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 | enefit Guaranty Corporation | ▶ Complete all entries in acc | ordance with the instruc | tions to the Form 5500 | 0-SF. | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|--------------------------------|--|---|--------------------------------|---|--------|--------------------------------|---|
| Part I | Annual Report I | dentification Information | | | | | |
| For calenda | ar plan year 2013 or fisc | cal plan year beginning 01/01/2 | 013 | and ending 1 | 2/31/2 | 2013 | |
| A This ret | urn/report is for: | a single-employer plan | a multiple-employer pla | an (not multiemployer) | | a one-partici | pant plan |
| B This ret | urn/report is: | the first return/report | the final return/report | | | | |
| _ | | an amended return/report | a short plan year return | /report (less than 12 mo | onths) | | |
| C Check I | box if filing under: | Form 5558 special extension (enter descrip | automatic extension | | | DFVC progra | am |
| Dort II | Basia Blan Infor | | , | | | | |
| Part II | | mation—enter all requested info | rmation | | 1h | Thurs dist | I |
| 1a Name | | (K) PROFIT SHARING PLAN | | | ID | Three-digit plan number | |
| GIDSON AN | D GIBSON, P.S.C. 401 | (K) PROFIT SHAKING PLAN | | | | (PN) ▶ | 001 |
| | | | | | 1c | Effective date o | f plan |
| | | | | | | 01/01 | |
| 2a Plan sp GIBSON AN | ponsor's name and add ID GIBSON, P.S.C. | lress; include room or suite number | employer, if for a single-e | employer plan) | 2b | Employer Identi (EIN) 61-12 | fication Number 22112 |
| 110 HARDIN | N LANE, SUITE 2 | | | | 2c | Sponsor's telep | |
| | , KY 42501-3813 | | | | 2d | Business code 62117 | (see instructions) |
| 3a Plan a | dministrator's name and | d address XSame as Plan Sponso | or Name Same as Plan | Sponsor Address | 3b | Administrator's | EIN |
| | | | | | 3c | Administrator's | telephone number |
| | | plan sponsor has changed since the | ne last return/report filed fo | r this plan, enter the | 4b | EIN | |
| | , EIN, and the plan hum or's name | ber from the last return/report. | | | 4c | PN | |
| 5a Total r | number of participants a | at the beginning of the plan year | | | 5a | | 11 |
| b Total r | number of participants a | at the end of the plan year | | | 5b | | 10 |
| | | ccount balances as of the end of th | . , , | • | 5c | | 10 |
| 6a Were | all of the plan's assets | during the plan year invested in elig | gible assets? (See instruct | ions.) | | | X Yes No |
| | | the annual examination and report | | | | | _ Yes ∏ No |
| | | (See instructions on waiver eligibili her line 6a or line 6b, the plan ca | - | | | | M 163 140 |
| - | | plan, is it covered under the PBGC | | | | . – – | Not determined |
| Caution: A | penalty for the late o | r incomplete filing of this return/ | report will be assessed u | ınless reasonable cau | ise is | established. | |
| SB or Sche | | er penalties set forth in the instructi d signed by an enrolled actuary, as lete. | | | | | |
| SIGN | Filed with authorized/v | ralid electronic signature. | | | | | |
| HERE | Signature of plan ad | lministrator | Date | Enter name of individual signing as plan administra | | | ninistrator |
| SIGN | | | | | | | |
| HERE | Signature of employ | | Date | Enter name of individu | | | |
| Preparer's | name (including firm na | ame, if applicable) and address; inc | lude room or suite number | (optional) | Prep | parer's telephone | number (optional) |

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| Pa | rt III Financial Information | | | | | | | |
|---------------|--|-------------|---------------------------------|---------|---------|-----------|----------------------------|--|
| 7 | Plan Assets and Liabilities | | (a) Reginning of Ves | | | | (b) End of Year | |
| _ <u>'</u> _a | (-/ 3 | | | | | | (b) End of Year 1502000 | |
| <u>a</u> | fotal plan assets 7a 12/18/8 Total plan liabilities 7b | | | | | | 1002000 | |
| | Net plan assets (subtract line 7b from line 7a) | 10710 | | | | | 1502000 | |
| 8 | To the state of th | | | | | | | |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | (b) Total | | |
| и | 1) Employers | | | 1 | | | | |
| | (2) Participants | | | | | | | |
| | (3) Others (including rollovers) | | | | | | | |
| b | Other income (loss) | 8b | 14853 | 4 | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 231844 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 142 | 0 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| _ | Administrative service providers (salaries, fees, commissions) | | 30. | 2 | | | | |
| | | 8f | | 0 | | | | |
| <u>g</u> | Other expenses (add lines 2d, 2s, 2f, and 2s) | . 8g | | 0 | | | 1700 | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 1722 | |
