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

Part			rdance with the instruc				
For ca	t I Annual Report	Identification Information					
1 01 02	llendar plan year 2013 or fis	scal plan year beginning 01/01/20	13	and ending	2/31/2	2013	
A Th	is return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B Th	is return/report is:	x the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	
C Ch	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descript	ion)			_	
Part	II Basic Plan Info	rmation—enter all requested inform	nation				
1a N	ame of plan	·			1b	Three-digit	
WEST S	SIDE MECHANICAL & REN	ITAL 401(K) PLAN				plan number	000
					10	(PN)	002
					10	Effective date of	
	lan sponsor's name and ad SIDE MECHANICAL & REI	dress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number 74883
					2c	Sponsor's telep	hone number
306 PA	INT CREEK ROAD					606-549	
WILLIA	MSBURG, KY 40769				2d	Business code (
3a P	lan administrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	telephone number
						, tarrimion ator o t	
		e plan sponsor has changed since the mber from the last return/report.	last return/report filed fo	or this plan, enter the	4b	EIN	
	ponsor's name	noer from the last return/report.			4c	PN	
5a ⊤	otal number of participants	at the beginning of the plan year			5a		7
b T	otal number of participants	at the end of the plan year			5b		12
	lumber of participants with		nlan waar (dafinad hana	fit plans do not			
				•	5c		10
С	omplete this item)						
6a V	omplete this item)		ible assets? (See instruct	tions.)			10
6a V b A	omplete this item) Were all of the plan's assets are you claiming a waiver of onder 29 CFR 2520.104-46	s during the plan year invested in eligi f the annual examination and report or ? (See instructions on waiver eligibility	ible assets? (See instruction of an independent qualifier and conditions.)	tions.)d public accountant (IC	PA)		10
6a \ b A	omplete this item) Were all of the plan's assets are you claiming a waiver of inder 29 CFR 2520.104-46' f you answered "No" to el	s during the plan year invested in eligi f the annual examination and report o ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	ible assets? (See instruct f an independent qualifie y and conditions.)	tions.)d public accountant (IC	PA) Form	5500.	Yes No Yes No
6a \ b A	omplete this item) Were all of the plan's assets are you claiming a waiver of inder 29 CFR 2520.104-46' f you answered "No" to el	s during the plan year invested in eligi f the annual examination and report or ? (See instructions on waiver eligibility	ible assets? (See instruct f an independent qualifie y and conditions.)	tions.)d public accountant (IC	PA) Form	5500.	X Yes No
6a V b A u lt	omplete this item) Were all of the plan's assets are you claiming a waiver of onder 29 CFR 2520.104-46 from answered "No" to eithe plan is a defined benefit.	s during the plan year invested in eligi f the annual examination and report o ? (See instructions on waiver eligibility ither line 6a or line 6b, the plan can	ible assets? (See instruct f an independent qualifie y and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)?	PA) Form	5500. Yes No	Yes No Yes No
6a V b A u iii c If	omplete this item)	s during the plan year invested in eliging the annual examination and report or constructions on waiver eligibility ther line 6a or line 6b, the plan can it plan, is it covered under the PBGC or incomplete filing of this return/resher penalties set forth in the instruction	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re	Form	Yes No established.	Yes No Yes No Not determined Able, a Schedule
6a V b A u III c If Cautio	omplete this item)	s during the plan year invested in eligification and report of the annual examination and report of the annual examination and report of the plan can struction of the plan can it plan, is it covered under the PBGC or incomplete filing of this return/reserved per penalties set forth in the instruction of signed by an enrolled actuary, as well as the plan in the plan in the plan in the instruction of signed by an enrolled actuary, as well as the plan in the pl	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re	Form	Yes No established.	Yes No Yes No Not determined Able, a Schedule
6a V b A u iii c If Cautic Under SB or belief,	omplete this item)	s during the plan year invested in eligification and report of the annual examination and report of the annual examination and report of the plan can struction of the plan can it plan, is it covered under the PBGC or incomplete filing of this return/reserved per penalties set forth in the instruction of signed by an enrolled actuary, as well as the plan in the plan in the plan in the instruction of signed by an enrolled actuary, as well as the plan in the pl	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re	Form	Yes No established.	Yes No Yes No Not determined Able, a Schedule
6a V b A u II C If Cautio Under SB or belief,	omplete this item)	is during the plan year invested in eligical fithe annual examination and report or the second fit plan is it covered under the PBGC or incomplete filing of this return/restance between the plan in the instruction of signed by an enrolled actuary, as well as the second electronic signature.	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable cale examined this return/re sion of this return/repor	Form use is port, ir, and	yes No established. ncluding, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
