## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		Complete all entries in accordance	dance with the instruc	tions to the Form 550	<del>ло-ог.</del>					
Part I	Annual Report	Identification Information								
For calend	ar plan year 2013 or fis	scal plan year beginning 01/01/201	13	and ending	12/31/2	2013				
A This ref	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan			
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year returi	n/report (less than 12 m	nonths)	)				
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am			
		special extension (enter descripti	on)			<u> </u>				
Part II	Basic Plan Info	rmation—enter all requested inform	nation							
1a Name		·			1b	Three-digit				
OBOSA MEI	DICAL SERVICES, PC	PROFIT SHARING PLAN				plan number	004			
					10	(PN)	001			
					10	Effective date of	•			
	ponsor's name and add	dress; include room or suite number (	employer, if for a single-	employer plan)	2b	Employer Identif	fication Number 75816			
44 001 DEN	LDOAD				2c	Sponsor's telep				
11 GOLDEN MONTEBEL	LO, NY 10901				2d	2d Business code (see instructions)				
						62111				
3a Plan a	idministrator's name an	nd address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN			
					3с	Administrator's t	telephone number			
4 If the	name and/or EIN of the	a plan enonear has changed since the	last return/report filed for	or this plan, optor the	4h	FINI				
		e plan sponsor has changed since the mber from the last return/report.	iast return/report filed it	ir this plan, enter the	40	EIN				
<b>a</b> Spons	or's name				4c	PN				
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		5			
<b>b</b> Total	number of participants	at the end of the plan year			5b		5			
		account balances as of the end of the		•	5c		5			
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in eligil	ole assets? (See instruc	tions.)			X Yes No			
,	· ·	the annual examination and report of			,		— — — — — — — — — — — — — — — — — — —			
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					X Yes   No			
							1			
C If the	plan is a defined benefi	it plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)?		Yes No	Not determined			
Caution: A	A penalty for the late of	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is	established.				
SB or Sche		ner penalties set forth in the instruction nd signed by an enrolled actuary, as wolete.								
SIGN	Filed with authorized/v	valid electronic signature.	10/15/2014	FRANCIS AGBONKP	OLO					
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator			
SIGN						, ,				
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sin	ning as employe	er or plan sponsor			
Preparer's		ame, if applicable) and address; inclu-					number (optional)			
·	, ,	,		,		•	, ,			

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.	T		(b) End of	Voar		
	Total plan assets	. 7a	379141			490145				
	Total plan liabilities	7b	0				0			
	Net plan assets (subtract line 7b from line 7a)	7c	379141				490145			
	Income, Expenses, and Transfers for this Plan Year	, ,,,								
	Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	3247	<b>'</b> 6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. 8b	8516	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						11764		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	663	7						
g	Other expenses	. 8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						663	7	
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i						11100	4	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	<u> </u>								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:		
Par	•						I			
10	During the plan year:				Yes	No	А	mount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	rection Program)	10a		X				
b	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	of the ben	efits under the plan? (See		X					047
	instructions.)			10e		V			1	617
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X				4	681
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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes	X	No
110	Enter the unpaid minimum required contribution for current year fr					11a			* *	
	· · · · · · · · · · · · · · · · · · ·		,				EDICAS	П Усс	V	No
12								INO		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	anter th	l ne date of the	letter r	lina	
	granting the waiver.		Mon		anu (	Day		ear	y	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			Т	46.	1			
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

9082223602

## Form 5500-\$F

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Beauty Administration Pension Benefit Querenty 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.

