For	m 5500-SF	Short Form Annual Re	•	of Small Employ	vee	OME	3 Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed	Senefit Plan	nd 4065 of the Employee	`	201	13
	partment of Labor enefits Security Administration	Retirement Income Security Act of		ctions 6057(b) and 6058		This Form is O	pen to Public
	nefit Guaranty Corporation	Complete all entries in accord			-SF.	Inspec	ction
Part I	Annual Report Id	entification Information			-		
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/2013	}	and ending 12	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant	t plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter description	n)				
Part II	Basic Plan Inforn	nation—enter all requested informa	ation				
1a Name ATHENAS H	•	401(K) PROFIT SHARING PLAN			1b	Three-digit plan number (PN) ▶	001
				-	1c	Effective date of pla 01/01/200	
	oonsor's name and addre	ess; include room or suite number (er	nployer, if for a single-	employer plan)	2b	Employer Identificat (EIN) 05-05046	tion Number
					2c	Sponsor's telephon 401-762-61	e number
640 WINTER WOONSOC	KET, RI 02895				2d	Business code (see 453990	-
	dministrator's name and			Sponsor Address	3b	Administrator's EIN 05-05046	
ATHENAS HO	ME NOVELTIES, INC.	640 WINTER S WOONSOCKE		-	3c	Administrator's tele	
	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c		
		the beginning of the plan year			5a		22
		the end of the plan year			5b		23
		count balances as of the end of the pl					20
					5c	<u> </u>	20
	•	uring the plan year invested in eligible annual examination and report of a	•	,			X Yes No
		See instructions on waiver eligibility a					X Yes 🗌 No
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use I	Form	5500.	
C If the p	blan is a defined benefit p	blan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No No	ot determined
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable caus	se is	established.	
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.					
SIGN	Filed with authorized/va	lid electronic signature.	06/27/2014	JENNIFER JOLICOEU	R		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrato			
SIGN							
HERE	Signature of employe		Date	Enter name of individu	_		
Preparer's	name (including firm nan	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone nur	nber (optional)

