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

Da					ice with the instruc				
ra	art I	Annual Report	Identification Informat	tion					
For	calenda	ar plan year 2013 or fis	cal plan year beginning 0	1/01/2013		and ending	12/31/	2013	
A 1	This ret	turn/report is for:	a single-employer plan	ar	multiple-employer pla	an (not multiemployer)	a one-particip	pant plan
ВТ	This ret	turn/report is:	the first return/report	the	e final return/report				
			an amended return/repor	rt a s	hort plan year return	/report (less than 12 r	nonths)	
C	Check b	box if filing under:	Form 5558	au	tomatic extension			DFVC progra	am
			special extension (enter o	description)					
Pa	rt II	Basic Plan Info	rmation—enter all requeste	ed informatio	n				
1a	Name	of plan					1b	Three-digit	
UPPE	RCUT	MANAGEMENT, L.L.C	C. PROFIT SHARING PENSION	ON PLAN AN	ND TRUST			plan number	004
							10	(PN) Fractive data as	001
							10	Effective date of 01/01/	
2a	Plan sp	ponsor's name and add	dress; include room or suite n	umber (empl	loyer, if for a single-	employer plan)	2b	Employer Identi	
		MANAGEMENT, L.L.							96545
							2c	Sponsor's telep	hone number
		STON AVENUE						312-226	6-1223
		R SOUTH IL 60614					2d		(see instructions)
					По п		26	71141	
3a	Plan a	dministrator's name an	d address XSame as Plan S	Sponsor Nam	ie Same as Plan	Sponsor Address	30	Administrator's I	EIN
							3с	Administrator's t	telephone number
4	16.41			! # I#			41.		
4			plan sponsor has changed sinber from the last return/repor		return/report filed to	r this plan, enter the	46	EIN	
а		or's name	ibor from the fact rotal in open				4c	PN	
5a	Total r								
b		number of participants	at the beginning of the plan ye	ear			+		2
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not			at the beginning of the plan year				- 5a		2 2
С	Total r	number of participants er of participants with a	at the end of the plan year	nd of the plan	year (defined bene	fit plans do not	5a 5b		2
	Total r Number compl	number of participants er of participants with a lete this item)	at the end of the plan year	nd of the plan	n year (defined bene	fit plans do not	5a 5b 5c		2
6a	Total r Number compl Were	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en	nd of the plan	n year (defined bene assets? (See instruct	fit plans do not	5a 5b 5c		2
6a	Number compl Were Are yo	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and r	nd of the plan	n year (defined bene nssets? (See instruct independent qualifier	fit plans do not ions.)	5a 5b 5c		2
6a	Number complement of the compl	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en	nd of the plan d in eligible a report of an i	n year (defined bene nssets? (See instruct independent qualified conditions.)	fit plans do not ions.)d public accountant (l	5a 5b 5c		2 2 X Yes No
6a b	Number complement of the compl	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and r (See instructions on waiver e	d of the plan d in eligible a report of an i eligibility and	assets? (See instruct independent qualified conditions.)	ins.)d public accountant (I	5a 5b 5c . 5c	5500.	2 2 X Yes No
6a b	Total r Number compl Were Are younder If you If the p	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the ended of the plan year invested the annual examination and refer the line 6a or line 6b, the plant plant, is it covered under the	d in eligible a report of an i eligibility and lan cannot u	assets? (See instruct independent qualified I conditions.)use Form 5500-SF a rance program (see	ions.)d public accountant (Ionand must instead us	5a 5b 5c 2PA)	5500. Yes No	2 X Yes No X Yes No
6a b c	Total r Number compl Were Are younder If you If the p	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the ended of the plan year invested the annual examination and reference (See instructions on waiver ether line 6a or line 6b, the plat plan, is it covered under the princomplete filing of this reference in the plan is it covered the plan is it covered under the princomplete filing of this reference in the plan is it covered under the princomplete filing of this reference in the plan is it covered under the princomplete filing of this reference in the plan is it covered under the principle in the plan year invested in the plan y	d of the plan d in eligible a report of an i eligibility and lan cannot u PBGC insur	assets? (See instruct independent qualified conditions.)use Form 5500-SF arance program (see t will be assessed u	fit plans do not ions.) d public accountant (luand must instead us ERISA section 4021)?	5a 5b 5c 2PA)	5500. Yes No established.	2 X Yes No X Yes No Not determined
6a b c Cau	Total r Number complement of the policy of t	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the endeduction of the plan year invested the annual examination and reference in the first of the plan is it covered under the princomplete filing of this reference penalties set forth in the industry of the plan is it covered under the princomplete filing of this reference penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan year invested the end of the plan year invested the plan year i	d in eligible a report of an i eligibility and ilan cannot ue PBGC insureturn/report	assets? (See instruct independent qualified conditions.)	fit plans do not ions.) d public accountant (lunar de la	5a 5b 5c QPA) Form	5500. Yes No established. noluding, if applic	2 X Yes No X Yes No Not determined able, a Schedule
6a b c Cau	Total r Number complement of the policy of t	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the endeduction of the plan year invested the annual examination and reference in the first of the plan is it covered under the princomplete filing of this reference penalties set forth in the industry of the plan is it covered under the princomplete filing of this reference penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan year invested the end of the plan year invested the plan year i	d in eligible a report of an i eligibility and ilan cannot ue PBGC insureturn/report	assets? (See instruct independent qualified conditions.)	fit plans do not ions.) d public accountant (lunar de la	5a 5b 5c QPA) Form	5500. Yes No established. noluding, if applic	2 X Yes No X Yes No Not determined able, a Schedule