OME Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

<u> </u>	rt   Annual Report Identification Information	on					
POF	alendar plan year 2013 or fiscal plan year beginning	01/01/2	2013	and ending		12/31/201	3
Αì	Trie return/report is for: 🔯 a single-employer plan	📗 a multiple	e-employer pla	n (not multiemployer)	[	a one-particip	ent plan
B 1	his return/report is:	🔲 the final (	return/report				
	an amended return/report	a short pl	an year <b>re</b> lum	Freport (Jess than 12 m	onties)		
C	heak box if filing under: 📈 Form 5558	automati	c extension		[	DFVC program	m
	special extension (enter de	escription)				<del>-</del>	
Pa	rt II   Basic Plan Information—enter all requester	i Information					······································
	Name of plan				1b	Three-digit	
	OBOSA MEDICAL SERVICES, PC	:				plan number	
	PROFIT SHARING PLAN					(PN)	001
					1	Effective date of 01/01/2002	•
2a	Plan sponsor's name and address; include room or suite nu	mber (employer.	if for a single-	emplover plan)		Employer Identif	
	OBOSA MEDICAL SERVICES, PC				1	(EIN) 13-417	
					_	Sponsor's telepi	
						(845) 369-	
	11 Golden Road				2d	Business code (1	ee instructions)
	MONTEBELLO			10901		621111	
3a	Plan administrator's name and address XSame as Plan Sp	onsor Name	Same as Plan	Sponsor Address	36	Administ <u>rator</u> a E	IN
					3c	Administrator's to	elephone number
					1	A Maries manufactus et an	noting to transfer
					į		
			···				
4	If the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/report		/report filed fo	r this plan, enter the	4b	EIN	
а	Sponsor's name	•			40	₽N:	
5a	Total number of participants at the beginning of the plan ye	P[	* 1994 51 41 44 7944 94 14		5a	<del>'''</del>	
b	Total number of participants at the end of the plan year				5b	<del></del>	5
							_
	Number of participants with account balances as of the end	of the plan year	(defined bane	fit ziane de not	30	<del>                                       </del>	5
	Number of participants with account balances as of the end complete this item)	of the plan year	(defined bens	fit plane do not	5c		5
6a	complete this item)	in eligible assets:	7 (See instruct	ions.)	5c		5 
6a b	complete this item)  Were all of the plan's assets during the plan year invested  Are you claiming a waiver of the sunnual examination and re	in eligible assets	7 (See instruct	ions.)d outile accountant (IC	<b>5</b> C		
6a b	Complete this item)  Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and reunder 29 CFR 2520.104-46? (See instructions on waiver el	in eligible assete: port of an indepe	7 (See instruct indent quelifie tions.)	ions.)d public accountent (IQ	5c PA)		5 Yes No
b	Complete this item)  Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver el if you answered "No" to either line 6a or line 6b, the plant.	in eligible assets: port of an indepe igibility and condi an cannot use Fo	7 (See instrud indent quelifie tions.)	ions.)d public accountent (IC	<b>5c</b> PA)		Yes No
_ c	Complete this item)  Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 OFR 2520.104-46? (See instructions on waiver el 17 you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the fi	in eligible assets; eport of an indepe ligibility and condi an cannot use Fo PBGC insurance;	7 (See instrud indent quelifie flons.)	ions.)d public accountent (IQ and must instead use ERISA section 4021)?	Form	5806, Yes [] No []	Yes No
C Cau	Complete this item)  Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver et if you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the film: A penalty for the late or incomplete filing of this ref	in eligible assets; eport of an indepe ligibility and condi- an cannot use Fo PBGC insurance p	7 (See instrud indent quelifie flons.)	ions.)	PA)	6600, Yes [] No []	Yes No
Cau Cau Und	complete this item)  Were all of the plan's essets during the plan year invested Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver ellif you answered "No" to either this 6a or time 6b, the plain if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this reper penalties of perjury and other penalties set forth in the instructions.	in eligible assets: eport of an indepe ligibility and conditate an cannot use For BGC insurance; turn/report will the	7 (See instrudindent quelifie flons.)	ions.)	Sc PA) Form	6600, Yes [] No []	Yes No
Cau Cau Und	Complete this item)  Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver et if you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the film: A penalty for the late or incomplete filing of this ref	in eligible assets: eport of an indepe ligibility and conditate an cannot use For BGC insurance; turn/report will the	7 (See instrudindent quelifie flons.)	ions.)	Sc PA) Form	6600, Yes [] No []	Yes No
C Cau Und	Complete this item)  Were all of the plan's assets during the plan year invested Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver ellif you answered "No" to either this 6a or time 6b, the plan if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this reper penalties of penjury and other penalties set forth in the instruction of the complete and signed by an envolled actuary, it is true, correct, and complete.	in eligible assets; eport of an indeperign in cannot use For BGC insurance; turn/report will tructions. I declary, as well as the	7 (See instrudindent quelifier (Nons.)	ions.)	Form: Se 19 (port, inc., and to	8600, Yes No Constablished. Studing, if applice the best of my	Yes No
Cau Cau Und	Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elet you answered "No" to either litra 6a or line 6b, the plant if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this reper penalties of perjury and other penalties set forth in the instruction. Schedula MB completed and signed by an enrolled actuary, it is true, correct, and complete.	In eligible assets, eport of an indeperignment of an indeperignment use For BGC insurance purposes will be investigned as well as the second of the second o	7 (See instrudindent quelifier (Nons.)	ions.)	Form	Section (1995)  Yes [] No []  Established.  Educing, if applies  of the best of my if	Yes No Not determined the, a Schedule
Cau Und SB c belie	Ware all of the plan's assets during the plan year invested Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elet you answered "No" to either line 6a or line 6b, the plant if the plan is a defined benefit plan, is it covered under the fitton: A penalty for the late or incomplete fitting of this representation of penalties of penting and other penalties set forth in the instruction. We consider a complete and signed by an envolled actuary if, it is true, correct, and complete.	in eligible assets; eport of an indeperign in cannot use For BGC insurance; turn/report will tructions. I declary, as well as the	7 (See instrudindent quelifier (Nons.)	ions.)	Form	Section (1995)  Yes [] No []  Established.  Educing, if applies  of the best of my if	Yes No Not determined the, a Schedule