a Total plan assets 7a 930972 1150839 b Total plan labilities 7b 930972 1150839 b Total plan lassets (subtract line 7b from line 7a) 7c 930972 1150839 c Not plan assets (subtract line 7b from line 7a) 7c 930972 1150839 c Contributions received or receivable from: (a) Amount (b) Total (b) Total c Contributions received or receivable from: 8a(3) 14572 (c) Participants 6a(3) c Ottal income (dots) 8a(3) 44043 (c) Total income (dots) 220441 d Benefits paid (including direct rollovers and insurance preniums 6d 474 60 c Contral income (dots) 8b 101820 (c) Control income (dots) 6d c Contral income (dots) (subtract line 8d, 6e, 8f, and 8g) 8h (c) Control income (dots) (subtract line 8d, 6e, 8f, and 8g) 8h (c) Control income (dots) (subtract line 8d, 6e, 8f, and 8g) 8h (c) Control income (cos) (subtract line 8d, 6e, 8f, and 8g) 8h (c) Control income (cos) (subtract line 8d, 6e, 8f, and 8g) 8h (c) Control income (cos) (subtract line 8d, 6e, 8f, and 8g) 8h (c) Control income (cos) (subtract line 8d, 6e, 8f, and 8g) 6i (c) Control incol in cont	7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year			
C Net plan assets (subtact line 7b from line 7a) 7c 9:0972 1150839 Income. Expenses. and Transfers for the Plan Year (a) Amount (b) Total Contributions received or received from: 8a(1) 14572 (2) Participants 8a(2) 44043 (3) Others (including others) 8a(3) 4572 (3) Others (including others) 8a(3) 2004 (4) Entropine (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 220441 G Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 220441 G entropine service provides (satisfies, fees, commissions) 8f 100 g Other expenses 8g 74 674 g Other expenses 8g 100 210867 g Other expenses (add lines 8d, 6e, 8f, and 8g) 8h 674 Total expenses (add lines 8d, 6e, 8f, and 8g) 8h 210867 g Total expenses (add lines 8d, 6e, 8f, and 8g) 8h 210867 g Total expenses (add lines 8d, 6e, 8f, and 8g) 8h 210867 g Tot Rational expenses (add lines 8d, 6e, 8f, and 8g) 8h 210867	a Total plan assets						1150839			
Income, Expanses, and Transfers for this Plan Vear	b Total plan liabilities	7b								
a Control on received or receivable form: 8a(1) 14572 (2) Participants. 8a(2) 44043 (3) Others (including rollowers). 8a(3) (4) 0 0 (1) Englowers 8a(3) (2) Participants. 8a(3) (2) Others (including rollowers). 8b 161626 (2) Call income (add lines 6a(1), 8a(2), 8a(3), and 8b). 8c 220441 (4) Others (including rollowers and insurance prenums is the response for the rollowers and insurance prenums is the response for the rollowers and insurance prenums is the response for the rollowers and insurance prenums is the response for the rollowers (see instructions). 8e 100 (2) Other science (see) (subtract line 8h from line 8c)	C Net plan assets (subtract line 7b from line 7a)	7c	93097	2		1150839				
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to provide benefits)		00					220441			
f Administrative service providers (salaries, fees, commissions)		8d	47	4						
A minimulative porticity (calines 6d, 8e, 8f, and 8g) ar 9 Other segmeses 8g 1 Net income (icos) (subtract line 8h from line 8c) 8i 2 Transfers to (from) the plan (see instructions) 3j Part IV Plan Characteristics all fit he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2 F 2G 2 J 2K 3D During the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in n line 4x 2 CORP 2103-1027 (See instructions and DOL's Volumary Fiduciary Correction Program) 0 During the plan year: 0 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on n line 10a.) c Was the plan covered by a fidelity bond? 10 d X 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 and 29 CFR 250.101-3) 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 and 29 CFR 250.101-3) 10d X f Has the plan failed to provide any benefit when due u	e Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	. 8f	10	0						
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	. 8g								
j Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					574			
Part IV Plan Characteristics Ide If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: art V Compliance Questions 0 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: art V Compliance Questions Yes No Amount 0 During the plan year: Yes No Amount 2 Was there any nonexempt transactions and DOL's Voluntary Fiduciary Correction Program)		-					219867			
a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: att V Compliance Questions O During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: att V Compliance Questions O During the plan year: Yes No Amount 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 Fluciary Correction Program). 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X 750 c Was the plan covered by a fidelity bond? 10c X 750 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 19 f Has the plan failed to provide any benefit when due under the plan? 10d X 19 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2520.101.3 858 h If this is an indr	j Transfers to (from) the plan (see instructions)	·· 8j								
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)	· · · · · · · · · · · · · · · · · · ·	reature codes		ciensi						
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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 750 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 750 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.) 10d X 19 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)					Yes	No	Amount			
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or dishonesty? 10d ^ 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.)	on line 10a.)	•	•							
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f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 858 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 858 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 10i art VI Pension Funding Compliance 10i 10i 10i 11a 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) 11a 11a 2 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 Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 11a 11a 2 Is this a defined contribution gat and 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.	c Was the plan covered by a fidelity bond?d Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bond,	that was caused by fraud	10b 10c	x	X	7500			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	 C Was the plan covered by a fidelity bond?	s fidelity bond, ther persons b I of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		X				
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exceptions to providing the notice applied under 29 CFR 2520.101-3 art VI Pension Funding Compliance 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) 1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1b 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 1a Inter the unpaid 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.	 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount 	s fidelity bond, ther persons b I of the benefit an? as of year end	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f	×	X X X				
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(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	 c Was the plan covered by a fidelity bond?	s fidelity bond, ther persons b I of the benefit an? as of year end Y (See instructi the required no 01-3 ments? (If "Yes	that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Iule SB	195 8580			
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granting the waiver	 c Was the plan covered by a fidelity bond?	s fidelity bond, ther persons b I of the benefit an? as of year end ' (See instructi the required no 01-3 ments? (If "Yes from Schedule g requirements	that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Iule SB	192 8580 (Form			
	 c Was the plan covered by a fidelity bond?	s fidelity bond, ther persons b I of the benefit an? as of year end Y (See instructi the required no 01-3 ments? (If "Yes from Schedule g requirements v, as applicabl	that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or se	X X Schec	X X X X Iule SB	195 8580 (FormYes N 			
	 c Was the plan covered by a fidelity bond?	s fidelity bond, ther persons b I of the benefit an? as of year end Y (See instruction the required no D1-3 ments? (If "Yes from Schedule g requirements v, as applicabl ing amortized	that was caused by fraud y an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Schec	X X X X Iule SB Ilue SB Ilue SB	195 8580 (Form Yes			

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 I	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		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