6a V b A u iii c If Cautic Under SB or belief,	omplete this item) Were all of the plan's assets are you claiming a waiver of onder 29 CFR 2520.104-46' from answered "No" to eithe plan is a defined benefit on: A penalty for the late of penalties of perjury and ot Schedule MB completed are it is true, correct, and completed with authorized/	is during the plan year invested in eligical fithe annual examination and report or the second fit plan is it covered under the PBGC or incomplete filing of this return/restance between the plan in the instruction of signed by an enrolled actuary, as well as the second electronic signature.	ible assets? (See instruct f an independent qualifie y and conditions.)	tions.)	Form use is port, ir, and	yes No established. ncluding, if applicate to the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
6a V b A u H C If Caution Under SB or belief,	omplete this item)	s during the plan year invested in eliging in the annual examination and report or (See instructions on waiver eligibility in the line 6a or line 6b, the plan can it plan, is it covered under the PBGC or incomplete filing of this return/restance in the penalties set forth in the instruction and signed by an enrolled actuary, as wollete. In valid electronic signature.	ible assets? (See instruct f an independent qualifie y and conditions.)	tions.)	Form use is port, ir, and	stablished. ncluding, if applicate the best of my	Yes No Yes No Not determined Able, a Schedule knowledge and
6a V b A III C If Cautio Under SB or belief, SIGN HERE	omplete this item)	s during the plan year invested in eliging in the annual examination and report or (See instructions on waiver eligibility in the line 6a or line 6b, the plan can it plan, is it covered under the PBGC or incomplete filing of this return/restance in the penalties set forth in the instruction and signed by an enrolled actuary, as wollete. In valid electronic signature.	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)	PA) Form Use is port, irit, and	yes No sestablished. ncluding, if applicate the best of my gning as plan adm	Yes No Yes No Not determined Able, a Schedule knowledge and
6a V b A III C If Cautio Under SB or belief, SIGN HERE	omplete this item)	s during the plan year invested in eligif the annual examination and report or (See instructions on waiver eligibility ither line 6a or line 6b, the plan can fit plan, is it covered under the PBGC or incomplete filing of this return/reper penalties set forth in the instruction of signed by an enrolled actuary, as wollete. valid electronic signature. dministrator	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)	PA) Form Use is port, irit, and	yes No sestablished. ncluding, if applicate the best of my gning as plan adm	Yes No Yes No Not determined Able, a Schedule knowledge and ninistrator
6a V b A III C If Cautio Under SB or belief, SIGN HERE	omplete this item)	s during the plan year invested in eligif the annual examination and report or (See instructions on waiver eligibility ither line 6a or line 6b, the plan can fit plan, is it covered under the PBGC or incomplete filing of this return/reper penalties set forth in the instruction of signed by an enrolled actuary, as wollete. valid electronic signature. dministrator	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)	PA) Form Use is port, irit, and	yes No sestablished. ncluding, if applicate the best of my gning as plan adm	Yes No Yes No Not determined Able, a Schedule knowledge and ninistrator
6a V b A III C If Cautio Under SB or belief, SIGN HERE	omplete this item)	s during the plan year invested in eligif the annual examination and report or (See instructions on waiver eligibility ither line 6a or line 6b, the plan can fit plan, is it covered under the PBGC or incomplete filing of this return/reper penalties set forth in the instruction of signed by an enrolled actuary, as wollete. valid electronic signature. dministrator	ible assets? (See instruct f an independent qualifier y and conditions.)	tions.)	PA) Form Use is port, irit, and	yes No sestablished. ncluding, if applicate the best of my gning as plan adm	Yes No Yes No Not determined Able, a Schedule knowledge and ninistrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Va	ar		
	Total plan assets	7a	(a) beginning of Tea				(b) Lilu	<i>)</i> 1 10	43567	7	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	735	4					43567	7	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) T				
	Contributions received or receivable from:		(a) Amount				(6) 1	Jiai			
	(1) Employers	8a(1)	3459	4							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	302	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							37623	}	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	133	5							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	7	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1410)	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							36213	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	t 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	include transactions reported	10b		X					
					X					10	000
				10c						10	000
	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						84
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		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	ne required	d notice or one of the	10i							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
111	5500) and line 11a below)							Ш	. 03	Ц	140
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICA:		Voc	V	Nia
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?	Ш	Yes	۸	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			rtione	and a	enter th	e date of the	ים פי	tter ru	lina	
	granting the waiver.		Mon		, апи (Day		Yea		ıy	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year					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
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 Dyce Benefits Security Administration

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).

OMB Nos. 1210-0110

1210-0089

2013

Form 5500-SF (2013)

Ρ	nsion Benefit Guaranty Corporation		milettiat Mevenne Code			This Form is Open to Publi
	rt I Annual Report	▶ Complete all entries in Identification Information	accordance with the i	instructions to the Form	5500-SF.	Inspection
For	alendar plan year 2013 or fi	scal plan year beginning	01/01/2013			
	his return/report is for:	a single-employer plan		and ending		12/31/2013
	his return/report is:			oyer plan (not multiemplo	yer)	a one-participant plan
	rotalitatepolit (3.	X the first return/report	the final return/r		_	~
Cd	hadabaa mar	an amended return/report	a short plan year	r return/report (less than 1	2 months)	
V (heck box if filing under:	Form 5558	automatic exten	sion	Γ] DEVC
-		special extension (enter de	scription)		L	DFVC program
Pa	t II Basic Plan Info	rmation—enter all requested	information			
1a	Patric Ot Mail				41	
WES	T SIDE MECHANICAL	L & RENTAL 401(K) P	LAN		£	hree-digit
					, -	olan number PN) • 002
					* · · · · · · · · · · · · · · · · · · ·	iffective date of plan
2a 1	lan sponsor's name and add	from the last			0:	1/01/2011
WES	T SIDE MECHANICAL	iress; include room or suite num	ber (employer, if for a si	ngle-employer plan)		mployer Identification Number
			:		(E	EIN) 20-0474883
306	PAINT CREEK ROAD		• :			ponsor's telephone number
					61	06-549-0393
	LIAMSBURG	KY 40769			2d B	usiness code (see instructions)
3а ғ	lan administrator's name and	d address XSame as Plan Spor	Continue Eto		23	38290
		Ellounic go r len Opor	isor warne IXISame as	Plan Sponsor Address	3b Ac	dministrator's EIN
I		-	:		2	
ŀ			:		SE Ad	dministrator's telephone number
			4			
- 1						
4	the same and/a- FISS - F.					
	ame. EIN, and the plan number	plan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EII	Nt .
	onsor's name	ser multi tile läst return/report.	•		150 (1)	
5a ⊤c	otal number of participants at	the heginning of the plan ware	·		4c PN	<u> </u>
ь	otal number of participants of	the beginning of the plan year	*****************************	*****************************	··· 5a	7
	imber of participants with	the end of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5b	12
4	mplete this item)	count balances as of the end of	the plan year (defined b	enefit plans do not		12
					5с	10
		WIND THE DIST VEST INVASTOR IN A	3(= 71 = 1 = / m /m .			
սի	der 29 CFR 2520,104-46? (5	See instructions on university	t of all independent qua	ilified public accountant (i	QPA)	
C If	he plan is a defined benefit p	lan, is it covered under the PBG	Cincurance and 5500-	or and must instead us	e Form 550	0.
		and the rigo	o insurance program (s	ee ERISA section 4021)?	′ Ye	s No Not determined
Indorn	i: A penalty for the late or i	ncomplete filing of this return	report will be assesse	ed unless reasonable ca	ILISE IS ASTA	hliehad
B or Si	chedule MB completed and o	penalties set forth in the instructionsigned by an enrolled actuary, as	tions, I declare that I have	ve examined this return/re	port includ	ing if applicable a Schadula
elief, t	is true, correct, and complete	signed by an enrolled actuary, as e.	s well as the electronic v	ersion of this return/repo	rt, and to the	e best of my knowledge and
	1/2 / 1					<u> </u>
IGN IERE	Ham Du	2/100	4-7-14	Pam Sulfridge	2	
	Signature of plan adm	instrator	Date			
IGN	0	(2090)		Enter name of individ	Jual signing	as plan administrator
ERE	Signature of employes	Inlan erlans	4-7-14	Pam Sulfridge		
reparer	's name (including firm name	plian sponsor e, if applicable) and address; inc	Date	Enter name of individ	lual signing	as employer or plan sponsor
	· · · · · · · · · · · · · · · · · · ·	shunanie) quin addiess; WC	iuae room or suite numb	per (optional)	Preparer's	s telephone number (optional)
I			•			• • • •
I						
					 	
