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 I	Annual Report Id	lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This ret	urn/report is for:	a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report the	e final return/report				
		an amended return/report as	short plan year returr	n/report (less than 12 m	onths)	
C Check I	oox if filing under:	Form 5558 au	utomatic extension			DFVC progra	am
		special extension (enter description)				_	
Part II	Basic Plan Inforr	nation—enter all requested information	on				
1a Name	I.	·			1b	Three-digit	
GANNETT D	IRECT MARKETING SE	ERVICES, INC. PENSION PLAN				plan number	
						(PN) •	001
					1C	Effective date of	•
	ponsor's name and addre	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif	fication Number
GANNETTL	JIRECT WARRETING SE	ERVICES, INC.				(=111)	13768
P.O. BOX 34	1470				2C	Sponsor's telep 502-454	
	KY 40232-4470				2d	Business code ((see instructions)
						32310	
3a Plan a	dministrator's name and	address X Same as Plan Sponsor Nar	ne	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the r	name and/or FIN of the n	plan sponsor has changed since the last	t ratura/rapart filed fo	rthic plan antartha	4h	EIN	
		per from the last return/report.	return/report filed to	i this plan, enter the	40	EIIN	
	, EIN, and the plan numb		return/report filed to	ir this plan, enter the	4c		
name	, EIN, and the plan numb or's name		•	· 			2
a Sponso	EIN, and the plan numbor's name number of participants at	per from the last return/report.			4c		2
name, a Spons 5a Total r b Total r c Numb	EIN, and the plan numbor's name number of participants at number of participants at er of participants with ac	the beginning of the plan year	n year (defined bene	fit plans do not	4c 5a		
name. a Spons 5a Total i b Total i c Numb	EIN, and the plan numbor's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan yeart the end of the plan yearcount balances as of the end of the plan	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	1
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan numbor's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year	n year (defined bene assets? (See instruction	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c	PN	1 1 X Yes No
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder	EIN, and the plan numbor's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c	PN	1
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If your	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c 5c PPA)	PN	1 X Yes No Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder If your	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c 5c PPA)	PN	1 1 X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF arance program (see	fit plans do not tions.)d public accountant (IC and must instead use ERISA section 4021)?	4c 5a 5b 5c Form	PN	1 X Yes No Yes No
name. a Spons b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF urance program (see rt will be assessed it	fit plans do not tions.)	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applica	1 X Yes No X Yes No Not determined able, a Schedule
name. a Spons b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under penass or Schel	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF urance program (see rt will be assessed it	fit plans do not tions.)	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applica	1 X Yes No X Yes No Not determined able, a Schedule
name. a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF urance program (see rt will be assessed it	fit plans do not tions.)	4c 5a 5b 5c PPA) Form use is port, irt, and	PN 5500. Yes No established. ncluding, if applica	1 X Yes No X Yes No Not determined able, a Schedule
name. a Spons b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under penass or Schel	EIN, and the plan number of same number of participants at a number of participants at er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)	fit plans do not tions.)	4c 5a 5b 5c Form port, ir t, and	PN 5500. Yes No established. ncluding, if applicate to the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name. a Spons. 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan numbor's name number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.) use Form 5500-SF arance program (see rt will be assessed to declare that I have as the electronic vers	fit plans do not tions.)	4c 5a 5b 5c Form port, ir t, and	PN 5500. Yes No established. ncluding, if applicate to the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name. a Spons. 5a Total r b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan number of sname number of participants at the plan participants at the er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.) use Form 5500-SF arance program (see the will be assessed to declare that I have as the electronic vers	fit plans do not tions.)	4c 5a 5b 5c 5c PPA) we Form port, irt, and	PN 5500. Yes No No No	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name. a Sponsi b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Schebelief, it is to seller.	EIN, and the plan number of same number of participants at the plan participants at the er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF irance program (see It will be assessed to declare that I have das the electronic versions.	fit plans do not tions.)	4c 5a 5b 5c 5c Form use is port, irt, and	PN 5500. Yes No established. No	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name. a Sponsi b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Schebelief, it is to seller.	EIN, and the plan number of same number of participants at the plan participants at the er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF irance program (see It will be assessed to declare that I have das the electronic versions.	fit plans do not tions.)	4c 5a 5b 5c 5c Form use is port, irt, and	PN 5500. Yes No established. No	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name. a Sponsi b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Schebelief, it is to seller.	EIN, and the plan number of same number of participants at the plan participants at the er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF irance program (see It will be assessed to declare that I have das the electronic versions.	fit plans do not tions.)	4c 5a 5b 5c 5c Form use is port, irt, and	PN 5500. Yes No established. No	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name. a Sponsi b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Schebelief, it is to seller.	EIN, and the plan number of same number of participants at the plan participants at the er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF irance program (see It will be assessed to declare that I have das the electronic versions.	fit plans do not tions.)	4c 5a 5b 5c 5c Form use is port, irt, and	PN 5500. Yes No established. No	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
name. a Sponsi b Total i c Numb compl 6a Were b Are younder if you C If the p Caution: A Under pena SB or Schebelief, it is to seller.	EIN, and the plan number of same number of participants at the plan participants at the er of participants with active this item)	the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF irrance program (see rt will be assessed undeclare that I have do as the electronic version of the condition o	fit plans do not tions.)	4c 5a 5b 5c 5c Form use is port, irt, and	PN 5500. Yes No established. No	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of V	aar		
	Total plan assets	7a	3932				(b) Lilu	<u> </u>	<u>1</u>	6	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	3932	5					10	6	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(0) 1	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	598	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5984	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4398	8							
е	Certain deemed and/or corrective distributions (see instructions)	8e	130	5							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4529	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i							-3930	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2C 2G	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	i:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10	•				Yes	No		A	4		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		163	NO		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
N	on line 10a.)			10b		X					
				10c	X					חחח	0000
d				100						2000	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					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	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							
Part		-									
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	¥	No
110	5500) and line 11a below)									^	. 40
	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	ection	302 of	ERISA?		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			ctions	and a	anter th	l ne date of ti	ne lo	tter ru	ling	
	granting the waiver.		Mon		, апи (Day		Yea		ıy	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				401-	I				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3	- [1
гаус	J	- 1	

			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)					
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 of the PBGC?	e control Yes X			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 which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust'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 This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

	ete all entries in accorda	ince with the instru	ctions to the Form 550	0-SF.		
