For	m 5500-SF	Short Form Annual Re		of Small Employ	OMB Nos. 121 121			
	Department of the Treasury Internal 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 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						58(a) of This Form is Open to		
Pension Be	n Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I		lentification Information				2040		
_	ar plan year 2013 or fisca				2/31/2			
							oant plan	
B This ret	urn/report is:		ne final return/report	a ranget (lagg than 12 mg	(ntho)			
C Check box if filing under:								
	box if filing under:	╡ ⊔	utomatic extension			DFVC progra	4111	
Part II	Basic Plan Inform	special extension (enter description) nation —enter all requested informati						
1a Name			011		1b	Three-digit		
	TURNER, PSC PROFIT	SHARING PLAN				plan number		
				-	10	(PN) ►	001	
						Effective date o 01/01	•	
		ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number	
JOHNNIE L.	TURNER, PSC			-		(====)	34792	
					2c	Sponsor's telep		
114 SOUTH HARLAN, KY	FIRST STREET 7 40831			-	2d		(see instructions)	
						54111	,	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nar	me Same as Plar	n Sponsor Address	3b	Administrator's EIN		
				-	30	Administrator's	telephone number	
					00			
4 If the r	ame and/or EIN of the p	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN		
name,	EIN, and the plan numb	per from the last return/report.						
a Sponse		the beginning of the plan year			4c	PN		
		the beginning of the plan year			5a		6	
		count balances as of the end of the pla			5b		6	
					5c		6	
		luring the plan year invested in eligible	,	,			🗙 Yes 🗌 No	
		ne annual examination and report of an See instructions on waiver eligibility an					🗙 Yes 🗌 No	
	,	er line 6a or line 6b, the plan cannot	,					
C If the p	olan is a defined benefit p	plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	se is	established.		
		r penalties set forth in the instructions,					able, a Schedule	
	dule MB completed and rue, correct, and comple	signed by an enrolled actuary, as well	as the electronic ver	sion of this return/report,	and	to the best of my	knowledge and	
	· · ·		1					
SIGN HERE	Filed with authorized/va	lid electronic signature.						
Signature of plan administrator Date Enter name of individual signing as plan					ning as plan adr	ninistrator		
SIGN HERE								
	Signature of employe		Date	Enter name of individu	-			
Preparer's	name (including firm har	ne, if applicable) and address; include	room of suite numbe	(optional)	Prep	arer s telephone	number (optional)	
				ŀ				