C Cau Und SB c belief	Were all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elet you answered "No" to either line 6a or line 6b, the plant if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representations of penjury and other penalties set forth in the instruction. Schedule MS completed and signed by an enrolled actuary, it is true, correct, and complete.  Signature of plan administrator	In eligible assets, eport of an indeperignment of an indeperignment use For BGC insurance purposes will be investigned as well as the second of the second o	7 (See instrudindent quelifier (Nons.)	ions.)	Form	Section (1995)  Yes [] No []  Established.  Educing, if applies  of the best of my if	Yes No Not determined the, a Schedule
C Cau Und SB c belie SIGN HER	Complete this item)  Were all of the plan's assets during the plan year invested. Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 11 you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representation of penalty and other penalties est forth in the instruction of the complete and signed by an envolled actuary if, it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator	In eligible assets: port of an indeperigibility and condition cannot use For BGC insurance purposes will be investigated by as well as the or Date	7 (See instructions) Indent quelifier Itions.) Indent specifications. Indent specifications Indent specification In	ions.)	Form: See 19 (point, ind to	8800, Yes [] No [] established. Exuding, If applice the best of my	Not determined  Not determined  thie, a Schedule knowledge and
C Cau Und SB c belie SIGN HER	Complete this item)  Ware all of the plan's assets during the plan year invested Ara you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver et if you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the filter. A penalty for the late of incomplete filing of this repenalties of perjury and other penalties set forth in the inside of penalties are schedule MB completed and signed by an enrolled actuar of, it is true, correct, and complete.  Signature of plan administrator	In eligible assets: port of an indeperigibility and condition cannot use For BGC insurance purposes will be investigated by as well as the or Date	7 (See instructions) Indent quelifier Itions.) Indent specifications. Indent specifications Indent specification In	ions.)	Form: Se Is a point, ind to point, ind to point, ind to point, indicated alignment ali	8800, Yes No Sestablished. Suding, If applice the best of my sing as plan admining as employer	Not determined  Not determined  thie, a Schedule knowledge and
C Cau Und SB c belie SIGN HER	Complete this item)  Were all of the plan's assets during the plan year invested. Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 11 you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representation of penalty and other penalties est forth in the instruction of the complete and signed by an envolled actuary if, it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator	In eligible assets: port of an indeperigibility and condition cannot use For BGC insurance purposes will be investigated by as well as the or Date	7 (See instructions) Indent quelifier Itions.) Indent specifications. Indent specifications Indent specification In	ions.)	Form: Se Is a point, ind to point, ind to point, ind to point, indicated alignment ali	8800, Yes No Sestablished. Suding, If applice the best of my sing as plan admining as employer	Not determined  Not determined  thie, a Schedule knowledge and  mistrator
C Cau Und SB c belie SIGN HER	Complete this item)  Were all of the plan's assets during the plan year invested. Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 11 you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representation of penalty and other penalties est forth in the instruction of the complete and signed by an envolled actuary if, it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator	In eligible assets: port of an indeperigibility and condition cannot use For BGC insurance purposes will be investigated by as well as the or Date	7 (See instructions) Indent quelifier Itions.) Indent specifications. Indent specifications Indent specification In	ions.)	Form: Se Is a point, ind to point, ind to point, ind to point, indicated alignment ali	8800, Yes No Sestablished. Suding, If applice the best of my sing as plan admining as employer	Not determined  Not determined  thie, a Schedule knowledge and  mistrator
C Cau Und SB c belie SIGN HER	Complete this item)  Were all of the plan's assets during the plan year invested. Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 11 you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representation of penalty and other penalties est forth in the instruction of the complete and signed by an envolled actuary if, it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator	In eligible assets: port of an indeperigibility and condition cannot use For BGC insurance purposes will be investigated by as well as the or Date	7 (See instructions) Indent quelifier Itions.) Indent specifications. Indent specifications Indent specification In	ions.)	Form: Se Is a point, ind to point, ind to point, ind to point, indicated alignment ali	8800, Yes No Sestablished. Suding, If applice the best of my sing as plan admining as employer	Not determined  Not determined  thie, a Schedule knowledge and  mistrator
Cau Undo Selicia Signatura	Were all of the plan's assets during the plan year invested. Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver et it you answered "No" to either line 6a or line 6b, the plant is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representation of perjury and other penalties est forth in the instructions of perjury and other penalties est forth in the instruction of the complete and signed by an enrolled actuar of it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator  Signature of employer plan sponsor are 's name (including firm name, if applicable) and address are 's name (including firm name, if applicable) and address	in eligible assets: port of an indepering in cannot use For BGC insurance in tructions. I declary, as well as the Control of Date  Date  Date  Indude room of	7 (See instructions) 7 (See in	ions.)	Form: Se Is a point, ind to point, ind to point, ind to point, indicated alignment ali	8800, Yes No Sestablished. Suding, If applice the best of my sing as plan admining as employer	Not determined  Not determined  thie, a Schedule knowledge and  mistrator
Cau Undo Selicia Signatura	Complete this item)  Were all of the plan's assets during the plan year invested. Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 29 CFR 2520.104-46?) (See instructions on waiver elementer 11 you answered "No" to either line 6a or line 6b, the plan if the plan is a defined benefit plan, is it covered under the fitten: A penalty for the late or incomplete filling of this representation of penalty and other penalties est forth in the instruction of the complete and signed by an envolled actuary if, it is true, correct, and complete.  Signature of plan administrator  Signature of plan administrator	in eligible assets: port of an indepering in cannot use For BGC insurance in tructions. I declary, as well as the Control of Date  Date  Date  Indude room of	7 (See instructions) 7 (See in	ions.)	Form:  Form:  Se Is a point, ind to point, indicate the	Section, Yes No Orestablished. Studing, if applice to the best of my or the best of	Not determined  Not determined  thie, a Schedule knowledge and  mistrator