Part I Annual Report Identification						·
For calendar plan year 2013 or fiscal plan year b		/01/2013	and ending		<u>12/31/201</u>	,3
A This return/report is for: X a single-er	nployer plan 🔲 a	ı multiple-employer p	lan (not multiemployer)	L	a one-particip	oant plan
B This return/report is:	turn/report 📗 ti	he final return/report				
·	ed return/report a	short plan year retun	n/report (less than 12 m	onths)		
C Check box if filling under: Form 5558	3 Ä	automatic extension		Γ	DFVC progra	ım
Successive Pox a mining across	ت tension (enter description				_ ` -	
- Lil	ale construction of the co					
1	ter all requested informati	1011		1b	Three-digit	
1a Name of plan	PDVIT CDC		•		plan number	
GANNETT DIRECT MARKETING ST	EKVICES,				(PN) ▶	001
THE. PHOTON THAN					Effective date o	,
					01/01/1980	
2a Plan sponsor's name and address; include r	oom er suite number (em	ployer, if for a single	-employer plan)			fication Number
GANNETT DIRECT MARKETING ST	ERVICES,				(EIN) 61-101	
		•			Sponsor's telep (502) 454 -	
P.O. BOX 34470						see instructions)
LOUISVILLE		KY	40232-4470		323100	ace instructions/
3a Plan administrator's name and address XS	ame as Plan Soonsor Na				Administrator's I	EIN
Da Plan administrator a ribino and addices pro-	and do han oponion has	Пости пости				
	6			3с /	Administrator's t	telephone number
·						
				1		
A 15th annual and a PSN at the plan property	no changed since the las	t rotum/ranad flad fo	arthic ofan anter the	45	EINI	· · · · · · · · · · · · · · · · · · ·
4 If the name and/or EIN of the plan sponsor in name. EIN, and the plan number from the la		st return/report filed for	or this plan, enter the	4b	EIN	
If the name and/or EIN of the plan sponsor I name, EIN, and the plan number from the lata. Sponsor's name.		st return/report filed fo	or this plan, enter the	4b 4c		
name, EIN, and the plan number from the la	ast return/report.					2
name, EIN, and the plan number from the la a Sponsor's name	g of the plan year	. , , , , , , , , , , , , , , , , , , ,		4c		2
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the	g of the plan year			4c 5a 5b		
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the	g of the plan yeare plan yeares as of the pla	an year (defined bene	efit plans do not	4c 5a		1
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account balance complete this item)	g of the plan yeares plan yeares as of the end of the plan year invested in eligible	an year (defined bene assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	1
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan yeares plan yeares as of the end of the plan year invested in eligible amination and report of an	an year (defined bene assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	1 1 X Yes No
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan yeares plan yeares as of the end of the plan year invested in eligible amination and report of an ons on waiver eligibility and son waiver eligibility and s	assets? (See instruction independent qualifier de conditions.)	efit plans do not	4c 5a 5b 5c	PN	1
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account balance complete this item)	g of the plan yeares plan yeares as of the end of the plan year invested in eligible traination and report of an ans on waiver eligibility and line 6b, the plan cannot	assets? (See instruction independent qualified conditions.)	efit plans do not stions.)	4c 5a 5b 5c PA)	PN	1 X Yes No X Yes No
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan yeares plan yeares as of the end of the plan year invested in eligible amination and report of an ons on waiver eligibility and line 6b, the plan cannot ered under the PBGC insu	assets? (See instruction independent qualified conditions.)tuse Form 5509-SF urance program (see	efit plans do not etions.)ed public accountant (IQ and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	1 1 X Yes No
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account balance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)t use Form 5508-SF urance program (see assessed	efit plans do not stions.)	4c 5a 5b 5c PA)	PN 5500. Yes No stablished.	1 X Yes No X Yes No Not determined
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the c Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)tuse Form 5500-SF urance program (see ort will be assessed I declare that I have	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA)	PN 5500. Yes No satablished.	1 X Yes No X Yes No Not determined
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account balance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)tuse Form 5500-SF urance program (see ort will be assessed I declare that I have	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA)	PN 5500. Yes No satablished.	1 X Yes No X Yes No Not determined
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account balance complete this item)	g of the plan year	an year (defined bene assets? (See instruct independent qualified d conditions.) t use Form 5500-SF urance program (see art will be assessed I declare that I have as the electronic ver	efit plans do not etions.)	4c 5a 5b 5c PA) Form:	PN 5500. Yes No satablished.	1 X Yes No X Yes No Not determined
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)tuse Form 5500-SF urance program (see ort will be assessed I declare that I have	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA) Form:	PN 5500. Yes No satablished.	1 X Yes No X Yes No Not determined