6a b C Cau Under SB control belief	Total r Number compl Were Are younder If you If the period of Scheen er, it is t	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the endeduction of the plan year invested the annual examination and reference in the first of the plan is it covered under the princomplete filing of this reference penalties set forth in the industry of the plan is it covered under the princomplete filing of this reference penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan is it covered under the penalties set forth in the industry of the plan year invested the end of the plan year invested the plan year i	d in eligible a report of an i eligibility and ilan cannot ue PBGC insureturn/report	assets? (See instruct independent qualified conditions.)	fit plans do not ions.) d public accountant (lunar de la	5a 5b 5c QPA) Form	5500. Yes No established. noluding, if applic	2 X Yes No X Yes No Not determined able, a Schedule
C Caur	Total r Number compl Were Are younder If you If the period of Scheen er, it is t	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the endeduction of the plan year invested the annual examination and recommendation of the plan is it covered under the princomplete filing of this recomplete filing of this recomplete by an enrolled actual plate.	d in eligible a report of an i eligibility and ilan cannot ue PBGC insureturn/report	assets? (See instruct independent qualified conditions.)	fit plans do not ions.) d public accountant (lunar de la	DPA) Form Luse is eport, in tri, and	5500. Yes No established. Including, if applic to the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and
6a b C Cau Under SB control belief	Total r Number compl Were Are younder If you If the p ation: A ler pena or Scheef, it is t	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the endeduction of the plan year invested the annual examination and recommendation of the plan is it covered under the princomplete filing of this recomplete filing of this recomplete by an enrolled actual plate.	d in eligible a report of an i eligibility and ilan cannot ue PBGC insureturn/report	assets? (See instruct independent qualifier conditions.)use Form 5500-SF arance program (see twill be assessed under that I have as the electronic versions.	fit plans do not ions.)d public accountant (If and must instead us ERISA section 4021)? unless reasonable ca examined this return/repo	DPA) Form Luse is eport, in tri, and	5500. Yes No established. Including, if applic to the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and
6a b C Caur Undo SB o belie	Total r Number compl Were Are younder If you If the p Attion: A Her penalor Scheef, it is t	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and reacher line 6a or line 6b, the plat plan, is it covered under the princomplete filing of this repenalties set forth in the individual signed by an enrolled actual electronic signature.	d in eligible a report of an i eligibility and ilan cannot ue PBGC insureturn/report	assets? (See instruct independent qualifier I conditions.)	fit plans do not ions.)	PA) Buse is eport, in tr, and	stablished. cluding, if applic to the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and
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C Caur Under SB control believed SIGI HER	Total r Number completed Were Are younder If you If the person Scheet, it is t NRE	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and r (See instructions on waiver et ther line 6a or line 6b, the pl t plan, is it covered under the pr incomplete filing of this re ther penalties set forth in the in disigned by an enrolled actual elete. valid electronic signature. dministrator	d in eligible a report of an i eligibility and lan cannot us PBGC insureturn/report	assets? (See instruct independent qualifier conditions.)	fit plans do not ions.)	PA) Buse is eport, in tr, and dual signal	stablished. cluding, if applic to the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
C Caur Under SB control believed SIGI HER	Total r Number completed Were Are younder If you If the person Scheet, it is t NRE	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and r (See instructions on waiver et ther line 6a or line 6b, the pl t plan, is it covered under the pr incomplete filing of this re ther penalties set forth in the in disigned by an enrolled actual elete. valid electronic signature. dministrator	d in eligible a report of an i eligibility and lan cannot us PBGC insureturn/report	assets? (See instruct independent qualifier conditions.)	fit plans do not ions.)	PA) Buse is eport, in tr, and dual signal	stablished. cluding, if applic to the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
C Caur Under SB control believed SIGI HER	Total r Number completed Were Are younder If you If the person Scheet, it is t NRE	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and r (See instructions on waiver et ther line 6a or line 6b, the pl t plan, is it covered under the pr incomplete filing of this re ther penalties set forth in the in disigned by an enrolled actual elete. valid electronic signature. dministrator	d in eligible a report of an i eligibility and lan cannot us PBGC insureturn/report	assets? (See instruct independent qualifier conditions.)	fit plans do not ions.)	PA) Buse is eport, in tr, and dual signal	stablished. cluding, if applic to the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
C Caur Under SB control believed SIGI HER	Total r Number completed Were Are younder If you If the person Scheet, it is t NRE	number of participants are of participants with a lete this item)	at the end of the plan year account balances as of the en during the plan year invested the annual examination and r (See instructions on waiver et ther line 6a or line 6b, the pl t plan, is it covered under the pr incomplete filing of this re ther penalties set forth in the in disigned by an enrolled actual elete. valid electronic signature. dministrator	d in eligible a report of an i eligibility and lan cannot us PBGC insureturn/report	assets? (See instruct independent qualifier conditions.)	fit plans do not ions.)	PA) Buse is eport, in tr, and dual signal	stablished. cluding, if applic to the best of my	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**

