#### 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

Pension Be	enetit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	dance with the instru	ctions to the Form 550	0-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/201	3	and ending 1	2/31/20	013	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
	turn/report is:	the first return/report	the final return/report		-		
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part II	Basic Plan Infor	mation—enter all requested inform	ation				
1a Name	of plan				1b '	Three-digit	
NETWORK (	COMMUNICATIONS IN	ITERNATIONAL PROFIT SHARING F	PLAN			plan number	
						(PN) <b>•</b>	002
					1C	Effective date of	
20 Diamen					01	01/01/	
	COMMUNICATIONS IN	dress; include room or suite number (e NTERNATIONAL	employer, it for a single-	-employer plan)			fication Number 73931
					2c :	Sponsor's telep	
	OL WAY S, SUITE 206 VA 98501-1212				2d		(see instructions)
					Zu	54160	,
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b /	Administrator's I	EIN
					3c /	Administrator's t	telephone number
		plan sponsor has changed since the l	ast return/report filed for	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b		
name	, EIN, and the plan num or's name		· 		4c		2
a Sponso	, EIN, and the plan num or's name number of participants a	nber from the last return/report.					2 2
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year at the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b		2
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	
name, a Spons 5a Total r b Total r C Numb compl 6a Were	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year at the end of the plan year	plan year (defined bene le assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	2 2 X Yes No
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	, EIN, and the plan numor's name number of participants and participants and participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility	plan year (defined bene ble assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)	4c   5a   5b   5c	PN	2
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction an independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c   5a   5b   5c   Form \$   5c   5c   5c   5c   5c   5c   5c	PN  5500.  Yes No established.  Cluding, if applications	2  X Yes No  X Yes No  Not determined  able, a Schedule
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report	4c   5a   5b   5c   Form 5   5c   5c   5c   5c   5c   5c   5c	PN  5500.  Yes No established.  Cluding, if application the best of my	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualifier and conditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN  5500.  Yes No catablished.  Cluding, if applicate the best of my  ning as plan admining as employe	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualifier and conditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN  5500.  Yes No catablished.  Cluding, if applicate the best of my  ning as plan admining as employe	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualifier and conditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN  5500.  Yes No catablished.  Cluding, if applicate the best of my  ning as plan admining as employe	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	, EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualifier and conditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form 5 see is eport, income, and to	PN  5500.  Yes No catablished.  Cluding, if applicate the best of my  ning as plan admining as employe	2  X Yes No X Yes No Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor

Form 5500-SF 2013 Page **2** 

Pai	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End of Year	
a		. 7a	(a) Beginning of Yea				(b) End of Year 1537435	
<u>a</u>	Total plan assets  Total plan liabilities	7a 7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	76 7c		1203881			1537435	
8	· · · · · · · · · · · · · · · · · · ·	. 76						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)	10200	0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	. 8b	23176	4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					333764	
d	Benefits paid (including direct rollovers and insurance premiums			_				
	to provide benefits)	. 8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	21	0				
g	Other expenses	. 8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					210	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					333554	
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:	
Par							T	
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		
b				10h		X		
	on line 10a.)			10b		Х		
c				10c				
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 instructions.)			10e		Χ		
f						X		
g				10f 10g		X		
h	<u> </u>		<u> </u>	iug		V		
<del></del> -	2520.101-3.)			10h		X		
i	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)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	ı oui	
	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	

### Filing Authorization for the 2013 Form 5500-SF

Name of Plan: Network Communications International Profit Sharing Plan

EIN / PN: 91-1073931/001

Plan Year Ending: December 31, 2013

#### PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included
  with the return/report posted by the Department of Labor on the Internet for public
  disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Employer/Plan Sponsor: _	Thomas Carroll	Date: 2/27/2019

### PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA:	Tribar!	Guguer	Date: 2.17.14	
, .	Michael Jor	gensen, Retirement F	Plan Administrator	