| ÷ | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 230122 | |
| | , , , , , , | 8j | | | | | | |
| | t IV Plan Characteristics | <u> </u> | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 2A | teature co | des from the List of Plan Chara | acteris | stic Co | des in | the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Charac | cterist | ic Cod | es in t | he instructions: | |
| Par | Part V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| a | | tions withi | n the time period described in | I | 103 | 140 | Amount | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corr | rection Program) | 10a | | X | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | Χ | | |
| | | | | 10c | X | | 190000 | |
| | Did the plan have a loss, whether or not reimbursed by the plan's | | | 100 | | | 190000 | |
| | 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 | X | | 10979 | |
| f | | | | 10f | | Χ | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | X | | 14877 | |
| h | | • | | J | | Χ | | |
| i | 2520.101-3.) | | | 10h | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | | | | | | | | |
| 11a | 1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | Day | Year | |
| | Enter the minimum required contribution for this plan year | 2 (1. 51 | to the star to mis for | | | 12b | | |

| Page | 3 - | | 1 |
|------|-----|--|---|
|------|-----|--|---|

| 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 | | | |
| C 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 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) | | | |
| | | | | | | | |
| | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | |
| 14a | Name of trust | 14b Trust's EIN | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guarenty 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| Part | Pen | sion Benefit Guaranty Corporation | ► Complete all entries in a | | nstructions to the Form 550 | 00-SF. | uidhaana | | |
|--|-----------------------------|--|--|---|--|---|------------------------|--|--|
| A This return/report is for: | | | | | | | | | |
| B This return/report is: | For ca | lendar plan year 2013 or fi | | | | · · · · · · · · · · · · · · · · · · · | .3 | | |
| C Check box if filing under: Form 5558 | 11 | | | | | ∐ a one-pa | irticipant plan | | |
| Special extension (enter description) Part III Basic Plan Information enter all requested information 1a Name of plan Gibson and Gibson, P.S.C. 401 (k) Profit Sharing Plan 1b Three-digit plan number (Plan) 1c Effective date of plan ol1/01/1993 1c Effective date of plan ol1/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (ElN) 61-1222112 2c (ElN) 61-1222112 2c (ElN) 61-1222112 2d (Business code (see instructions) 621111 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number (employer, If for a single-employer plan) 3c Administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3d Administrator's telephone number (east) 3d Administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3d Administrator's telephone number (east) 3c Administrator's telephone number (east) 3d Administrator's telephone number (east) 4d ElN 4d E | | | an amended return/report | a short plan yea | r return/report (less than 12 n | electric di <u>Lair</u> e de Colonia de Colonia | | | |
| 18 Name of plan Gibson and Gibson, P.S.C. 401(k) Profit Sharing Plan 10 Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Gibson and Gibson, P.S.C. 2b Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Gibson and Gibson, P.S.C. 2c Sponsor's telephone number (EIN) 61-1222112 2c Sponsor's telephone number (606) 678-9664 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator'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 name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this fem) 5a 11 5b 10 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 17 Yes No 18 Yes No 19 Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) 18 Yes No 19 Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) 19 Usy answered No' to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. 19 If you answered No' to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. 20 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 21 Yes No No Not determine 22 Caution: A penalty for the late or incomplete filing of this return/report, including, if applicable, a Schedule Mic completed and signed by an emolled actuary, as well as the electronic version of this | C Ch | eck box if filing under; | | | sion | ☐ DFVC pi | rogram | | |