Dai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Paginning of Var				/b) En	d of V	oor	
a	Total plan assets	7a	(a) Beginning of Yea		+		(b) En		ear 310061	<u> </u>
	Total plan liabilities	7b	20.02						71000	
	Net plan assets (subtract line 7b from line 7a)	7c	25162	1				3	310061	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(13)	Total		
	(1) Employers	8a(1)	1250	0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4594	0						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							58440	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
ее	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							()
i_	Net income (loss) (subtract line 8h from line 8c)	8i							58440)
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instri	uctions	s:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
С	· · · · · · · · · · · · · · · · · · ·			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud			X				
	or dishonesty?			10d						
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				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
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						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Тг	Yes	X No
112	Enter the unpaid minimum required contribution for current year from					11a		· L	. 00	
12							EDICAG	ТГ	Yes	X No
14	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	cuON .	JU∠ OĪ	ERISA?	.	1 69	/\ INU
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule			u1		Day		Yea		
	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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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 section 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

2013

This Form is Open to Public Inspection

	機関 Annual Report Ilendar plan year 2013 or fis	Identification Information	01/01/2013	and ending	12/	31/2013
			F==1			
	is return/report is for:	x a single-employer plan		lan (not multiemployer)	Ц	a one-participant plan
B Th	is return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m		
C CI	neck box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
Rar	till Basic Plan Info	ormation enter all requested in	nformation			
1a i	Name of plan					ree-digit
ι	Jppercut Management	t, L.L.C. Profit Sharing	Pension Plan and	i Trust		ın number N) ► 001
		•				fective date of plan
					01	/01/1999
2a 1	Plan sponsor's name and ad Jppercut Management	ddress; include room or suite numbe t, L.L.C.	er (employer, if for a single	e-employer plan)		nployer Identification Number IN) 36-4296545
	2260 N. Elston Aver	nue		•		onsor's telephone number 312) 226-1223
-	2nd Floor South	t u t			2d Bu	siness code (see instructions)
	Chicago	IL 60614				.1410
3a 1	Plan administrator's name a	nd address 🗵 Same as Plan Spo	nsor Name Same as	Plan Sponsor Address	3 b Ad	ministrator's EIN
					3c Ad	ministrator's telephone number
4 1	f the name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EII	N
		mber from the last return/report.			4	
	Sponsor's name				4c PN	
		at the beginning of the plan year at the end of the plan year			5a 5b	2
		account balances as of the end of the			30	2
	complete this item)				5c	2
6a \	Were all of the plan's assets	during the plan year invested in eli	gible assets? (See instruc	etions.)		xYes □No
		f the annual examination and report ? (See instructions on waiver eligibil		ed public accountant (IQ		XYes No
		ther line 6a or line 6b, the plan ca				
c I	f the plan is a defined benef	fit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?	,	Yes No Not determine
Cau	tion: A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is es	tablished,
Unde	er penalties of perjury and o	ther penalties set forth in the instruc	ctions, I declare that I hav	e examined this return/re	eport, incl	uding, if applicable, a Schedule
	r Schedule MB completed a f, it is true, correct, and com	and signed by an enrolled actuary, a	as well as the electronic v	ersion of this return/repo	rt, and to	the best of my knowledge and
	· ·			Charles Weller		
SIC				Stephen Hutton		
	SE Signature of plan adm		Date 3/31/14	Enter name of individua	al signing	as plan administrator
Sig			210111	Stephen Hutton		
14.14.17.12	Signature of employe		Date 3/3/114			as employer or plan sponsor
Prep	arer's name (including firm i	name, if applicable) and address; in	iclude room or suite numb	er (optional)	Prepare	r's telephone number (optional)

