Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

| For calendar plan year 2018 of fiscal plan year teaginning. 010/2018 A This return/report is a single-employer plan is of participating employer plan (not multiemployer) (Filers checking this box must attach a its of participating employer information in accordance with the form instructions.) B This return/report is the first return/report is the first return/report is the first return/report is a nameded return/report is a foreign plan is of participating employer information in accordance with the form instructions.) C Check box if filing under: Form 5558 a unumatic extension DFVC program | | | dentification information | | | | | | |
|--|-------------------------------------|--|-------------------------------------|------------|-------------------------|-------------------------|----------|---------------------|--------------------|
| A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C C Check box if filing under: Form 5558 automatic extension DFVC program DFVC program | For calendar plan | year 2018 or fisca | al plan year beginning 01/01/2 | 2018 | | and ending 12 | 2/31/2 | 018 | |
| B This return/report is | A This return/ret | oort is for: | a single-employer plan | | | | | _ | |
| Intelligence Inte | | | a one-participant plan | | | , | | | , |
| C Check box if filing under: | B This return/rep | ort is | the first return/report | the | final return/report | | | | |
| Special extension (enter description) Special extension (enter description) | | > | an amended return/report | as | hort plan year return | /report (less than 12 m | onths) |) | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan 1a Name of plan 1b Three-digit plan number (PN) | C Check box if f | ling under: | Form 5558 | au | tomatic extension | | DF | FVC program | |
| 18 Name of plan DONNA ESPOSITO MD PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DONNA ESPOSITO MD PLLC 2b Employer identification (EIN) 47-2046564 2c Sponsor's telephone number 212-225-3473 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 212-255-3473 2d Business code (see instructions) 621111 3c Administrator's telephone number 11st plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 2 b Total number of participants at the end of the plan year. 5c 2 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d (1) Total number of active participants at the beginning of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 2 c Number of participants at the end of the plan year. 5d(1) 3 c Administrator's telephone number 5e 2 c Number of participants at the end of the plan year. 5d(1) 3 c Number of participants at the end of the plan year. 5d(1) 3 c Number of participants at the end of the plan year. 5d(1) 3 c Number of participants at the end of the plan year. 5d(2) 2 c Number of participants with account | | | | | | | | | |
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| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) | | | | | | | 1c | | • |
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| 22 Sponsor's telephone number 212-255-4373 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number deplan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a 2 b Total number of participants at the beginning of the plan year 5b 2 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 100% vested. d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. SIGN Filed with authorized/valid electronic signature. Or/15/2019 Donna Espostro 2 conna daministrator Date Enter name of individual signing as plan administrator | Mailing addre | ess (include room, | apt., suite no. and street, or P.C | | | | 2b | | |
| 70 EAST 10TH STREET, APT 8T NEW YORK, NY 10003 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 2 Sponsor's name 2 Plan Name 5a Total number of participants at the beginning of the plan year. 5b 2 b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 4d(1) Total number of active participants at the beginning of the plan year. 5c 2 d(1) Total number of active participants at the beginning of the plan year with accrued benefits that were less than 100% wested. 2 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested. 3 Each of the plan year with accrued benefits that were less than 100% wested. 3 Each of the plan year with accrued benefits that were less than 100% wested. 3 Each of the plan year with accrued benefits that were less than 100% wested. 4 D EIN 4 D EIN 4 D EIN 4 D PN 5 D Total number of participants at the end of the plan year. 5 D 2 5 D 2 5 D 2 D Total number of participants with accrued benefits that were less than 100% wested. 5 D 2 D Total number of active participants at the end of the plan year with accrued benefits that were less than 100% wested. 6 D 2 D Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% wested. 6 D 2 D D D D D D D D D D D D D D D D D | • | | country, and ZIP or foreign post | tal code | (if foreign, see instri | uctions) | 2c | | |
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| 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year | 70 FAST 10TH STE | REET. APT 8T | | | | | Zu | ` | • |
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| a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year | | | | | | | 46 | EIN | |
| 5a Total number of participants at the beginning of the plan year | | | | | • | · | 4d | PN | |
| b Total number of participants at the end of the plan year | C Plan Name | | | | | | | | |
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| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator SIGN HERE | d(2) Total num | ber of active partic | cipants at the end of the plan ye | ear | | | 5d | (2) | 2 |
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| SIGN HERE Filed with authorized/valid electronic signature. 07/15/2019 DONNA ESPOSITO Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | Under penalties of SB or Schedule M | f perjury and othe IB completed and | r penalties set forth in the instru | ictions, I | declare that I have | examined this return/re | port, ii | ncluding, if applic | |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF | | | | | 07/15/2019 | DONNA ESPOSITO | | | |
| HERE | HERE Sign | ature of plan adn | ninistrator | | Date | Enter name of individ | ual sig | ning as plan adr | ministrator |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | | | |
| | HERE Sign | ature of employe | er/plan sponsor | | Date | Enter name of individ | ual sig | ning as employe | er or plan sponsor |