| 10 Name of plan Gibson and Gibson, P.S.C. 401 (k) Profit Sharing Plan 10 Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 6ibson and Gibson, P.S.C. 2b Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 6ibson and Gibson, P.S.C. 2c Sponsor's telephone number (EIN) 61-1222112 2c Sponsor's telephone number (606) 678-9664 2d Business code (see instructions) 621111 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator'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 name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year 4 Total number of participants at the end of the plan year 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this istem) 5a 10 5b 10 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 1 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500 1 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500 2 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 3 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500 5 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500 6 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500 6 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-5F and m | Part | Basic Plan Info | ormation enter all requested | Information | | | | | |
| 2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 61-1222112 2c Sponsor's Lelephone number (606) 678-9664 2d Business code (see instructions) 621111 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number (2111) 3c Administrator's telephone number (2111) 3d Administrator's name and address X Same as Plan Sponsor Name same as Plan Sponsor Address 3d Administrator's telephone number (2111) 3c Administrator's telephone number (2111) 3d Administrator's | 1a N | lame of plan | | | | plan numbe | ar 📗 | | |
| Gibson and Gibson, P.S.C. (EIN) 61-1222112 2 | | | | | | | | | |
| 110 Hardin Lane, Suite 2 Somerset KY 42501-3813 Somerset KY 42501-381 Somerset KY 42501-3813 Some | 2a P | lan sponsor's name and a ibson and Gibson, | ddress; include room or suite numt P.S.C. | per (employer, if for a | single-employer plan) | | | | |
| 2d Business code (see instructions) 621111 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EliN 3c Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3d Administrator's | a. | 10 Werdin Lang S | | | | | | | |
| 3 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3 Administrator'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 name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5 Total number of participants at the beginning of the plan year Same Same Same Same Same Same Same Same | | | | | | | ode (see instructions) | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year | | | | onsor Name 🔲 Sam | e as Plan Sponsor Address | 3b Administrat | or's EIN | | |
| a Sponsor's name 4C PN 5a Total number of participants at the beginning of the plan year | | | | | | 3c Administrator's telephone number | | | |
| 5a 11 b Total number of participants at the beginning of the plan year | | | | the last return/report | filed for this plan, enter the | 4b EIN | | | |
| b Total number of participants at the end of the plan year | a Sp | onsor's name | | | | | | | |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | the first time to the term of the first of t | and the second of the second s | they all the transfer calls to the term of the | | | | | |
| to the plan's assets during the plan year invested in eligible assets? (See instructions.) Syes No | | | | | The state of the s | 5b | 10 | | |
| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | | the second control of | | | | 5c | 10 | | |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? | 6a W | ere all of the plan's assets | during the plan year invested in el | igible assets? (See in | structions.) | | . XYes □No | | |
| 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 Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor | un If y c If t | der 29 CFR 2520.104-46? you answered "No" to eli the plan is a defined benef | P (See instructions on waiver eligibi ther line 6a or line 6b, the plan c fit plan, is it covered under the PBG | lity and conditions.) annot use Form 550 GC insurance program | 0-SF and must instead use (| Form 5500. | No | | |
| 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 | | | | | | Catholica Canada a capacitate contra | ,,,,,, | | |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SB or S | Schedule MB completed a | and signed by an enrolled actuary, a | | | | | | |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | ÉIGN | That E) | ylin_ | | Keith E | . Gibson | | | |
| SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | TAL PROPERTY AND ADDRESS. | | inistrator | Date | | | dministrator | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | 11.22 | | | | | | | | |
| | | 鑑量 | /plan sponsor | Date | Enter name of individua | ıl signing as emplo | yer or plan sponsor | | |