² ad	е	2

Par	Pan (III) Financial Information								
7 F	lan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a T	otal plan assets	7a	251,62	1	310,061			61	
b T	otal plan liabilities,	7b							
C N	let plan assets (subtract line 7b from line 7a)	7¢	251,62	1.				310,0	61
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		******
	ontributions received or receivable from:		10.50						
	t) Employers	8a(1)	12,50				ويناه ويستحد المعاد		
(2) Participants	8a(2)		0					
	3) Others (including rollovers)	8a(3)		_		سائدست بتنا			
	Other income (loss)	8b	45,94		<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	د. برچ. س.ت	
d E	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) enefits paid (including direct rollovers and insurance premiums o provide benefits)	8c 8d		0				58,4	40
e . (Certain deemed and/or corrective distributions (see instructions)	8e				Ÿ.		ا فيونسان دو	
f A	dministrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
iN	let income (loss) (subtract line 8h from line 8c)	8i						58,4	40
i T	ransfers to (from) the plan (see instructions)	8j							
100000000	Plan Characteristics	• · · · · · · · · · · · · · · · · · · ·	<u> </u>						
	the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charact	eristi	c Code	es in t	he instruction	ns:	
	2E 2J 3D		•						
b u	The plan provides walfare honofits, onter the applicable walfare for	oture code	a from the Liet of Blan Characte	rictio	Codes	e in th	e instruction		
b II	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	is from the List of Plan Characte	HISHO	Codes	5 III (JI	e memerion	S:	
l Bar	t W. Compliance Questions	······································							
10	During the plan year:		······································		Yes	No	Α.	mount .	
a	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in	Г	103	-140		mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		Х		· · · · · · · · · · · · · · · · · · ·	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		х		:	
C	Was the plan covered by a fidelity bond?		***************************************	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· · ·	10d		x		:	
ę	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all			400		x			
	instructions.)			10e	├		 -	:	
	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f	<u> </u>	x			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		х			
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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	NI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	X No
11a	Enter the unpaid minimum required contribution for current year for	rom Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes	X No
***************************************	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	cable.)						
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ng amortiz	zed in this plan year, see instruc	tions	, and e	enter t	the date of th	e letter rul Year	ng
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedul						<u></u>		
b	Enter the minimum required contribution for this plan year	•				12b			
	Carrier and immirrative equation for the print year 1	,			L				

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						:	
C	Enter the amount contributed by the employer to the plan for this p	olan year	411411111111111111111111111111111111111	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)			12d			
6	Will the minimum funding amount reported on line 12d be met by	the funding deadline?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🔲	No [□ N/A
Part	VIIM Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan ye	ear?	****************	☐ Ye	s X No		
	If "Yes," enter the amount of any plan assets that reverted to the	employer this year	***************************************	13a			
þ	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	• • • • • •	ht under the c	ontrol] Yes [X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	om this plan to another plan(s), identif	y the plan(s) t	D		:	
-	13c(1) Name of plan(s);		130	(2) EIN(s	3)	13c(3)	PN(s)
						:	
Pan	VIII Trust Information (optional)						
14a	Name of trust			14b Tr	ust's EIN		
						:	
						1	

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