Department Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2013 Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for: 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 filing under: Form 5558 automatic extension DFVC program gecial extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit	Fc	orm 5500-SF	Short Form Annual Return/Report of Small Employe			yee	OMB Nos. 1210-0110 1210-0089				
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	SB or Sc	hedule MB completed and	signed by an enrolled actuary, as we								
SIGN Filed with authorized/valid electronic signature. 06/25/2014 ANTHONY MILASI		Filed with authorized/va	lid electronic signature.	06/25/2014	ANTHONY MILASI	ITHONY MILASI					
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	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 Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)											

Total plan assets		25225	~							
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7b		3			308458				
Income, Expenses, and Transfers for this Plan Year			0	0						
	7c	25225	3	308458						
		(a) Amount	(b) Total							
Contributions received or receivable from:	0-(4)	214	2							
(1) Employers		942								
(2) Participants			0							
(3) Others (including rollovers) Other income (loss)		4950	_							
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		49303		61065						
Benefits paid (including direct rollovers and insurance premiums	00					01003				
to provide benefits)	8d	476	5							
Certain deemed and/or corrective distributions (see instructions)	8e	(0							
Administrative service providers (salaries, fees, commissions)	8f	9:	95							
Other expenses	8g	(0							
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4860				
Net income (loss) (subtract line 8h from line 8c)				_		56205				
Transfers to (from) the plan (see instructions)	···· 8j		0							
rt V Compliance Questions										
During the plan year:				Yes	No	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)					Х					
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х					
Was the plan covered by a fidelity bond?						25				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
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.)					Х					
-		10e 10f		Х						
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.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 					Х	18				
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520. 	d the required no	otice or one of the	10h 10i							
t 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)										
Is this a defined benefit plan subject to minimum funding require				1	11a					
Is this a defined benefit plan subject to minimum funding require		SB (Form 5500) line 39		2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)a Enter the unpaid minimum required contribution for current year	r from Schedule	· · · ·		ction :	302 of	ERISA? Yes X				
Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)a Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding	r from Schedule	of section 412 of the Code		ction	302 of	ERISA? Yes X				
Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)a Enter the unpaid minimum required contribution for current year	r from Schedule ng requirements ow, as applicable eing amortized	s of section 412 of the Code e.) in this plan year, see instruc	or se			he date of the letter ruling				

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?	Ye	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 c of the PBGC?	ontrol		Yes X No				
С	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.)							
13c(1) Name of plan(s): 1			l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust			14b Trust's EIN					