For	m 5500-SF	Short Form Annual Ret	urn/Report o nefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	ment of the Treasury al Revenue Service	ad 4065 of the Employed	•		2013			
Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration							s Open to Public	
	nefit Guaranty Corporation	<ul> <li>Complete all entries in accordar</li> </ul>	,	,	0-SF.	Ins	spection	
Part I		entification Information						
For calenda	ar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This retu	urn/report is for:			an (not multiemployer)		a one-partici	oant plan	
B This retu	urn/report is:	the first return/report	e final return/report					
an amended return/report a short plan year return/report (less than 12 m						)		
C Check box if filing under:						DFVC progra	im	
special extension (enter description)								
Part II		nation—enter all requested information	on					
<b>1a</b> Name of INTELLIGEN	•	2. 401(K) PROFIT SHARING PLAN			15	Three-digit plan number (PN) ►	001	
					1c	Effective date o	f plan	
						04/01	/1996	
	oonsor's name and addre	ess; include room or suite number (emp D.	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-11	fication Number 14526	
1180 INDUS	TRY ROAD				2c	Sponsor's telep 606-23		
LEXINGTON	, KY 40505				2d	Business code 33450	see instructions)	
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	or this plan, enter the	4b	EIN		
a Sponso					4c	PN		
5a Total n	umber of participants at	the beginning of the plan year			5a		6	
<b>b</b> Total n	umber of participants at	the end of the plan year			5b		0	
		count balances as of the end of the plan			5c		0	
	•	uring the plan year invested in eligible a		,			X Yes 🗌 No	
under	29 CFR 2520.104-46? (	e annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	d conditions.)				🗙 Yes 🗌 No	
-		plan, is it covered under the PBGC insu			_		Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	ise is	established.		
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.						
SIGN	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's r	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)	

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a Total plan assets	7a	52809	8				0	
<b>b</b> Total plan liabilities	7b		0				0	
C Net plan assets (subtract line 7b from line 7a)	7c	52809	8				0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:	80(4)	374	4					
(1) Employers	8a(1)	341						
(2) Participants	8a(2)		0					
<ul><li>(3) Others (including rollovers)</li><li>b Other income (loss)</li></ul>	8a(3) 8b	2262	-					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80		<u> </u>				26416	_
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00						20410	
to provide benefits)	8d	55451	4					
e 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						554514	
i Net income (loss) (subtract line 8h from line 8c)	8i						-528098	
<b>j</b> Transfers to (from) the plan (see instructions)	8j		0					
Part IV Plan Characteristics								
Part V Compliance Questions				Vac	No	[	<b>A</b>	
<b>10</b> During the plan year:				Yes	No		Amount	
<ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> </ul>	ciary Correct	ion Program)	10a		Х			
<b>b</b> Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b	V	Х			
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х				50000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-						
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	er persons b		10d		X			
instructions.)	of the benefit	y an insurance carrier, s under the plan? (See	10d 10e		x x			
	of the benefit	y an insurance carrier, s under the plan? (See						
instructions.)	of the benefit	y an insurance carrier, s under the plan? (See	10e 10f		х			
<ul><li>instructions.)</li><li><b>f</b> Has the plan failed to provide any benefit when due under the plan</li></ul>	of the benefit n? s of year end See instruction	y an insurance carrier, s under the plan? (See 	10e		X X			
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount and</li> <li>h If this is an individual account plan, was there a blackout period? (If the plan have and plan have any plan have any</li></ul>	of the benefit n? s of year end See instruction ne required no	y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the	10e 10f 10g		X X X			
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th</li> </ul>	of the benefit n? s of year end See instruction ne required no	y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the	10e 10f 10g 10h		X X X			
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> </ul>	of the benefit	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X	•	Yes	× Nc
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the benefit 1? s of year end See instruction he required no 1-3 ents? (If "Yes	y an insurance carrier, s under the plan? (See .)	10e 10f 10g 10h 10i		X X X X	•	Yes	× No