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

#### 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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				
For calenda	er plan year 2013 or fiscal plan year beginning 01/0	01/2013	and ending	12/3	1/2013
A This retu	urn/report is for: 🗵 a single-employer plan 🔲 a ı	multiple-employer pla	ın (not multiemployer)	Пао	ne-participant plan
<b>B</b> This retu	urn/report is: the first return/report the	e final return/report			
	an amended return/report as	hort plan year return	report (less than 12 mo	onths)	
C Check b	oox if filing under: Form 5558 au	itomatic extension		☐ DF	VC program
	special extension (enter description)			_	
Part II	Basic Plan Information—enter all requested information	on .			
1a Name o				1b Three	-digit
	K COMMUNICATIONS INTERNATIONAL PROFIT	SHARING PLAN		plan г (PN)	number 002
					ive date of plan 1/1981
	ponsor's name and address; include room or suite number (emp c Communications International	oloyer, if for a single-	employer plan)		oyer Identification Number 91-1073931
1018 Ca	apitol Way S, Suite 206				sor's telephone number
	- ·			<b>2d</b> Busin	ess code (see instructions)
Olympia		as Verma as Plan	Spanger Address		nistrator's EIN
Sa Plan ac	dministrator's name and address Same as Plan Sponsor Nan	ne Koame as Plan	Sponsor Address	JD Aumin	listrator's EIIV
				3c Admir	nistrator's telephone number
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b EIN	
	EIN, and the plan number from the last return/report.			4c PN	
a Sponso	or's name number of participants at the beginning of the plan year				
				5a	2
	number of participants at the end of the plan year			5b	2_
C Numbe	er of participants with account balances as of the end of the pla				
	ete this item)			5c	2
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruct	ions.)		
6a Were b Are younder	all of the plan's assets during the plan year invested in eligible abut claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and	assets? (See instruction independent qualified conditions.)	ions.)d public accountant (IQ	PA)	X Yes ☐ No X Yes ☐ No
6a Were b Are you under if you	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot	assets? (See instruct independent qualifie d conditions.) use Form 5500-SF	ions.)d public accountant (IQ	PA) Form 5500.	X Yes No
6a Were b Are you under if you c If the p	all of the plan's assets during the plan year invested in eligible to use claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurance.	assets? (See instruct independent qualifie d conditions.) use Form 5500-SF irance program (see	ions.)d public accountant (IQ and must instead use ERISA section 4021)?	PA) Form 5500 Yes	X Yes No X Yes No No Not determined
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot	assets? (See instruct independent qualifie d conditions.)use Form 5500-SF urance program (see rt will be assessed t declare that I have	ions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	Form 5500 Yes use Is estab	X Yes No X Yes No No Not determined  lished.  Ig, if applicable, a Schedule
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	all of the plan's assets during the plan year invested in eligible and claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurant for the late or Incomplete filing of this return/reportations of perjury and other penalties set forth in the instructions, addule MB completed and signed by an enrolled actuary, as well	assets? (See instruct independent qualifie d conditions.)use Form 5500-SF urance program (see rt will be assessed t declare that I have	ions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	PA)  Form 5500.  Yes use Is estab port, includin, and to the	X Yes No X Yes No No Not determined  lished.  Ig, if applicable, a Schedule
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insurance of the late or Incomplete filing of this return/reportation of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	assets? (See instructindependent qualified conditions.)	ions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report	Form 5500 Yes use Is estab port, includin, and to the	Yes No  X Yes No  No Not determined  Iished.  Ig, if applicable, a Schedule best of my knowledge and
6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insuface and the late or Incomplete filing of this return/reportation of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well true, correct and complete.	assets? (See instructindependent qualified conditions.)	ions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau  examined this return/report  THOMAS CARROL  Enter name of individ	PA)  Form 5500.  Yes  Ise Is estab  port, includin, and to the	Yes No  X Yes No  No Not determined  Iished.  Ig, if applicable, a Schedule best of my knowledge and
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insufficient of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well true, correct, and complete.  Signature of plan administrator	assets? (See instruct independent qualified conditions.)	ions.) d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report ion of this return/report THOMAS CARROL Enter name of individ	Form 5500 Yes use is estab port, includin , and to the	Yes No  Yes No  Yes No  No Ves No  State No  Not determined  Iished.  Ig, if applicable, a Schedule best of my knowledge and  In the state No Not determined  Ished.  In the state No Not determined  Ished.  In the state No Not determined  Ished.  Is plan administrator
6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE SIGN HERE	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insufficient of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well true, correct and complete.  Signature of plan administrator  Signature of employer/plan sponsor	assets? (See instruct independent qualified conditions.)	ions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau examined this return/report  THOMAS CARROL  Enter name of individ	Form 5500 Yes use is estab port, includin , and to the ual signing a	Yes No  X Yes No  No Not determined  Iished.  Ig, if applicable, a Schedule best of my knowledge and
complete  6a Were  b Are younder  If you  C If the p  Caution: A  Under pena SB or Sche belief, it is t  SIGN HERE  SIGN HERE	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and answered "No" to either line 6a or line 6b, the plan cannot plan is a defined benefit plan, is it covered under the PBGC insufficient of perjury and other penalties set forth in the instructions, adule MB completed and signed by an enrolled actuary, as well true, correct, and complete.  Signature of plan administrator	assets? (See instruct independent qualified conditions.)	ions.)  d public accountant (IQ  and must instead use  ERISA section 4021)?  unless reasonable cau examined this return/report  THOMAS CARROL  Enter name of individ	Form 5500 Yes use is estab port, includin , and to the ual signing a	Yes No  Yes No  Yes No  No Not determined  Iished.  Ig, if applicable, a Schedule best of my knowledge and  Is plan administrator  Is employer or plan sponsor