Form 5500-SF (2018) Page **2**

| b | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann | an indeper and condit | ndent qualified public a | ccount | ant (IC | (PA) | | × Yes [| No No |
|-----------|---|--------------------------|--------------------------|----------|---------|---------|-----------------|------------|--------|
| С | If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the | nsurance p | rogram (see ERISA se | ection 4 | 021)? | [| Yes No | Not determ | |
| Pai | t III Financial Information | | | | | | | | |
| <u> 7</u> | Plan Assets and Liabilities | | (a) Beginning (| of Year | | | (b) End | l of Year | |
| a | Total plan assets | 7a | 104 | 41539 | | | | 1034966 | |
| b | Total plan liabilities | 7b | | 0 | | | | 0 | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 104 | 41539 | | | | 1034966 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | t | | | (b) | Total | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | , | 17884 | | | | | |
| | (2) Participants | 8a(2) | 2 | 24000 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | |
| b | Other income (loss) | 8b | -(| 38329 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 3555 | |
| | 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 | , | 10128 | | | | | |
| g | Other expenses | 8g | | 0 | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 10128 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -6573 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2R 3B 3D 3H | feature co | des from the List of Pla | an Cha | racteri | stic Co | odes in the ins | tructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | des in the inst | ructions: | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| а | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | /oluntary F | iduciary Correction | 10a | | X | | C |) |
| b | | t? (Do not | include transactions | 10b | | X | | (|) |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | | 110000 |) |
| d | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | • | · | 10d | | X | | (| |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | 10e | | X | | C |) |
| f | Has the plan failed to provide any benefit when due under the pla | ın? | | 10f | | X | | C |)) |
| g | 1 71 1 7 | • | , | 10g | | Χ | | C | |
| 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 | | | | | |

| Form 5500-SF (2018) | Page 3 - 1 |
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| Part | VI Pension Funding Compliance | | | |
|--------|--|-----------------|-----|-----------------------------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below) | | | Yes 🛚 No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA? | | of | Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver | and enter Da | | e of the letter ruling Year |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | |
| 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? | | Ye | s 🔀 No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC? | the | | Yes X No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to | | |
| 1 | 3c(1) Name of plan(s): | (2) EIN(s) |) | 13c(3) PN(s) |
| | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to

Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 1/1/2018 and ending 12/31/2018 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan B This return/report is the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension ☐ DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan DONNA ESPOSITO MD PROFIT SHARING PLAN 1b Three-digit plan number 001 (PN) ▶ 1c Effective date of plan 2a Plan sponsor's name (employer, if for a single-employer plan) 1/1/2001 Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 47-2045564 DONNA ESPOSITO MD PLLC 2c Sponsor's telephone number 70 EAST 10TH STREET, APT 8T 212-255-4373 2d Business code (see instructions) **NEW YORK** NY 10003 621111 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN C Plan Name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year 2 5b Number of participants with account balances as of the end of the plan year (only defined contribution plans 2 complete this item).... 5c 2 d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 2 5d(2) e Number of participants who terminated employment during the plan year with accrued benefits that were less 2 than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and SIGN HERE Signature of plan administrator bate Enter name of individual signing as plan administrator SIGN HERF Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

| | Form 5500-SF 2018 | | Page 2 | | | |
|-----------------|---|---|--|-----------------|--------------------|--------------------|
| 5 5. | Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cans If the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the | an indepen and condition not use For nsurance pr | dent qualified public account ons.) m 5500-SF and must instea | ant (! ad us | IQPA) 5e Form 5 | |
| Pa | rt III Financial Information | - | | - | | (See Instructions. |
| 7 | Plan Assets and Liabilities | | (a) Basinulas at V | 547 11 | | |
| а | Total plan assets | 7a | (a) Beginning of Year | 4500 | | (b) End of Year |
| b | Total plan liabilities | 7b | 104 | 1539 | | 1034966 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 104 | 1520 | 222 | 0 |
| _8_ | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | 1008 | | 1034966 |
| _a | Contributions received or receivable from: (1) Employers | 8a(1) | and the second s | 884 | | (b) Total |
| | (2) Participants | | - 8 | 000 | 9 1 9 | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | |
| <u>b</u> | Other income (loss) | 8b | | 329 | - | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | -30 | 329 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8ď | | o | - | 3555 |
| e_ | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | 10 | 128 | _ | |
| 9 | Other expenses | 89 | | 0 | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | 37 | 7 | 5.889 | 10128 |
| <u>_i</u> | Net income (loss) (subtract line 8h from line 8c) | 81 | | _ | * | -6573 |
| J | Transfers to (from) the plan (see instructions) | 81 | | 7 | | -00/3 |
| Par | t IV Plan Characteristics | | | | | |
| b | If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2R 3B 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe | | | | | |
| Part | V Compliance Questions | · · · · · · · · · · · · · · · · · · · | removal alter | - 10 | | |
| 10 | During the plan year: | | . T | Yes | No | Amount |
| а | Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volency Program) | duntany Elde | ne time period | | | ДВОПЕХ |

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).... 10b Was the plan covered by a fidelity bond?..... 10c 110000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e Has the plan failed to provide any benefit when due under the plan? 10f Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) V 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

| Form | EEAA | - | 2040 |
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| race | ST | - 1 |

| | s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Som 5500) and line 11a below) | | | | |
|------------|---|----------|------------|----------|--------|
| | | | SB | Пу | es 🔽 |
| | Form 5500) and line 11a below) | | | | [] |
| E | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | of | ∏ Ye | ns 🛭 I |
| a 1 | a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, at | nd enter | the date o | | ruling |
| | - 5-inprotes into 122, complete lines 3, 9, and 10 of Schedule MB (Form 5500) and skin to line 42 | Da | у | Year_ | |
| UEI | ites the minimum required contribution for this plan year | 12b | r | | - |
| CE | iter the amount contributed by the employer to the plan for this plan uses | 12c | | - | · |
| | ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a | 12d | | | _ |
| e W | /ill the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | 100 |
| rt VI | Plan Terminations and Transfers of Assets | <u> </u> | 168 | I NO | N/A |
| 3а н | as a resolution to terminate the plan been adopted in any plan year? | - | F1 | | |
| .,, | res, enter the amount of any plan assets that reverted to the employer this year | | Yes | ₩ No | |
| | ontrol of the PBGC? | - | | Yes 🖟 | |
| · | during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s hich assets or liabilities were transferred. (See instructions.) |) to | | 163 | |
| 13c | (1) Name of plan(s): | | | | |
| | 13c(2) | EIN(s) | | 13c(3) P | N(s) |