ı					ŧ	
		•		ı	l	
r Paper	work Reduction Act Notice an	d OMB Control Numbers, see the i	nstructione for Earn From) OF		

7									
-	Plan Assets and Liabilities		3 A						
a	Total plan assets		(a) Beginning of	Year			(b) E	nd of Year	•
b	Total plan liabilities	7a		7	354				435
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7b							**
8	Income, Expenses, and Transfers for this Plan Year	7c		7	354				435
а	Contributions received or receivable from		(a) Amount			_	(b	Total	
	(1) Employers	8a(1)		34	594				T
	(2) Participants	n-(n)		~~	354		·		
	3) Others (including rollovers)	8a(3)			\dashv		·	·	
<u> </u>	Other income (loss)	8b							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8h)	8c		3	029				
d	periority paid linciding direct religions and in-	00			$-\downarrow$				3762
e	- Formation Continues of the Continues o	8d		1:	335		-	, , , , , ,	
f	Certain deemed and/or corrective distributions (see instructions)	8e			1				
	Administrative service providers (salaries, fees, commissions)	8f			75				
g h	Other expenses	8g	· · · · · · · · · · · · · · · · · · ·				<u> </u>		···········
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							·····
'	let income (loss) (subtract line 8h from line 8c)	8i			_				141
<u> </u>	ransfers to (from) the plan (see instructions).	8 <u>j</u>					·····		3621
Par				· · · · · · · · · · · · · · · · · · ·					
9a	f the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 2K 2T 3D	ature code:	s from the List of Plan Cha	eractor	ictic C	adaa in i	4t : - •		
ь	the plan provides welfare honests	-	VIVI GIT ONC	ar do (C)	istic C	odes in	me instru	ctions:	
	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Char	acteris	tic Co	des in th	e instruct	ione	
Part	/ Compliance Questions							Q11 Q .	
t tale									
						·			
10	During the plan year: Was there a failure to transmit to the other.				Yes	No 1		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Volume Contribution)	ns within th	e time period described in		Yes	 		Amount	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions there any nonexempt transactions with contributions.)	ary Correcti	on Program)	10a	Yes	No X		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not inclu	on Program) ude transactions reported	10a	Yes	 		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion with any party-in-interest? (See instructions with any party-in-interest?) In line 10a.)	Do not inclu	on Program)ude transactions reported	10a 10b		Х		Amount	
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion with any party-in-interest? (See instructions with any party-in-interest?) In the plan covered by a fidelity bond?	Do not inclu	on Program)ude transactions reported	10a	Yes	Х		Amount	10000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion with any party-in-interest? (See instructions with any party-in-interest?) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty?	Do not included the control of the c	on Program)	10a 10b 10c		Х		Amount	10000
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion with any party-in-interest? (See instructions with any party-in-interest?) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bonds. Vere any fees or commissions paid to any brokers, agents, or other payrance service, or other payrance service.	Do not included by bond, to persons by	on Program)	10a 10b		х		Amount	10000
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (See instructions with any party-in-interest?) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other assurance service, or other organization that provides some or all of instructions.)	Do not included in the control of th	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d	Х	х		Amount	10000
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (See instructions with any party-in-interest?) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other assurance service, or other organization that provides some or all of instructions.)	Do not included in the control of th	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c		х		Amount	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other neurance service, or other organization that provides some or all of instructions.)	elity bond, t	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d	Х	х		Amount	
10 a b c d d e f g i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In the plan to the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of its the plan failed to provide any benefit when due under the plan? (If the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan to the	elity bond, t persons by the benefits	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d	Х	x		Amount	
b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In the plan covered by a fidelity bond?) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.) It is the plan failed to provide any benefit when due under the plan? If the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 1997).	elity bond, t persons by the benefits year end.).	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Х	X X X		Amount	
b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In the plan covered by a fidelity bond?) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond? Vere any fees or commissions paid to any brokers, agents, or other neurance service, or other organization that provides some or all of instructions.) It is the plan failed to provide any benefit when due under the plan? It is an individual account plan, was there a blackout period? (See 20.101-3.)	elity bond, t persons by the benefits year end.).	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f	Х	X X X		Amount	
b c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In the plan to the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other neutrance service, or other organization that provides some or all of instructions.) Las the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 520.101-3.)	elity bond, t persons by the benefits year end.).	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Х	X X X		Amount	
b c d e f g i i i i i i i i i i i i i i i i i i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In Inc.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other neuronsurance service, or other organization that provides some or all of instructions.) Itas the plan failed to provide any benefit when due under the plan? It is an individual account plan, was there a blackout period? (See 520.101-3.) 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	elity bond, the persons by the benefits benefits are instruction equired noti	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	x	X X X X		Amount	
b c d e f g i i i i i i i i i i i i i i i i i i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In the 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other neuronsurance service, or other organization that provides some or all of instructions.) fas the plan failed to provide any benefit when due under the plan? If the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 520.101-3.) 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance	elity bond, the persons by the benefits be instruction equired noti	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	x	X X X X		Amount	
10 a b c d e e f g i i i i e c t v 1 1 is 5	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other neurance service, or other organization that provides some or all of instructions.) It is the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 520.101-3.) 10h was answered "Yes," check the box if you either provided the nexceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance this a defined benefit plan subject to minimum funding requirements and the plan below)	elity bond, the persons by the benefits be unstruction equired notions? (If "Yes,"	on Program) ude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	X	X X X X	orm		84
10 a b c d d e e f g i i i s e e e e e e e e e e e e e e e e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (See instructions with any party-in-interest? (See instructions with any party-in-interest? (See instructions with any party-in-interest? (See instructions). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other assurance service, or other organization that provides some or all of instructions.) It is the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 520.101-3.) 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirements in the unpaid minimum required contribution for current year from the search of the plan is a defined minimum required contribution for current year from the search of the plan is a defined minimum required contribution for current year from the plan is a defined minimum required contribution for current year from the plan is a defined minimum required contribution for current year from the plan is a defined with the plan is a defined minimum required contribution for current year from the plan is a defined with the plan is a defined minimum required contribution for current year from the plan is a defined with the plan	elity bond, the benefits 'year end.). e instruction equired noti	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See Jude transactions and 29 CFR ce or one of the	10a 10b 10c 10d 10e 10f 10g 10h	X	X X X X		Amount	
10 a b c d d e e f g i i i s 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In Inc.) (Inc.) (I	elity bond, the persons by the benefits benefits benefits are instruction equired notice. (If "Yes,"	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See Jude transactions and 29 CFR ce or one of the	10a 10b 10c 10d 10e 10f 10g 10h	X	X X X X		☐ Yes]	84