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account balance complete this item)	g of the plan year	an year (defined bene assets? (See instruct independent qualified d conditions.) t use Form 5500-SF urance program (see art will be assessed I declare that I have as the electronic ver	efit plans do not etions.)	4c 5a 5b 5c PA) Form Page is e port, incit, and to	5500. Yes No stablished.	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the c Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not stions.)	4c 5a 5b 5c PA) Form Page is e port, incit, and to	5500. Yes No stablished.	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report JACKIE HOLZKNE	4c 5a 5b 5c PA) Form 9 port, incit, and to	PN 5500. Yes No stablished. Studing, if application the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item). 6a Were all of the plan's assets during the plant b Are you claiming a waiver of the annual exacunder 29 CFR 2520.104-46? (See instruction if you answered "No" to either line 6a or C If the plan is a defined benefit plan, is it covered to the penalties of perjury and other penalties sets or Schedule MB completed and signed by an belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not edions.)	4c 5a 5b 5c PA) Form !	PN 5500. Yes No stablished. Luding, if application the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not edions.)	4c 5a 5b 5c PA) Form !	PN 5500. Yes No stablished. Luding, if application the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not edions.)	4c 5a 5b 5c PA) Form !	PN 5500. Yes No stablished. Luding, if application the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not edions.)	4c 5a 5b 5c PA) Form !	PN 5500. Yes No stablished. Luding, if application the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator
name, EIN, and the plan number from the la a Sponsor's name 5a Total number of participants at the beginnin b Total number of participants at the end of the C Number of participants with account belance complete this item)	g of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not edions.)	4c 5a 5b 5c PA) Form !	PN 5500. Yes No stablished. Luding, if application the best of my	1 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator

Part	III Financial Information						
7 Pl	an Assets and Liabilities		(a) Beginning of Yea	эг			(b) End of Year
a To	otai pian assets	7a		9,32	:5		16
	otal plan liabilities	7b					
C Ne	et plan assets (subtract line 7b from line 7a)	7c	3	9,32	:5		16
8 Inc	come, Expenses, and Transfers for this Plan Year	-thilts	(a) Amount		(b) Total		(b) Total
	ontributions received or receivable from:						
(1)	Employers	8a(1)			46		
	Participants	8a(2)			- 3	erdnidg George	
and the same of th	Others (including rollovers)	8a(3)		F 00	A 1000		
	her income (loss)	8b		5,98	4	30. 750	STORY THE PROPERTY OF A STORY
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5,984
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	. 4	3,98	8	and.	
	ertain deemed and/or corrective distributions (see instructions)	8e		1,30	5		
	Iministrative service providers (salaries, fees, commissions)	8f				grabit	
	her expenses	8g				Lucki	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			4		45,293
	et income (loss) (subtract line 8h from line 8c)	8i		r traft		***********	(39, 309)
	ansfers to (from) the plan (see instructions)	8j					
Part I	V Plan Characteristics						
	the plan provides pension benefits, enter the applicable pension 2C 2G the plan provides welfare benefits, enter the applicable welfare for Compliance Questions						
	During the plan year:				Yes	No	Amount
a v	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х	Amount
b v	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х	
	Was the plan covered by a fidelity bond?			10c	Х		2,000,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
i	Vere any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		Х	
f ⊦	las the plan failed to provide any benefit when due under the pla	n?	111111111111111111111111111111111111111	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	ənd.)	10g		Х	
2	f this is an individual account plan, was there a blackout period? (520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		Х	
	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part V	Pension Funding Compliance						
11 ls	s this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form Yes X No
11a E	nter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	
12 (s this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
a if	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a waiver of the minimum funding standard for a prior year is beir ranting the waiver.	g amortiz	ed in this plan year, see instru Mon		, and e	enter th Day	ne date of the letter ruling Year
	u completed line 12a, complete lines 3, 9, and 10 of Schedule					461	
b E	nter the minimum required contribution for this plan year					12b	

Form 5500-SF 2013 130118 Page 3 -			
C Enter the amount contributed by the employer to the plan for this plan year	12c	<u> </u>	
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		
e 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	Yes No	3
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 to fithe PBGC?			Yes X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		-
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	445 7	·	
14a Name of trust	. 140	rust's EIN	