PBCC i Incomplete filing of this return/m repentities set forth in the instruction signed by an enrolled actuary, as very eligibility	plan year (defined banefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (h / and conditions.). f at use Form 6500-8F and inset instead us insurance program (see ERISA section 4021)? insurance prog	4C P 5a 5b 5c 0PA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; dual signification dual signification	N 500. 'es No D tabliated. Jding, if applics The best of my l	X Yes N Not determined Ible, a Schedule knowledge and inistrator	
name, EIN, and the plan number a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item)	ber from the last return/report. I the beginning of the plan year I the end of the plan year I the end of the plan year account balances as of the end of the during the plan year invested in eligit the annual examination and report of See instructions on valvar eligibility rer line 6a or line 6b, the plan can plan, is it covered under the PBCC i incomplete filling of this return/nu er penetties set forth in the instruction signed by an enrolled actuary, as very the ministrator artplan sponsor	plan year (defined banefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (h / and conditions.). f at use Form 6500-8F and inset instead us insurance program (see ERISA section 4021)? insurance prog	4C P 5a 5b 5c 0PA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; dual signification dual signification	N 500. 'es No D tabliated. Jding, if applics The best of my l	X Yes N Not determined Inte, a Schedule knowledge and inistrator	
name, EIN, and the plan number a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item)	ber from the last return/report. I the beginning of the plan year I the end of the plan year I the end of the plan year account balances as of the end of the during the plan year invested in eligit the annual examination and report of See instructions on valvar eligibility rer line 6a or line 6b, the plan can plan, is it covered under the PBCC i incomplete filling of this return/nu er penetties set forth in the instruction signed by an enrolled actuary, as very the ministrator artplan sponsor	plan year (defined banefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (h / and conditions.). f at use Form 6500-8F and inset instead us insurance program (see ERISA section 4021)? insurance prog	4C P 5a 5b 5c 0PA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; dual signification dual signification	N 500. 'es No D tabliated. Jding, if applics The best of my l	X Yes N Not determined Inte, a Schedule knowledge and inistrator	
name, EIN, and the plan number a Sponsor's name 5a Total number of participants all b Total number of participants all c Number of participants with ac complete this item) 5a Were all of the plan's assets of b Are you claiming a waiver of th under 29 CFR 2520.104-46? (If you anawared "No" to eith C If the plan is a defined benefit) Caution: A penalty for the lets or Under penallies of penjury and other SE or Schedule MB completed and bellef, it is true, corract, and completed stem <u>Signature of plan adr</u> Signature of plan adr	ber from the last return/report. I the beginning of the plan year I the end of the plan year I the end of the plan year account balances as of the end of the during the plan year invested in eligit the annual examination and report of See instructions on valvar eligibility rer line 6a or line 6b, the plan can plan, is it covered under the PBCC i incomplete filling of this return/nu er penetties set forth in the instruction signed by an enrolled actuary, as very the ministrator artplan sponsor	plan year (defined banefit plans do not ble assets? (See instructions.). f an independent qualified public accountant (h / and conditions.). f at use Form 6500-8F and must instead us insurance program (see ERISA section 4021)? port will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless reasonable ca ns. I declare that I have examined this return/ report will be assessed unless the return	4C P 5a 5b 5c 0PA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; s Form 5c coPA; dual signification dual signification	N 500. 'es No D tabliated. Jding, if applics The best of my l	X Yes N Not determined Inte, a Schedule knowledge and inistrator	