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the benefit	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X Iule SE		Yes	<u> </u>
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the benefit	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X Iule SE			<u> </u>
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding</li> </ul>	of the benefit	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete		X X X Iule SE 11a 302 of	ERISA?	Yes	X No
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount at</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the unpaid minimum required contribution for current year fr</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is beir</li> </ul>	of the benefit	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i plete	ction :	X X X X Iule SE 11a 302 of	ERISA?	Yes	X No

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?	. X Y	′es	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X 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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN		

Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	f Small Employe	e	OMB Nos. 121 121		
Department of the Treasury Internal Revenue Service	This form is required to be		nd 4065 of the Employee	.	2	2013	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security A	ct of 1974 (ERISA), and s ternal Revenue Code (the	ection 6057(b) and 6058(a Code).	Inspection			
Part I Annual Report I	dentification Information						
or calendar plan year 2013 or fisc	al plan year beginning	01/01/2013	and ending	12/	31/2013		
<ul><li>A This return/report is for:</li><li>B This return/report is:</li></ul>	x a single-employer plan the first return/report	x the final return/report	lan (not multiemployer)		a one-particij	oant plan	
•	an amended return/report		rn/report (less than 12 mo	nths)			
Check box if filing under:	Form 5558	automatic extension			DFVC progra	1m	
	special extension (enter descr	ption)					
	mation enter all requested i	nformation		4	11.14	· ·	
a Name of plan					nree-digit an number		
INTELLIGENT PRODUCT	S CO., INC. 401(k) PROD	FIT SHARING PLAN	_		°N) ►	001	
· .				0	ffective date c 4/01/1996		
2a Plan sponsor's name and add INTELLIGENT PRODUCT	dress; include room or suite numb S CO., INC.	er (employer, if for a single	e-employer plan)		mployer ident IN) 61-11	ification Number 14526	
1180 INDUSTRY ROAD					ponsor's telep 606) 231-	hone number 0021	
					usiness code 34500	(see instructions)	
US LEXINGTON	KY 40505			3	34500		
	ad address X Same as Plan Spo	onsor Name 📃 Same as	Plan Sponsor Address	_	dministrator's dministrator's	EIN telephone number	
3a Plan administrator's name an	nd address IX Same as Plan Spo			<b>3c</b> A	dministrator's		
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the</li> </ul>				_	dministrator's IN		
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> </ul>	nd address 🕱 Same as Plan Spo plan sponsor has changed since	the last return/report filed	for this plan, enter the	3c A 4b E	dministrator's IN		
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants</li> </ul>	e plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed	for this plan, enter the	3c A 4b E 4c P	dministrator's IN	telephone number	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a</li> </ul>	ad address I Same as Plan Spo plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed	for this plan, enter the	3c A 4b E 4c P 5a 5b	dministrator's IN	telephone number	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	e plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year	the last return/report filed the plan year (defined ben ligible assets? (See instruc	for this plan, enter the efit plans do not	3c A 4b E 4c P 5a 5b 5c	dministrator's IN	telephone number	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> </ul>	ad address I Same as Plan Spo plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	the last return/report filed the plan year (defined ben ligible assets? (See instruct t of an independent qualifi lilty and conditions.)	for this plan, enter the efit plans do not tions.)	3c A 4b E 4c P 5a 5b 5c A)	dministrator's	telephone number 6 0	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>if you answered "No" to eit c If the plan is a defined beneficial to the plan is a defined to the</li></ul>	e plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of it plan, is it covered under the PBC	the last return/report filed the plan year (defined ben ligible assets? (See instruc- t of an independent qualifi ility and conditions.) <b>:annot use Form 5500-SF</b> GC insurance program (se	for this plan, enter the efit plans do not ctions.) ed public accountant (IQP, and must instead use F e ERISA section 4021)?	