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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Par							
		Identification Information					
For c	alendar plan year 2013 or fi	scal plan year beginning 01/01/201	3	and ending	12/31/2	2013	
A TI	his return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B TI	his return/report is:	the first return/report	the final return/report				
		x an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	
C C	heck box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	on)				
Par	t II Basic Plan Info	rmation—enter all requested inform	ation				
1a N	Name of plan				1b	Three-digit	
THOM	AS J MCGOWAN, DDS, PC	401K PROFIT SHARING PLAN				plan number	002
					10	(PN) Feffective date of	002
					10	08/10/	•
	Plan sponsor's name and ad IAS J MCGOWAN, DDS, PC	dress; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identif	
405 \	ALLEY BOAR				2c	Sponsor's telep	
	ALLEY ROAD NAH, NY 10536-1735				2d		(see instructions)
						62121	
3a ⊦	Plan administrator's name a	nd address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4	f the name and/or EIN of the	e plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b	EIN	
		mber from the last return/report.		, ,		LIIV	
a 9	Sponsor's name				4c	PN	
5a ⁻	Total number of participants	at the beginning of the plan year			5a		3
b ·	Total number of participants	at the end of the plan year			5b		3
		account balances as of the end of the		•	5c		
6a	Were all of the plan's assets	e during the plan year invested in eligit					3
		s during the plan year invested in eligic	ole assets? (See instruct	tions.)			X Yes No
	, ,	f the annual examination and report of	an independent qualifie	d public accountant (IC	PA)		X Yes No
	under 29 CFR 2520.104-46	f the annual examination and report of ? (See instructions on waiver eligibility	an independent qualifier and conditions.)	d public accountant (IC	PA)		
	under 29 CFR 2520.104-46 If you answered "No" to e	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cann	an independent qualifie and conditions.) not use Form 5500-SF	d public accountant (IC and must instead use	PA) Form	5500.	X Yes No X Yes No
C I	under 29 CFR 2520.104-46 If you answered "No" to e f the plan is a defined benef	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cann fit plan, is it covered under the PBGC in	an independent qualifie and conditions.)not use Form 5500-SF ansurance program (see	d public accountant (IC and must instead use ERISA section 4021)?	Form	5500. Yes No	X Yes No
C	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benet ion: A penalty for the late	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cann fit plan, is it covered under the PBGC ir or incomplete filing of this return/re	an independent qualifie and conditions.)not use Form 5500-SF ansurance program (see port will be assessed uport will be assessed upont will be assessed upo	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	PA) Form	5500. Yes No established.	X Yes No X Yes No Not determined
C I Cauti	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late r penalties of perjury and ot	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cann fit plan, is it covered under the PBGC ir or incomplete filing of this return/rel her penalties set forth in the instruction and signed by an enrolled actuary, as w	an independent qualifier and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form	Yes No sestablished.	Yes No Yes No Not determined able, a Schedule
C I Cauti Unde SB or belief	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot r Schedule MB completed a f, it is true, correct, and com Filed with authorized	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cann fit plan, is it covered under the PBGC ir or incomplete filing of this return/rel her penalties set forth in the instruction and signed by an enrolled actuary, as w	an independent qualifier and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form	Yes No sestablished.	Yes No Yes No Not determined able, a Schedule
Cauti Unde SB or belief	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot r Schedule MB completed a f, it is true, correct, and com Filed with authorized	If the annual examination and report of (See instructions on waiver eligibility ither line 6a or line 6b, the plan cannuit plan, is it covered under the PBGC ir or incomplete filing of this return/replace penalties set forth in the instruction and signed by an enrolled actuary, as we plete.	an independent qualifier and conditions.)	d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form Jse is port, irt, and	yes No established. ncluding, if applicate to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
C I Cauti Unde SB or belief	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot r Schedule MB completed a f, it is true, correct, and com Filed with authorized Signature of plan a	If the annual examination and report of (See instructions on waiver eligibility ither line 6a or line 6b, the plan cannuit plan, is it covered under the PBGC ir or incomplete filing of this return/replace penalties set forth in the instruction and signed by an enrolled actuary, as we plete.	an independent qualifier and conditions.)	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/repor	Form Jse is port, irt, and	yes No established. ncluding, if applicate to the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
C I Cauti Unde SB or belief SIGN HERI	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot r Schedule MB completed a f, it is true, correct, and com Filed with authorized Signature of plan a	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cannuit plan, is it covered under the PBGC ir or incomplete filing of this return/repher penalties set forth in the instruction and signed by an enrolled actuary, as we plete. [Valid electronic signature.]	an independent qualifier and conditions.)	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/repor	Form See is port, irt, and	stablished. ncluding, if applicate the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
C I Cauti Unde SB or belief SIGN HERI	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot or Schedule MB completed a f, it is true, correct, and com Filed with authorized Signature of plan a Signature of emplo	f the annual examination and report of ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan cannuit plan, is it covered under the PBGC ir or incomplete filing of this return/repher penalties set forth in the instruction and signed by an enrolled actuary, as we plete. [Valid electronic signature.]	an independent qualifier and conditions.)	and must instead use ERISA section 4021)? unless reasonable cae examined this return/re sion of this return/repor	Form se is port, ir t, and ual sig	yes No sestablished. ncluding, if applicate the best of my	Yes No Yes No Not determined able, a Schedule knowledge and
C I Cauti Unde SB or belief SIGN HERI	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot or Schedule MB completed a f, it is true, correct, and com Filed with authorized Signature of plan a Signature of emplo	If the annual examination and report of (See instructions on waiver eligibility lither line 6a or line 6b, the plan cannual fit plan, is it covered under the PBGC ir or incomplete filing of this return/repher penalties set forth in the instruction and signed by an enrolled actuary, as we plete. Invalid electronic signature. Individual electronic signature. Inver/plan sponsor	an independent qualifier and conditions.)	and must instead use ERISA section 4021)? unless reasonable cae examined this return/re sion of this return/repor	Form se is port, ir t, and ual sig	yes No sestablished. ncluding, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator
C I Cauti Unde SB or belief SIGN HERI	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot or Schedule MB completed a f, it is true, correct, and com Filed with authorized Signature of plan a Signature of emplo	If the annual examination and report of (See instructions on waiver eligibility lither line 6a or line 6b, the plan cannual fit plan, is it covered under the PBGC ir or incomplete filing of this return/repher penalties set forth in the instruction and signed by an enrolled actuary, as we plete. Invalid electronic signature. Individual electronic signature. Inver/plan sponsor	an independent qualifier and conditions.)	and must instead use ERISA section 4021)? unless reasonable cae examined this return/re sion of this return/repor	Form se is port, ir t, and ual sig	yes No sestablished. ncluding, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator
C I Cauti Unde SB or belief SIGN HERI	under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined benef ion: A penalty for the late or penalties of perjury and ot or Schedule MB completed a f, it is true, correct, and com Filed with authorized Signature of plan a Signature of emplo	If the annual examination and report of (See instructions on waiver eligibility lither line 6a or line 6b, the plan cannual fit plan, is it covered under the PBGC ir or incomplete filing of this return/repher penalties set forth in the instruction and signed by an enrolled actuary, as we plete. Invalid electronic signature. Individual electronic signature. Inver/plan sponsor	an independent qualifier and conditions.)	and must instead use ERISA section 4021)? unless reasonable cae examined this return/re sion of this return/repor	Form se is port, ir t, and ual sig	yes No sestablished. ncluding, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and ministrator

