## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	enefit Guaranty Corporation	<ul> <li>Complete all entries in accordance</li> </ul>	ordance with the instruc	ctions to the Form 5500	U-SF.		
Part I	Annual Report I	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	113	and ending 1	2/31/2	013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	· · · · · ·	special extension (enter descript	*				
Part II		mation—enter all requested inform	mation				1
1a Name PALMER OI	of plan L COMPANY 401K PRO	OFIT SHARING PLAN				Three-digit plan number (PN) ▶	001
						Effective date o	
							/1993
<b>2a</b> Plan s		dress; include room or suite number	(employer, if for a single-	employer plan)			fication Number 64053
1638 CLAY					2c	Sponsor's telep 270-82	
HENDERSO	ON, KY 42420				2d	Business code ( 44512	(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the other from the last return/report.	e last return/report filed fo	or this plan, enter the	4b 4c		
name <b>a</b> Spons	, EIN, and the plan num or's name		· 	·			47
name a Spons 5a Total b Total	, EIN, and the plan num or's name number of participants a number of participants a	at the beginning of the plan year			4c		47 0
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a	nber from the last return/report.	e plan year (defined bene	efit plans do not	4c 5a		
name a Spons 5a Total b Total c Numb comp	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	e plan year (defined bene ible assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	0
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	, EIN, and the plan number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility	e plan year (defined bene ible assets? (See instruc if an independent qualific y and conditions.)	efit plans do not etions.)ed public accountant (IQI	4c 5a 5b 5c	PN	0
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car	e plan year (defined bene ible assets? (See instruc if an independent qualifie y and conditions.)	efit plans do not etions.)ed public accountant (IQI	4c 5a 5b 5c PA)	PN	0  X Yes No  Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility	e plan year (defined bene ible assets? (See instruc if an independent qualifie y and conditions.)	efit plans do not etions.)ed public accountant (IQI	4c 5a 5b 5c PA)	PN	0 X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the	p. EIN, and the plan number of participants and the plan form of participants and the plan form of participants and the plan form of participants with an elete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car	ible assets? (See instruction of an independent qualifier y and conditions.)	efit plans do not  etions.)	4c 5a 5b 5c PA)	PN	0  X Yes No  Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A	p. EIN, and the plan number of participants and the plan participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan care plan, is it covered under the PBGC or incomplete filing of this return/reter penalties set forth in the instruction disigned by an enrolled actuary, as well at the plan that is the pla	ible assets? (See instruction in the program (see port will be assessed ons, I declare that I have	efit plans do not  ctions.)	4c 5a 5b 5c	PN  5500.  Yes No established.  Cluding, if applic	0  X Yes No  X Yes No  Not determined  able, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan number of participants and the plan participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan care plan, is it covered under the PBGC or incomplete filing of this return/reter penalties set forth in the instruction disigned by an enrolled actuary, as well at the plan that is the pla	ible assets? (See instruction in the program (see port will be assessed ons, I declare that I have	efit plans do not  ctions.)	4c 5a 5b 5c	PN  5500.  Yes No established.  Cluding, if applic	0  X Yes No  X Yes No  Not determined  able, a Schedule
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pens SB or Sche belief, it is	p. EIN, and the plan number of participants and the plan participants and per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan car t plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction displand by an enrolled actuary, as a lete.	ible assets? (See instruction in the program (see port will be assessed ons, I declare that I have	efit plans do not  ctions.)	4c 5a 5b 5c PA) Form :	PN  5500.  Yes No  established.  cluding, if applice the best of my	O  X Yes No  X Yes No  Not determined  Able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pens SB or Sche belief, it is  SIGN HERE SIGN	p. EIN, and the plan number of participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan card to plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction of signed by an enrolled actuary, as a lete.	e plan year (defined bene- ble assets? (See instruc- if an independent qualifier y and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c 5a 5b 5c PA) Form :	PN  5500.  Yes No  established.  cluding, if applice the best of my	O  X Yes No  X Yes No  Not determined  Able, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pen SB or Sche belief, it is  SIGN HERE SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan care to plan, is it covered under the PBGC or incomplete filing of this return/or er penalties set forth in the instruction of signed by an enrolled actuary, as a lete.  Incomplete filing of this return/or er penalties set forth in the instruction of signed by an enrolled actuary, as a lete.  Incomplete filing of this return/or er penalties set forth in the instruction of signed by an enrolled actuary.  Incomplete filing of this return/or er penalties set forth in the instruction of signed by an enrolled actuary.	e plan year (defined bene- ible assets? (See instruc- if an independent qualifier y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver  Date  Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form : se is eport, inc, and to	PN  5500.  Yes No setablished.  Cluding, if applice the best of my  ning as plan admining as employed.	O  X Yes No  X Yes No  Not determined  Able, a Schedule knowledge and  ministrator  er or plan sponsor