3c A 4b E 4c P 5a 5b 5c A)	dministrator's	telephone number 6 0 0 [X]Yes ∏No [X]Yes ∏No	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>If you answered "No" to eit c lf the plan is a defined beneficaution: A penalty for the late</li> </ul>	ad address X Same as Plan Sponsor has changed since aber from the last return/report. At the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of it plan, is it covered under the PBC or incomplete filing of this return	the last return/report filed the plan year (defined ben ligible assets? (See instruc- t of an independent qualifi lilty and conditions.) annot use Form 5500-SF GC insurance program (se m/report will be assesse	for this plan, enter the efit plans do not ctions.) ed public accountant (IQP, and must instead use F e ERISA section 4021)?	3c A 4b E 4c P 5a 5b 5c A) orm 55 	dministrator's	telephone number 6 0 <u>0</u> <u>X</u> Yes No <u>X</u> Yes No o Not determin	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>If you answered "No" to eit c If the plan is a defined beneficaution: A penalty for the late</li> </ul>	ad address X Same as Plan Spo e plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of it plan, is it covered under the PBC or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary,	the last return/report filed the plan year (defined ben ligible assets? (See instruct t of an independent qualifi ility and conditions.) <b>:annot use Form 5500-SF</b> GC insurance program (se <b>:n/report will be assesse</b> uctions, I declare that I have	for this plan, enter the efit plans do not ctions.) ed public accountant (IQP, and must instead use F e ERISA section 4021)? d unless reasonable cau e examined this return/rep	3c A 4b E 4c P 5a 5b 5c A) orm 55 se is e oort, inc	dministrator's	6         0         XYes         XYes         0         XYes         No         XYes         No         Interview         0         0         0         0         0         0         0         Interview         0         Interview         0         Not determining         icable, a Schedule	
<ul> <li>3a Plan administrator's name an</li> <li>4 If the name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>If you answered "No" to eit c If the plan is a defined beneficaution: A penalty for the late</li> <li>Under penalties of perjury and ot SB or Schedule MB completed a</li> </ul>	ad address X Same as Plan Spo e plan sponsor has changed since aber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan of it plan, is it covered under the PBC or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary,	the last return/report filed the plan year (defined ben ligible assets? (See instruct t of an independent qualifi ility and conditions.) <b>:annot use Form 5500-SF</b> GC insurance program (se <b>:n/report will be assesse</b> uctions, I declare that I have	for this plan, enter the efit plans do not ctions.) ed public accountant (IQP, and must instead use F e ERISA section 4021)? d unless reasonable cau e examined this return/rep	3c A 4b E 4c P 5a 5b 5c A) orm 55 se is e oort, inc	dministrator's	6         0         XYes         XYes         0         XYes         No         XYes         No         Interview         0         0         0         0         0         0         0         Interview         0         Interview         0         Not determining         icable, a Schedule	
<ul> <li>3a Plan administrator's name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants</li> <li>c Number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>if you answered "No" to eit c If the plan is a defined benefic Caution: A penalty for the late</li> <li>Under penalties of perjury and ot belief, it is true, correct, and com</li> </ul>	ad address X Same as Plan Sponsor has changed since aber from the last return/report. At the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan c it plan, is it covered under the PBC or incomplete filing of this retur ther penalties set forth in the instru- und signed by an enrolled actuary, aplete.	the last return/report filed the plan year (defined ben ligible assets? (See instruct t of an independent qualifi ility and conditions.) <b>:annot use Form 5500-SF</b> GC insurance program (se <b>:n/report will be assesse</b> uctions, I declare that I have	for this plan, enter the efit plans do not tions.) ed public accountant (IQP and must instead use F e ERISA section 4021)? d unless reasonable cau e examined this return/report,	3c       A         4b       E         4c       P         5a       5b         5c       Sc         A)       Se is e         se is e       se is e         port, inc.       and to	dministrator's	telephone number 6 0 <u>0</u> XYes No XYes No 0 Not determin icable, a Schedule 19 knowledge and	