Part III	Financial Information			<u> </u>	_		
	Assets and Liabilities		(a) Beginning of Year		<u> </u>		(b) End of Year
a Total	plan assets	7a	379	,14	1		490,145
	plan liabilities	7b_			<u> </u>		0
	olan assets (subtract line 7b from line 7a)	7c	379	,14	1		490,145
8 Incor	me, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Cont	ributions received or receivable from:		,				
	Employers	8a(1)	32	,47	6		
	Participants	8a(2)	32	, = ,	+		
	Others (including rollovers)	8a(3)	85	,16	5		
	r income (loss)	8b	0.5	, 10	4-		117,641
	l income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		
	efits paid (including direct rollovers and insurance premiums ovide benefits)	8d					
	ain deemed and/or corrective distributions (see instructions)	. 8e					
	ninistrative service providers (salaries, fees, commissions)	8f	6	, 63	7		
	er expenses	8g					
	al expenses (add lines 8d, 8e, 8f, and 8g)						6,637
	income (loss) (subtract line 8h from line 8c)	1					111,004
	nsfers to (from) the plan (see instructions)	8j					
Part IV	Plan Characteristics						
	ne plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D ne plan provides welfare benefits, enter the applicable welfare formpliance Questions						
	uring the plan year:				Yes	No	Amount
a w	as there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid			10a		х	
	ere there any nonexempt transactions with any party-in-interes	•	-	10b		х	
c w	/as the plan covered by a fidelity bond?			10c		Х	
	d the plan have a loss, whether or not reimbursed by the plan's dishonesty?	•	· · ·	10d		х	
in	ere any fees or commissions paid to any brokers, agents, or of surance service or other organization that provides some or all structions.)	of the ber	nefits under the plan? (See	10e	Х		1,617
f H	as the plan failed to provide any benefit when due under the pl	an?		10f		х	
g Di	id the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g	Х		4,681
	this is an individual account plan, was there a blackout period? 520.101-3.)			10h		х	
	10h was answered "Yes," check the box if you either provided coeptions to providing the notice applied under 29 CFR 2520.10			10i			
Part VI	Pension Funding Compliance						
11 Is 55	this a defined benefit plan subject to minimum funding requirer (00) and line 11a below)	ments? (If	"Yes," see instructions and com	plete	Sche	dule SE	3 (Form Yes X No
<b>11a</b> Er	nter the unpaid minimum required contribution for current year	from Sche	edule SB (Form 5500) line 39			11a	
<b>12</b> Is	this a defined contribution plan subject to the minimum fundin	g requiren	nents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
(if	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as appli	cable.)				
gr	a waiver of the minimum funding standard for a prior year is be anting the waiver.		Mor	nth	, and	enter tl Day	
	completed line 12a, complete lines 3, 9, and 10 of Schedu						
D Er	nter the minimum required contribution for this plan year					12b	

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	Enter the amount contributed by the employer to the plan for this plan year .		12c	Ţ	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount).	(enter a minus sign to the left of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the fundin	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets	<u> </u>			
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No	
<del></del>	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, transferr of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)				
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b 1	rust's EIN	·