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under If you C If the p Caution: A Under pen SB or Sche belief, it is  SIGN HERE SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elig the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can tell plan, is it covered under the PBGC or incomplete filing of this return/or er penalties set forth in the instruction of signed by an enrolled actuary, as a lete.  Included the plan year invested in eligibility there is in the plan can tell plan, is it covered under the PBGC or incomplete filing of this return/or er penalties set forth in the instruction of signed by an enrolled actuary, as a lete.  Included the plan year	e plan year (defined bene- ible assets? (See instruc- if an independent qualifier y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver  Date  Date	efit plans do not etions.)	4c 5a 5b 5c PA) Form : se is eport, inc, and to	PN  5500.  Yes No setablished.  Cluding, if applice the best of my  ning as plan admining as employed.	O  X Yes No  X Yes No  Not determined  Able, a Schedule knowledge and

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor		
	Total plan assets	7a	121648		(b) End of Year			0		
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c	121648	9		0				
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To	tal .		
	Contributions received or receivable from:		(a) Amount				(b) 10	ıaı		
	(1) Employers	8a(1)	2334	3						
	(2) Participants	8a(2)	5249	8						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	18411	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						25996	60	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	147644	.9						
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						14764	49	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-12164	89	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	2E 2F 2G 2J 2K 3D 3H  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 instructio	ns:		
Par	t V   Compliance Questions			1	1		1			
10	During the plan year:				Yes	No	P	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
c	Was the plan covered by a fidelity bond?			10c	X				150	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X				
—е	Were any fees or commissions paid to any brokers, agents, or oth									
·	insurance service, or other organization that provides some or all				X					
	instructions.)			10e						3976
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 a	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		X				
Part	· · · · · · · · · · · · · · · · · · ·	-								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П Үе	s X	No
11-	Enter the unpaid minimum required contribution for current year fr					11a			- /\	
12	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAG	П Үе	e V	No
12	Is this a defined contribution plan subject to the minimum funding			e or se	CUON	3U∠ Of	EKISA!	16	٠ <u>^</u>	INO
a	(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			ctions	, and e	enter th	ne date of the	e letter i	uling	
	granting the waiver.		Mon	nth		Day		ear		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				4.6.	I			
h	Enter the minimum required contribution for this plan year					12b	I			

Page	3 -	. 1	
raye	J		

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?	X	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 country of the PBGC?	control		X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> Tr	ust's EIN	•	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 12/31/2013 and ending This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II | Basic Plan Information - enter all requested information 1a Name of plan Three-digit plan number (PN) PALMER OIL COMPANY 401K PROFIT SHARING PLAN 001 Effective date of plan 06/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) Employer Identification Number (EIN) PALMER OIL, INC. 61-0964053 2c Sponsor's telephone number 1638 CLAY STREET 270-827-1312 2d Business code (see instructions) HENDERSON KY 42420 445120 3a Plan administrator's name and address X Same as Plan Sponsor Name 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 4b FIN 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 5a **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 0 benefit plans do not complete this item) 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.) No 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 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 GONNELLA MARY A. **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN 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)

7   Plant Assets and Liabillities   1216 48 9   0	Pa	art III Financial Information					
a Total plan assets (subtract line 7b form line 7a)  D Total plan labilities  D Total plan labilities  C Not plan assets (subtract line 7b from line 7a)  C Not plan assets (subtract line 7b from line 7a)  C Not plan assets (subtract line 7b from line 7a)  C Porticipants  C Porticipants	7	Plan Assets and Liabilities		(a) Beginni	ng of Y	ear	(b) End of Year
b Total plan liabilities  O Net plan assets (subtract line 2b from line 2a)  O Net plan assets (subtract line 2b from line 2a)  O Net plan assets (subtract line 2b from line 2a)  O Net plan assets (subtract line 2b from line 2a)  O Net plan assets (subtract line 2b from line 2a)  O Net plan assets (subtract line 2b from line 2a)  O Participants  O O Participants  O O O Participants  O O O O O O O O O O O O O O O O O O O	а	Total plan assets	7a				0