<ul> <li>Plan administrator's name and/or EIN of the name, EIN, and the plan num</li> <li>a Sponsor's name</li> <li>Total number of participants</li> <li>b Total number of participants with a complete this item)</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of under 29 CFR 2520.104-46?</li> <li>If you answered "No" to eitic c If the plan is a defined benefic Caution: A penalty for the late</li> <li>Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, correct, and com</li> <li>SIGN</li> <li>HERE</li> </ul>	ad address X Same as Plan Sponsor has changed since aber from the last return/report. At the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan c it plan, is it covered under the PBC or incomplete filing of this retur ther penalties set forth in the instru- und signed by an enrolled actuary, aplete.	the last return/report filed the plan year (defined ben ligible assets? (See instru- t of an independent qualifi lity and conditions.) <b>cannot use Form 5500-SF</b> GC insurance program (se <b>rn/report will be assesse</b> <b>uctions</b> , I declare that I hav as well as the electronic v	for this plan, enter the efit plans do not stions.) ed public accountant (IQP, and must instead use F e ERISA section 4021)? d unless reasonable cau e examined this return/rep ersion of this return/report, NORMA PERRY	3c       A         4b       E         4c       P         5a       5b         5c       Sc         A)       Se is e         se is e       se is e         port, inc.       and to	dministrator's	telephone number 6 0 <u>0</u> XYes No XYes No 0 Not determin icable, a Schedule 19 knowledge and	
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Pa	rt III Financial Information		· · · · · ·				-	
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
а	Total plan assets	7a	528,09	8				0
b	Total plan liabilities	7b		0		0		
С	Net plan assets (subtract line 7b from line 7a)	7c	528,09	8				0
	Income, Expenses, and Transfers for this Plan Year	benses, and Transfers for this Plan Year (a) Amount					(b) Tota	d ·
а	Contributions received or receivable from: (1) Employers	8a(1)	37	4				
	(2) Participants							
	(3) Others (including rollovers)							
b	Other income (loss)	8b	22,62	8				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26,416
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	554,51	.4				
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						554,514
i	Net income (loss) (subtract line 8h from line 8c)	8i					(	528,098)
i	Transfers to (from) the plan (see instructions)	8j		0		(Selfi)		
Þ	rt IV Plan Characteristics	··	· · · · · · · · · · · · · · · · · · ·					
and a start	If the plan provides pension benefits, enter the applicable pension for	antura and	as from the List of Plan Charact	orieti	n Cod	oe in t	he instruction	
94	2E 2G 2J 2K 3D	eature coo		ensu		85 111		5.
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
D.	rt V Compliance Questions			·				
					Yes	No	Δ	nount
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions with	n the time period described in	r—	res			iount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x		
b		? (Do not	include transactions reported	10b		x		
C				10c	x			50,000
C		fidelity bo	nd, that was caused by fraud	10d		x	· · · ·	
e				Tou				
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x		
f				10f		x		
<u> </u>								· · ·
				10g		x		
ł	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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Pa	rt VI Pension Funding Compliance					••••••		
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes X No
11	a Enter the unpaid minimum required contribution for current year f				·····	11a	I	·····
12	•		· · · · · · · · · · · · · · · · · · ·				ERISA2	Yes X No
				01 50	union c			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				<u> </u>			
a 	If a waiver of the minimum funding standard for a prior year is bei granting the waiver				and e	enter t Da		e letter ruling Year
ľ	f you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year					12b		
						· ·		

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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 🗌 N	10 🗌 N/A
Part	VII Plan Terminations and Transfers of Assets		· · · · · · · · · · · · · · · · · · ·	
13a	Has a resolution to terminate the plan been adopted in any plan year?	X Y	es 🗌 No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	x	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) t which assets or liabilities were transferred. (See instructions.)	0		
	13c(1) Name of plan(s): 13c	c(2) EIN	(s) 1	13c(3) PN(s)
Par	VIII Trust Information (optional)			

14b Trust's EIN