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Voar	
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea		+		_ ` /	1425750)
	Total plan liabilities	7b		0	+)
	Net plan assets (subtract line 7b from line 7a)	7c	124708	86				1425750)
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Tot		
	Contributions received or receivable from:		(a) Amount				(b) 100	<u> </u>	
	(1) Employers	8a(1)	509	7					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	17356	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						178664	ļ
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
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						()
i	Net income (loss) (subtract line 8h from line 8c)	8i						178664	4
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	s:	
Dor	V Compliance Questions								
Par					Vaa	l Na	Ι.		
10	During the plan year:	tiono withi	n the time period described in		Yes	No	Ai	nount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X			
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X			
С						Χ			
				10c					
d	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								
	instructions.)			10e		Х			
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 vear e	end.)	10q		X			
h		(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the						
Dani	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	nplete	Sche	dule SE	3 (Form	п.,	
	5500) and line 11a below)							Yes	X No
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and (enter th Day		letter ru ear	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1		
b	Enter the minimum required contribution for this plan year					12b			

С	Ente	r the amount contributed by the employer to the plan for this plan year	12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?		′es X No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the e PBGC?	control		X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) h assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s):	3c(2) El	N(s)	13c(3) F	PN(s)
Part	VIII	Trust Information (optional)				
14a	Name	of trust	14b ⊺r	ust's EIN		

Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Renefit Guaranty Cor

Internal Revenue Service

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	► Complete all entries in accord	dance with the instru	ictions to the Form 550	0-SF.	·
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For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31	/2013
Α	This return/report is for: x a single-employer plan	a multiple-employer	olan (not multiemployer)	Пас	one-participant plan
В	This return/report is:	the final return/report			
	x an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic extension		ΠDF	VC program
	special extension (enter description	en)		L	
D					
	art II Basic Plan Information enter all requested information of plan	mation		1b Three	digit
	·			plan	number
	Thomas J McGowan, DDS, PC 401K Profit Sharin	g Plan		(PN)	
				§ .	tive date of plan L0/1993
2a	Plan sponsor's name and address; include room or suite number (e	employer, if for a singl	e-employer plan)	i	oyer Identification Number
	Thomas J McGowan, DDS, PC		, , , ,	t .	14-1846109
				2c Spon	sor's telephone number
	165 Valley Road				1) 232-3731
	-				less code (see instructions)
	Katonah NY 10536-1735			6212	
Ja	Plan administrator's name and address X Same as Plan Sponso	or Name [_] Same as	Plan Sponsor Address	3D Admi	nistrator's EIN
				3C Admi	nistrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN	
	name, EIN, and the plan number from the last return/report.	·	• ,		
_	Sponsor's name			4c PN	
	Total number of participants at the beginning of the plan year			5a	3
b	Total number of participants at the end of the plan year			5b	3
С	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the participants with account balances and the participant balances are participants with account balances and the participants with account balances and the participants with account balances and the participant balances are participants with account balances and the participant balances are participants with account balances and the participant balances are participants with account balances are participants with account balances and the participant balances are participants with account balances			5c	/3
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an independent qualifi	ed public accountant (IQF	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	.,,,,,,,	***************************************		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance program (see	e ERISA section 4021)?	Ye	s No Not determined
Ca	ution: A penalty for the late or incomplete filing of this return/re	port will be assessed	d unless reasonable car	use is estab	lished.
Un	der penalties of perjury and other penalties set forth in the instruction	ns, I declare that I hav	e examined this return/re	port, includir	ng, if applicable, a Schedule
SE	or Schedule MB completed and signed by an enrolled actuary, as w ief, it is true, correct, and complete.	rell as the electronic ve	ersion of this return/repor	t, and to the	best of my knowledge and
	To a Mile Bara Over	Valanta	<u> </u>	***************************************	
	GN S DI OCATA	XX/X/115	Thomas J. McGowa	an, DDS	
Н	ERE Signature of plan administrator	Date	Enter name of individua	I signing as	plan administrator
	GN Caran	12/1/15	Thomas J. McGowa	an, DDS	
	Signature of employer/plan sponsor	Date		I signing as	employer or plan sponsor
Pre	parer's name (including firm name, if applicable) and address; included	de room or suite numb	er (optional)	Preparer's t	elephone number (optional)

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	of Year
а	Total plan assets	7a	1,247,0		 			1,425,750
b	Total plan liabilities	7b		0				0
c	Net plan assets (subtract line 7b from line 7a)	7c	1,247,0		-			1,425,750
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) T	
а	Contributions received or receivable from:	<u> </u>	(-)		1		(2)	· · · · · · · · · · · · · · · · · · ·
	(1) Employers	8a(1)	5,0	97				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
<u>b</u>	Other income (loss)	8b	173,5	67				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						178,664
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
— е	Certain deemed and/or corrective distributions (see instructions)			0	+			
f		8e			sata e salisti	diagoni (s -85	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u>'</u>	Administrative service providers (salaries, fees, commissions)	8f		0	10000000	Manager 1		and the second s
g h	Other expenses	8g		0		<u> </u>		_
.	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i		<u> Paresel -</u>	-			179.664
<u>:</u>	Net income (loss) (subtract line 8h from line 8c)			0				178,664
Do	Transfers to (from) the plan (see instructions)	8j						· · · · · · · · · · · · · · · · · · ·
$\overline{}$								
эа	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 3D	eature cod	des from the List of Plan Charac	terist	ic Cod	es in t	he instructi	ions:
-							····	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	es from the List of Plan Characte	eristic	Code	s in the	e instructio	ons:
لـــا								
Pa	rt V Compliance Questions							
<u>10</u>	During the plan year:				Yes	No		Amount
~					103	110	<u> </u>	Amount
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ection Program)	10a	103	х		Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)include transactions reported	10a 10b	103			Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest?	ciary Corre	ection Program)include transactions reported			х		Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	iary Corre	include transactions reported	10b		x x		Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions 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 for dishonesty?	iary Corre	include transactions reported mnd, that was caused by fraud s by an insurance carrier,	10b 10c		x x		Amount
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ciary Corrections (Do not fidelity both person of the ben	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c		x x		Amount
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of	iary Corrections (Do not fidelity both person of the ben	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x x		Amount
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan	iary Corrections (Do not Property Corrections) (Property Corrections	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x x		Amount
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interests 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as	fidelity bo	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x x		Amount
b c d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interests 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 for dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (See instructions and DOL's Voluntary Fiductions or line 10a.)	ciary Correct (Do not er person of the ben es of year a See instru	include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x x		Amount
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	Form 5500-SF 2013 Page 3-					
			I I			
	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 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?	************************	☐ 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 beneficiaries, and transferred to another plan, or beneficiaries, and transferred to another plan, or beneficiaries, and transferred to another plan, or bene	rought under the c	ontrol	Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	entify the plan(s) to)			
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a n	Name of trust		14b Trust's EIN			