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	14-14-70	(a) Beginning of Yea	ır		(b) End	of Ye	ar		
а	Total plan assets	7a		03881		1137			37	435
b	Total plan liabilities	7b		0						C
С	Net plan assets (subtract line 7b from line 7a)	7c	12	03881				15	37	435
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) T	otal			
а	Contributions received or receivable from:		1	02000		N. II.				
-	(1) Employers	. 8a(1)		02000			+	-	_	-
-	(2) Participants	8a(2)		0	-		-	-	-	-
h	(3) Others (including rollovers)  Other income (loss)	8a(3)	2	31764	-		-	-		40
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	2.	31/04					2 2 2	764
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					33	704
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		210					-	
g	Other expenses	8g		0			-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								210
i_	Net income (loss) (subtract line 8h from line 8c)	8i						3	33	554
j	Transfers to (from) the plan (see instructions)	8j			11.5	100				
Pai	t IV Plan Characteristics								_	_
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 3B 3D  If the plan provides welfare benefits, enter the applicable welfare fe									
10	During the plan year:			Υe	s No		•	4		_
a				10a	X		Amo	unt		
b		? (Do not inc	lude transactions reported	10b	Х					
С	Was the plan covered by a fidelity bond?			10c	Х					
d		fidelity bond,	that was caused by fraud	10d	Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons b of the benefi	y an insurance carrier, ts under the plan? (See	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 year end	.)	10g	Х					
h	2520.101-3.)			10h	Х		i		5	K
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required n 1-3	otice or one of the	10i			1		4	
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete Scl	nedule SI	3 (Form		Yes		No
_11a	Enter the unpaid minimum required contribution for current year fr	om Schedule	SB (Form 5500) line 39	***************************************	11a					
_12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or section	on 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		d enter t Day		ie let Yeai		ing	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule				1000					
b	Enter the minimum required contribution for this plan year	******	***************************************	*******	12b	I				

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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 negative amount)	left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u> </u>	es [	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?			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 the PBGC?					Ye	x No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idenwhich assets or liabilities were transferred. (See instructions.)					300	177
	13c(1) Name of plan(s):	1	3c(2) E	N(s)		13c(3	B) PN(s)
-						-	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust