Benefit Plan Department of the Treaury Tendence Works Service 2013 This form is required to be field under sections 104 and 4065 of the Employee Tendence Works Service This form is required to be field under sections 6057(b) and 6058(c) of the Internal Revenue Code (the Code). This form is open to Public Inspection Partial Manuary Coppanies For calendar plan year 2013 or fiscal plan year beginning Old 1974 (ERISA), and sections 6057(b) and 6058(c) This form is Open to Public Inspection For calendar plan year 2013 or fiscal plan year beginning Old 1974 (ERISA) and ending 12/31/2013 A This return/report is (c) a single-employer plan in a multiple-employer plan (not multiemployer) is a one-participant plan a one-participant plan B This return/report is in a maneded return/report a short plan year return/report (less than 12 months) a one-participant plan C Check box if filing under: Form 5558 a unomatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) /> 001 C Check box if filing under: Form 5558 a unomatic extension 2b Engloyer Identification Number (EN) /> 001 2a Plan sponsor's name and address: Isclude								
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the interval Revenue Code (the Code). This Form is Open to Public Inspection Person Besett Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part I Annual Report Identification Information and ending 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 B This return/report is: the first return/report a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if fling under: Form 5558 automatic extension DFVC program special extension (enter description) special extension (enter description) Oot 1C Effective date of plan 12a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EN) 2c Sponsor's telephone number SoB-8718 2a Plan administrator's name and address: Same as Plan Sponsor Address								
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b Total number of participants at the end of the plan year								
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
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.								
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
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 Filed with authorized/valid electronic signature. 06/13/2014 DARYL LOVEJOY								
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								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) RETIREMENT PLANNING GROUP, LLP Preparer's telephone number (optional)								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear		
а	Total plan assets	7a	4931	9					55375		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	4931	9					55375		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:	- (1)									
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									_
	(3) Others (including rollovers)	8a(3)	605	6							
	Other income (loss)	8b 8c	000	<u> </u>					6056		_
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	36							0050		_
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							6056		
j	Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:											
	2E 2F 2G 2J 2T 3D										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Part	V Compliance Questions										—
10	During the plan year:				Yes	No		Amo	ount		—
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		V						—
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a	Х					7338	8
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х					
	,					Х					—
	Was the plan covered by a fidelity bond?			10c							
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х					
e	Were any fees or commissions paid to any brokers, agents, or oth			10d							—
-	insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					х					
				10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h		•		4.01		Х					
— i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h							_
•	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	VI Pension Funding Compliance										_
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
112								·	. 00		_
12	· · · · ·	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
12				or se	CUON .	JUZ 0[LRISA?.		169		
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year											

C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A			
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	XY	′es	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		ו []	res 🗙 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): 1:	3 c(2) El	N(s)	13	c(3) PN(s)			
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						