10 a b c d e e f g i i i i i i i i i i i i i i i i i i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In Inc.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Vere any fees or commissions paid to any brokers, agents, or other neuronsurance service, or other organization that provides some or all of instructions.) Itas the plan failed to provide any benefit when due under the plan? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Sec. 20.101-3.) 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance this a defined benefit plan subject to minimum funding requirements and this a defined contribution plan subject to the minimum funding requirements are the unpaid minimum required contribution for current year from this a defined contribution plan subject to the minimum funding requirements are complete line 12a or lines 12b, 12c, 13d, and 12b, 13c, 13d, and 1	elity bond, the persons by the benefits a persons by the benefits a person by the benefits a per	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See Jude transactions and 29 CFR Jude transactions and complete transactions are considered transactions are considered transactions are considered transactions and complete transactions are considered transactions and complete transactions are considered transactions and complete transactions are considered transactions.	10a 10b 10c 10d 10e 10f 10g 10h	X X Cchedu 1tion 30	X X X X X A A A A A A A A A A A A A A A	ISA?	☐ Yes ☐ Yes ☐	84 No No
b c d e f g i i i i i i i i i i i i i i i i i i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In Inc.) (Inc.) (I	elity bond, the persons by the benefits a persons by the benefits a person by the benefits are the person by the person	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See Jude transactions and 29 CFR Jude transactions and complete transactions are considered to the code of the code o	10a 10b 10c 10d 10e 10f 10g 10h	X X Cchedu 1tion 30	X X X X X A A A A A A A A A A A A A A A	ISA?	☐ Yes ☐ Yes ☐	84 No No
b c d e f g i i i s s art V 1 ls s 11a E 2 ls (If you	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In Inc.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty? Were any fees or commissions paid to any brokers, agents, or other neurance service, or other organization that provides some or all of instructions.) It is the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 25.0.101-3.) 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance this a defined benefit plan subject to minimum funding requirements and fine 11a below) Inter the unpaid minimum required contribution for current year from this a defined contribution plan subject to the minimum funding requirements of the minimum funding standard for a prior year is being an anting the waiver. Completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME completed line 12a, complete lines 3, 9, and 10 of Schedule ME complete lines 12b, 12c, 12d, and 12e below, as a complete line 12a, complete lines 3, 9, and 10 of Schedule ME completed lines 12b, 12c, 12d, and 12e below, as a complete lines 12b, 12c, 12d, a	elity bond, the persons by the benefits are rend.). The persons by the benefits are rend. The persons by the benefits are rend. The persons by the benefits are rend. The persons by the persons by the persons of the p	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See Jude transactions and complete transactions and 29 CFR Ce or one of the See instructions and complete transactions are considered transactions a	10a 10b 10c 10d 10e 10f 10g 10h 10i	X X Cchedu 1tion 30	X X X X X A A A A A A A A A A A A A A A	ISA?	☐ Yes ☐ Yes ☐	84 No No
b c d e f g i i i s s art V 1 ls s 11a E 2 ls (If you	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? (In Inc.) (Inc.) (I	elity bond, the persons by the benefits are rend.). The persons by the benefits are rend. The persons by the benefits are rend. The persons by the benefits are rend. The persons by the persons by the persons of the p	on Program) Jude transactions reported hat was caused by fraud an insurance carrier, under the plan? (See Jude transactions and complete transactions and 29 CFR Ce or one of the See instructions and complete transactions are considered transactions a	10a 10b 10c 10d 10e 10f 10g 10h 10i	X X Chedit	X X X X X X X A X X A A A A A A A A A A	ISA?	Yes Yes [No X

<u> </u>	orm 5500-SF 2013	Page 3 -			
					
C Enter	the amount contributed i	the employer to the plan for this plan year ;			
negat	ve amount)		12c		
e Will th	e minimum funding amo	nt reported on line 12d be met by the funding doubt.	12d	<u> </u>	
			.,	Yes	No
I Sa Has a	resolution to terminate the	an been adopted in any plan year?		Yes X N	do.
b Were a	all the plan assets distrib	And the verted to the employer this year	13a	T I	
of the	PBGC?	beneatlaries, transferred to another plan, or brought under the	e control		
WINCH	assets or liabilities were	is or liabilities were transferred from this plan to another plan(s), identify the plan(s) to	<u> </u>	Yes X
3c(1) N	ame of plan(s):		13c(2) El	NI/a3	
			130(2) [IN(S)	13c(3) PN
				······································	
<u>L</u>					
Part VIII T	rust Information (o	tional)			
14a name of	trust		445 -		
			14b Tru	ist's EIN	
	· · · · · · · · · · · · · · · · · · ·				
	•				
·					
			•		
					·
1					
.					
ı					