Form 5500-SF	Short Form Annual F	Return/Report Benefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	-	2013					
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act o	f 1974 (ERISA), and s al Revenue Code (lhe	ections 6057(b) and 605	8(a) of	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the instru	actions to the Form 550	0-SF.	Inspection			
For calendar plan year 2013 or fisc	lentification Information al plan year beginning 03	1/01/2013	and ending	12	2/31/2013			
	X a single-employer plan	1	plan (not multiemployer)	~~	a one-participant plan			
B This return/report is:	L)	1 3 4						
C Check box if filing under:	DFVC program							
special extension (enter description)								
	nation-enter all requested inform	ation		T				
1a Name of plan ATHENAS HOME NOVELTIN	ES, INC. 401(K) PROFIT	SHARING PLAN	I	pla (P	nree-digit an number N) ▶ 001			
					fective date of plan /01/2000			
2a Plan sponsor's name and addre ATHENAS HOME NOVELITIE	ess; include room or suite number (e SS, INC .	employer, if for a single	e-employer plan)		nployer Identification Number IN) 05-0504696			
640 WINTER STREET				1 1	ponsor's telephone number			
040 WINIDK DIKEDI)1-762-6110 Isiness code (see Instructions)			
WOONSOCKET	RI 02895				53990			
3a Plan administrator's name and ATHENAS HOME NOVELTIE	Sec. J	Vame Same as Pla	n Sponsor Address		ministrator's EIN 5 - 0 5 0 4 6 9 6			
					ministrator's telephone number			
640 WINTER STREET				40	1-762-6110			
WOONSOCKET	RI 02895							
4 If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the I	ast return/report filed I	or this plan, enter the	4b EI	N			
a Sponsor's name	er nom me instretorinteport.			4c PN				
5a Total number of participants at	the beginning of the plan year			5a	22			
	the end of the plan year			5b	23			
	count balances as of the end of the p			5c	20			
	uring the plan year invested in eligib				X Yes No			
	e annual examination and report of a See instructions on waiver eligibility a				X Yes No			
	er line 6a or line 6b, the plan cann							
${f c}$ If the plan is a defined benefit p	lan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?	🗍 Ye	es No Not determined			
Caution: A penalty for the late or	Incomplete filing of this return/rec	ort will be assessed	unless reasonable cau	use is est	ablished.			
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet	penalties set forth in the instruction signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	port, inclui	ding, if applicable, a Schedule			
$\alpha = 10$ $\alpha = 10$		5/15/14	JENNIFER JOLI	- - - - -				
SIGN Orman WW	V/V V							
HERE Signature of plan adm	minstrator	Dale	Enter name of individ	uai signini	g as plan administrator			
HERE Signature of employed	r/plan sponsor	Date	Enter name of ledivid	ual signin	g as employer or plan sponsor			
Preparer's name (including firm nam					r's telephone number (optional)			
For Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the Inst	tructions for Form 5500	-SF.		Form 5500-SF (2013)			

Part III Financial Information	1	r						
7 Plan Assets and Llabilities					(b) End of Year			
a Total plan assets	7a	93	3097	2				1150839
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	Net plan assets (subtract line 7b from line 7a)							1150839
8 Income, Expenses, and Transfers for this Plan Year						(b) T	otal	
a Contributions received or receivable from: (1) Employers								
(2) Participants	8a(2)		1404	3				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	16	5182	6				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				220			
d Benefits paid (including direct rollovers and insurance premlums to provide benefits)	8d		47	4				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		10	0				
g Other expenses	8g							
h Totai expenses (add lines 8d, 8e, 8f, and 8g)	8h							574
i Net income (loss) (subtract line 8h from line 8c)	8i			\$\$ }				219867
j Transfers to (from) the plan (see instructions)	8]							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature								
Part V Compliance Questions				N	3 1-			
10 During the plan year:				Yes	No		Атоцл	ıt
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 			10a	Yes	No X		Amoun	ıt
10 During the plan year:	uciary Corr ? (Do not i	ection Program) include transactions reported	10a 10b	Yes			Amoun	ıt
10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not i	ection Program) include transactions reported		Yes	x		Атоцп	1 t 75000
10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 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	iciary Corr ? (Do not i fidelity bo	ection Program) include transactions reported nd, that was caused by fraud	105		x		Атоил	
10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other and the plan transactions paid to any brokers.	Iciary Corr ? (Do not i fidelity boi ner person	ection Program) include transactions reported mode transactions reported repore	10b 10c	X	x x		Атоип	75000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) 	Iciary Corr ? (Do not i fidelity bound her person of the ben	ection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, lefits under the plan? (See	10b 10c 10d 10e		x x x		Атоил	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidt b Were there any nonexempt transactions with any party-in-interest 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 or dishonestly? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	Iciary Corr ? (Do not i fidelity boint ner person of the ben	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	x x	x x		Amoun	75000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a 	Iciary Corr ? (Do not i fidelity bo ner person of the ben n? s of year e	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e	X	x x x		Amoun	75000
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidut b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	Iciary Corr ? (Do not i fidelity bound of the ben of the ben n? 	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, refits under the plan? (See and.) uctions and 29 CFR d notice or one of the	10b 10c 10d 10e 10f 10g 10h	x x	x x x x		Amoun	75000
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidt b Were there any nonexempt transactions with any party-in-interest 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	Iciary Corr ? (Do not i fidelity both her person of the ben n? 	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10l	X X X Schecc	X X X X X Jule SE			75000
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Form 5500-SF 2013

Page 3 -

с	Enter the amount contributed by the employer to the plan for this plan year		12c					
d	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)							
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?					;	No		
<u></u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?]	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	ın(s)	lo					
13c(1) Name of plan(s):					13c(2) EIN(s)			PN(s)
u								
Part	VIII Trust Information (optional)					L		
	Name of trust		14b	Trus	t's Elh	1		
						·····		