Second Contributions received or receivable from:	<u>b</u>	Total plan liabilities	7b				
a Contributions received or receivable from:  (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (3) Others (including rollovers) (4) Other income (loss) (5) Others (including rollovers) (5) Others (including rollovers) (6) Others (including rollovers) (7) Assign and the set of the s	<u>c</u>		7c	1216489			0
Comparison   Com	8	Income, Expenses, and Transfers for this Plan Year					(b) Total
2) Participants   8a(2)   52498	а	Contributions received or receivable from:					
Gil Others (including rellovers)   SEE STATEMENT   88   184119		(1) Employers	8a(1)		23	343	
b Other income (loss) S. SEE STAPEMENT 1. Bb 184119  C Total Income (add lines 8art), 8a(2), 8a(3), and 8b) 8c 259960  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd 1476449  STATEMENT 2  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f  g Other expenses 8f  g Other expenses 8f  g Other expenses 8f  Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h  Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h  Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h  Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h  Notal providers (salaries to transitions) 8h  Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h  Notal expenses			8a(2)		52	498	
C Total income (add lines Ba(1), Ba(2), Ba(3), and 8b)  d Bonefits paid (including direct rollovers and insurance premiums to provide benefits)  add 1476449 STATEMENT 2  e Certain deemed and/or corrective distributions (see instructions)  Be		(3) Others (including rollovers)	8a(3)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)  g Certain deemed (see instructions)  g Certa			8b		184	119	
benefits)	<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				259960
e Certain deemed and/or corrective distributions (see instructions).  9 Cher expenses 9 Commissions).  9 Cher expenses 9 Commissions).  10 Commissions (assignation of the plan (see instructions).  11 Transfers to from) the plan (see instructions).  12 Transfers to from) the plan (see instructions).  13 Interpolating the plan provides pensions benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2 E 2F 2G 2J 2K 3D 3H  12 If the plan provides pensions benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2G 2J 2K 3D 3H  15 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2 Part V   Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3102 (See instructions and DOL's Voluntary Flduciary Correction Program).  10 Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).  10 During the plan have a loss, whether or not reimbursed by the plan's fldelity bond, that was caused by fraud or distincesty?  10 Did the plan have a loss, whether or not reimbursed by the plan's fldelity bond, that was caused by fraud or distincesty?  10 Did the plan have a loss, whether or not reimbursed by the plan's fldelity bond, that was caused by fraud or distincesty?  10 Did the plan falled to provide any breview, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan's fldelity bond, that was caused by fraud or distincesty?  10 Did the plan have a loss, whether or not reimbursed by the plan's fldelity bond, that was a source of the expension spall of the plan's fldelity bond, that was a flance of the plan's fldelity bond, that was a flance of t	d	Benefits paid (including direct rollovers and insurance premiums to provide					
Administrative service providers (salaries, fees, commissions)   8f   9g   1   1476 449   1   1   1476 449   1   1   1   1   1   1   1   1   1			8d	1	476	449	STATEMENT 2
Generation   Big	<u>e</u>		8e				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>_f</u>		8f				
Net income (loss) (subtract line 8h from line 8c)	<u>g</u>	Other expenses	8g				
Part VV   Plan Characteristics	<u>h</u>		8h				
Part V  Plan Characteristics	ᆜ		8i				-1216489
9a	ㅗ	Transfers to (from) the plan (see instructions)	8j				
Description	$\overline{}$						
Amount  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)		ZE ZF ZG ZJ ZK 3D 3H					
Amount  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<u> </u>	t VI Compliance Overtions					
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101.3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101.3  10h X  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).  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  1 Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					Yes	No	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  i 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)  The pension Funding Compliance  11 Is this a defined contribution plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Yes   No   No   No   No   No   No   No   N	а						
transactions reported on line 10a.)  C Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  E Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  E Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  10e		III 29 CFR 25 10.3-102? (See instructions and DOL's Voluntary Fiduciary Correcti	ion Proc	ram.) 10	a	X	
C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  Part VI Pension Funding Compliance  12 Is this a defined contribution plan subject to the minimum funding requirements? (see instructions and complete Schedule SB (Form 5500) and line 11a below)  13 Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	D					,,	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101.3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101.3  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101.3  i 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)  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39				10		X	150000