| | NOT THE OWNER OF THE OWNER. | | | the material field to the control of the | | | | | |
| | | | | | | | - | | |

| P | Partill Financial Information | | | | | | | | |
|---|--|---|---|-------------|--------------|-----------------|----------------|-----------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | | (b) End of Year | | | |
| а | Total plan assets | 7a | 1,271,8 | 378 | | | | 1,502,000 | |
| b | Total plan liabilities | 7b | | | | | | | |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 1,271,8 | 78 | | | | 1,502,000 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 直接量 | (a) Amount | | (b) To | | | otal | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 47,2 | 61 | | | | | |
| | (2) Participants | 8a(2) | 36,0 | 49 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | 148,5 | 34 | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 374 | | | | 231,844 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 1,4 | 20 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 3 | 02 | | | | | |
| g | Other expenses | 8g | | 0 | | | | | |
| - | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1,722 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 230,122 | |
| i | Transfers to (from) the plan (see instructions) | 81 | | PARTY HARVE | | -74 | | | |
| 2337327 | rt IV Plan Characteristics | • | | | TAKES IN CO. | ants in parts | | | |
| | If the plan provides pension benefits, enter the applicable pension fe | ature code | es from the List of Plan Charac | terist | ic Cor | les in | the instruct | ions: | |
| | 2E 2F 2G 2J 2K 2T 3D 2A | | | | | | | | |
| h | If the plan provides welfare benefits, enter the applicable welfare fea | tura codos | from the List of Dian Characte | | Code | e in th | o instructio | ne: | |
| | if the plan provides wellare benefits, enter the applicable wellare rea | ture codes | SHOTH THE LIST OF FIGH CHARACT | 5115110 | Code | 15 III U | ie ilistructio | 115. | |
| Pa | rt.V. Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| a | Was there a failure to transmit to the plan any participant contribut | ions within | the time period described in | | 100 | 1 | | ····· | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc | ary Corre | ction Program) | 10a | | х | <u> </u> | * | |
| b | Were there any nonexempt transactions with any party-in-interest? on line 10a.) | - | • | 10b | | x | | | |
| С | Was the plan covered by a fidelity bond? | | *************************************** | 10c | х | | | 190,000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's f | - | | 10d | | x | | | |
| е | or dishonesty? | | | 100 | - | | | | |
| C | insurance service, or other organization that provides some or all o | • | . • | | | | | | |
| | instructions.) | | *************************************** | 10e | х | | | 10,979 | |
| f | Has the plan failed to provide any benefit when due under the plan | ? | *************************************** | 10f | | х | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | of year er | nd.) | 10g | x | | | 14,877 | |
| h | If this is an individual account plan, was there a blackout period? (\$ | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | 2520.101-3.) | ************************* | | 10h | | х | | | |
| 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- | | | 10i | | | | | |
| Par | Pension Funding Compliance | | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | | |
| 112 | 1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling | | | | | | | | |
| granting the waiver Month Day Year | | | | | | | | | |
| | ou completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | *************************************** | •••••• | | 12b | | | |

| | Form 5500-SF 2013 | Page 3- | · · · · · · · · · · · · · · · · · · · | | | |
|-------------------|--|----------------------|---------------------------------------|-----------------|--------------|--|
| | | | | | | |
| <u>C</u> | 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 (en | • | | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding de- | adline? | | 🗀 ү | '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? | | | Yes | X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this y | ear | ************ | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC? | | • | | ☐ Yes ※ No | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.) | another plan(s), ide | ntify the plan(s) to |) | | |
| 1 | 3c(1) Name of plan(s): | | 13c | (2) EIN(s) | 13c(3) PN(s) | |
| | | | | | | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| 14a Name of trust | | | | 14b Trust's EIN | | |
| | | | | | | |
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