(2) Participants		8 (a) Amount	3967 3967 535 2974 6451 254	0 79 60 18 13 13 13 13 13 13 13 13 13 14 7 15 15 15 15 15 15 15 15 15 15 15 15 15			otal 	936743 () 936743 936743 99611 999611
Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributior 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i 8j	(a) Amount	535 2974 6451 254	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		he instruct	tions:	99611
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributior 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g 8h 8i 8j	(a) Amount	535 2974 6451 254	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		he instruct	tions:	99611
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (sataries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8c 8d 8d 8c 8d 8d 8c 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d	es from the List of Plan Chara	2974 6451 254	1.3 1.3 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7		he instruct	tions:	2545
Contributions received or receivable from: 8 (1) Employers 8 (2) Participants 8 (3) Others (including rollovers) 8 Other income (loss) 7 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 7 Certain deemed and/or corrective distributions (see instructions) 8 Administrative service providers (salaries, fees, commissions) 8 Other expenses 7 Total expenses (add lines 8d, 8e, 8f, and 8g) 7 Net income (loss) (subtract line 8h from line 8c) 7 Transfers to (from) the plan (see instructions) 7 rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D 1 If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: 1 Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j ature cod	es from the List of Plan Chara	2974 6451 254	1.3 1.3 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7		he instruct	tions:	2545
(2) Participants 8 (3) Others (including rollovers) 8 Other income (loss) 7 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 7 Certain deemed and/or corrective distributions (see instructions) 7 Administrative service providers (salaries, fees, commissions) 7 Other expenses 7 Total expenses (add lines 8d, 8e, 8f, and 8g) 7 Net income (loss) (subtract line 8h from line 8c) 7 Transfers to (from) the plan (see instructions) 7 rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature 14 V Compliance Questions During the plan year: 14 Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia 15 Voluntary Fiducia	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j ature cod	es from the List of Plan Chara	2974 6451 254	1.3 1.3 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7				2545
(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j	es from the List of Plan Chara	6451 254	1.3 1.7 stic Co				254
Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8b 8c 8c 8d 8d 8e 8f 8g 8h 8i 8i 8j	es from the List of Plan Chara	254 acteris	a 7				2545
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8c 8d 8e 8f 8g 8h 8i 8j	es from the List of Plan Chara	254 acteris	a 7				254
Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8d 8e 8f 8g 8h 8i 8j 8j		acteris	stic Co				254
to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8e 8f 8g 8h 8i 8j ature cod		acteris	stic Co				
Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8f 8g 8h 8i 8j ature cod		acteris	stic Co				
Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8g 8h 8i 8j ature cod		acteris	stic Co				
Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8h 8i 8j ature cod							
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) Transfers to (from) the plan (see instructions) If rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	8i 8j ature cod							
Transfers to (from) the plan (see instructions)	8j ature cod							97064
Plan Characteristics If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)	ature cod							
If the plan provides pension benefits, enter the applicable pension fea 2A 2E 2H 2J 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature t V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)								
During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia								
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia				Yes	No		Amount	
Were there any nonexempt transactions with any party-in-interest? (I	ary Corre	ction Program)	10a		х			
on line 10a.)			10b		Х			
Was the plan covered by a fidelity bond?			10c		Х			
Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х			
Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of t instructions.)	the bene	fits under the plan? (See	10e	x				4394
Has the plan failed to provide any benefit when due under the plan?			10f		Х			
Did the plan have any participant loans? (If "Yes," enter amount as o	f year en	id.)	10g		Х			
If this is an individual account plan, was there a blackout period? (Se 2520,101-3.)	e instruc	tions and 29 CFR	10g		х			
If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
t VI Pension Funding Compliance								
Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)] Ye	s 🗍 No
a Enter the unpaid minimum required contribution for current year from		The second secon			11a			
Is this a defined contribution plan subject to the minimum funding rec	quiremer	its of section 412 of the Code	e or se	ection	302 of E	RISA?	Ye	s 🛛 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	A CONTRACTOR OF A CONTRACTOR OFTA CONT							
I If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortize	d in this plan year, see instruc		, and e	enter the Day	e date of th	he letter i Year	ruling
you completed line 12a, complete lines 3, 9, and 10 of Schedule M								

Form 5500-SF 2013

|--|

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		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes N	o 🗍 N/A
Part VII Plan Terminations and Transfers of Assets			11
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 th of the PBGC?		D	Yes 🕱 No
C 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.)	s) to		i Alicalia
13c(1) Name of plan(s):	13c(2) E	IN(s) 1	3c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust	14b ⊤	rust's EIN	