was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  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).  11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		Did the plan base a less what the plan is a less what the plan have a less what the plan is a less where the plan is a less what the plan is a less where the plan is a less w		10	c X		150000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  if 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  Part VI Pension Funding Compliance  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)  In a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	u					<b> </b> ,,	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  10e	_	Was caused by Iraud or disnonesty?		10	d	<u>X</u>	
the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  10i X  Part VI Pension Funding Compliance  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)  In this is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  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  1976  X S  Year	C						
### Has 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 year end.)  ### Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  ### Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  ### Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  ### Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  ### Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 29 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 29 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 29 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.)  ### Did the plan have any participant loans? (If "Yes," see instructions and 20 CFR 2520.101-3.  ### Did the plan have any participant loans. (If "Yes," see instructions and 20 CFR 2520.101-3.  ### Did the plan have any participant loans. (If "Yes," see instructions and 20 C					7,7		2076
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  In this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  In this is an individual account plan subject to the provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  Part VI Pension Funding Compliance  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).  In the inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	f				_	37	3976
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  Part VI Pension Funding Compliance  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)  Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  Part VI Pension Funding Compliance  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).  Pension Funding Compliance  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).  In a late of the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	<del>y</del> h	If this is an individual account plan was there a blackwid will 1970.	<u>].)</u>	10	9	^	
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X  Part VI Pension Funding Compliance  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) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 11a 11a 11a 11a 11a 11a 11a 11a 11	•••					,	
Part VI Pension Funding Compliance  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)	i	If 10h was answordd "Voo " shook the heaviture with a world like with the heaviture with the heav			1	<del> </del> ^	
Part VI Pension Funding Compliance  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)	•		notice o	1	.	,,	
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).  Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	Par	t VI Pension Funding Compliance		[ 10	<u> </u>	Δ	
Schedule SB (Form 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39    I1a  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Yes   No   (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.   Month   Day   Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				·	-1	. 1 . 1 .	
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a  12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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	• •	Schedule SR (Form 5500) and line 11a below	es, see	instructions ar	a com	olete	□., ₩
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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	11a	Enter the unnaid minimum required contribution for current year from School u	- CD /F	FF00\ li (			Yes   MANO
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding requirements of specific	e og (Fr	the Code or seed	ion 200		A2
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  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				are code of sec	1011 302	OI EKIO	At   Yes ANO
ruling granting the waiver. Month Day Year  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a			alan voor aa- :	20tr : -1.	ana -	od opstoviško odoba a stala a tati
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	_	19					
h = 1	lf v					ıy	rear
	h	Enter the minimum required contribution for this plan year			10,	106	

Form 5500-SF 2013 130118	Page <b>3-</b>		:	_	
C Enter the amount contributed by the employer to the plan for this plan year		12c	1		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a r					
the left of a negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline	∍?	П	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?		X	Yes	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 ano					
under the control of the PBGC?				X Yes	No
C If during this plan year, any assets or liabilities were transferred from this plan to anoth	ner plan(s), identify the	plan(	s) to which	ch assets or	
liabilities were transferred. (See instructions.)					
13c(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	s EIN		