7 Plan A	Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a Total	plan assets	7a	159412	5				17919	986
b Total	plan liabilities	7b		0					0
c Net pl	lan assets (subtract line 7b from line 7a)	7c	159412	5				17919	86
B Incom	ne, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	ibutions received or receivable from:	0-(4)	8595	5					
	mployers	8a(1)	508						
. ,	Participants	8a(2)		0					
	thers (including rollovers)	8a(3) 8b	284002	-					
	income (add lines 8a(1), 8a(2), 8a(3), and 8b)	38	20100	_				2976	77
	fits paid (including direct rollovers and insurance premiums	<u> </u>						2370	
	vide benefits)	8d	74000	0					
e Certai	in deemed and/or corrective distributions (see instructions)	8e	(0					
f Admir	nistrative service providers (salaries, fees, commissions)	8f	(0					
g Other	expenses	8g	25816	6					
h Total e	expenses (add lines 8d, 8e, 8f, and 8g)	8h						998	816
	ncome (loss) (subtract line 8h from line 8c)	8i						1978	361
j Transt	fers to (from) the plan (see instructions)	8j	(0					
	plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cteristi	c Cod	es in t	he instructi	ons:	
Part V	Compliance Questions	eature codes	from the List of Plan Charac	cteristi	c Code	es in ti	he instructi		
Part V 0 Durir a Was		tions within th	ne time period described in	teristi 10a			he instructi	ons: Amoun	t
Part V 0 Durin a Was 29 0 b Were	Compliance Questions ing the plan year: s there a failure to transmit to the plan any participant contribut	tions within th iciary Correc ? (Do not inc	ne time period described in tion Program) lude transactions reported			No	he instructi		t
Part V 0 Durir a Was 29 (b Were on lin	Compliance Questions ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest	tions within th iciary Correc ? (Do not inc	ne time period described in tion Program) lude transactions reported	10a		No X	he instructi		
Part V 0 Durin a Was 29 0 b Were on lin c Was d Did t	Compliance Questions ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.)	tions within th iciary Correc ? (Do not inc fidelity bond,	ne time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b	Yes	No X	he instructi		t 105000
Part V 0 Durin a Was 29 0 b Were on lin c Was d Did t or dia e Were insur	Compliance Questions ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth irrance service, or other organization that provides some or all	tions within th iciary Correc ? (Do not inc fidelity bond, her persons b of the benefit	that was caused by fraud	10a 10b 10c	Yes	No X X			
Part V 0 Durir a Was 29 (b Were on lin c Was d Did t or dia e Were insur instru	Compliance Questions ing the plan year: s there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or other arace service, or other organization that provides some or all fructions.)	tions within the ciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No × × ×			
Part V 0 Durin a Was 29 0 b Were on lin c Was d Did t or dia e Were insur insur insur f Has	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or other arrance service, or other organization that provides some or all ructions.) the plan failed to provide any benefit when due under the plan	tions within the iciary Correct ? (Do not inc fidelity bond, fidelity bond, her persons bo of the benefit	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No × × × × × × ×			
Part V 0 Durir a Was 29 0 b Were on lin c Was d Did t or dia e Were insur instri f Has g Did t h If this	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth rance service, or other organization that provides some or all ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (tions within the ciary Correct ? (Do not inc fidelity bond, fidelity bond, fideli	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X X X X X			
Part V 0 Durir a Was 29 (b Were on lin c Was d Did t or dia e Were insur instru f Has g Did t h If this 2520 i If 10	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth rance service, or other organization that provides some or all ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as	tions within the ciary Correct ? (Do not inc fidelity bond, fidelity bond, fideli	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X X X X			
Part V 0 Durir a Was 29 0 b Were on lin c Was d Did t or dia e Were insur insur insur f Has g Did t h If this 2520 i If 10 exce	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or other arrance service, or other organization that provides some or all ructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided the period to providing the notice applied under 29 CFR 2520.107	tions within the ciary Correct ? (Do not inc fidelity bond, fidelity bond, fideli	tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X X X X X			
Part V 0 Durir a Was 29 0 b Were on lin c Was d Did t or dia c Was d Did t or dia e Were insur instri f Has g Did t h If this 2520 i If 10 excee art VI	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or other rance service, or other organization that provides some or all functions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided th	tions within the iciary Correct ? (Do not inc fidelity bond, fidelity fidelity bond, fidelity fidel	he time period described in tion Program) lude transactions reported that was caused by fraud by an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes	No X X X X X X X Ulle SE	6 (Form	Amoun	
Part V 0 Durir a Was 29 (b Were on lin c Was d Did t or dia e Were insur instru- f Has g Did t h If this 2520 i If 10 exce Part VI I s thi 5500	Compliance Questions ing the plan year: is there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest ine 10a.) is the plan covered by a fidelity bond? is the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth rance service, or other organization that provides some or all fructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount agent is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided the plan subject to minimum funding requirem	tions within the ciary Correct ? (Do not inc ? (Do not inc fidelity bond, fidelity fidelit	he time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X Ulle SE	6 (Form	Amoun	105000
Part V 0 Durin a Was 29 0 b Were on lin c Was d Did t or dia d Did t or dia e Were insur instri f Has g Did t h If this 2520 i If 100 excee art VI 1 Is thi 5500 1a Ente	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or other rance service, or other organization that provides some or all fructions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance is a defined benefit plan subject to minimum funding requirem D) and line 11a below)	tions within the iciary Correct ? (Do not inc fidelity bond, fidelity fidelity bond, fidelity bond, fidelity bond, fidelity fidelity bond, fidelity fidelity bond, fidelity fi	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X Ulle SE	3 (Form	Amoun	10500
Part V 0 Durir a Was 29 (b Were on lin c Was d Did t or dia d Did t or dia e Were insur instru- f Has g Did t h If this 2520 i If 10 excee Part VI I Is thi 5500 I 1a Ente I 2 Is th	Compliance Questions ing the plan year: the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or oth rance service, or other organization that provides some or all ructions.) the plan have any participant loans? (If "Yes," enter amount at is is an individual account plan, was there a blackout period? (0.101-3.) b) was answered "Yes," check the box if you either provided th eptions to providing the notice applied under 29 CFR 2520.107 Pension Funding Compliance is a defined benefit plan subject to minimum funding requirem () and line 11a below)	tions within the ciary Correct ? (Do not inc fidelity bond, fidelity	ne time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, ts under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	No X X X X X X X Ulle SE	3 (Form	Amoun	10500
Part V 0 Durir a Was 29 (b Were on lin c Was d Did t or dia e Were insur instru- f Has g Did t h If this 2520 i If 10 exce art VI 1 Is thi 5500 1a Ente 2 Is thi (If "Y a If a w	Compliance Questions ing the plan year: a there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu re there any nonexempt transactions with any party-in-interest ine 10a.) s the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's ishonesty? re any fees or commissions paid to any brokers, agents, or other rance service, or other organization that provides some or all functions.) the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount as is is an individual account plan, was there a blackout period? (0.101-3.) the was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance is a defined benefit plan subject to minimum funding requirem D) and line 11a below) er the unpaid minimum required contribution for current year fre- mis a defined contribution plan subject to the minimum funding	tions within the ciary Correct ? (Do not income fidelity bond, fidelity fideli	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i 0 or se	Yes X	No X	3 (Form ERISA?		105000 es 🗶 M es 🗶 M

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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

Form 5500-SF		Short Form Annual		f Small Employ	ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service		This form is required to be	Benefit Plan filed under sections 104 ar	nd 4065 of the Employe	ə .	2	2013	
	Department of Labor	Retirement Income Security A	(a) of	of This Form is Open to Public				
	ployee Benefits Security Administration Pension Benefit Guaranty Corporation	 Complete all entries in according 	ternal Revenue Code (the (LSE	Inspection		
P	art Annual Report lo	dentification Information	Jordance with the linst do	storis to the Form 550	-01.		- <u>.</u>	
	calendar plan year 2013 or fisc		01/01/2013	and ending	12/	31/2013		
Α	This return/report is for:	${f x}$ a single-employer plan	a multiple-employer pl	an (not multiemployer)	· []	a one-particip	oant plan	
В	This return/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
С	Check box if filing under:	 Form 5558	automatic extension		Π	DFVC progra	m	
		special extension (enter descri	ption)					
Ρ	art II Basic Plan Infor	mation enter all requested i	nformation	•	·		· · · · · · · · · · · · · · · · · · ·	
1a						hree-digit		
	JOHNNIE L. TURNER, I	SC PROFIT SHARING PLAN	1		•	lan number PN) ►	001	
	· · · · ·				1c E	ffective date o	fplan	
	· · · · · · · · · · · · · · · · · · ·					1/01/1999		
Za	Plan sponsor's name and add JOHNNIE L. TURNER, H	Iress; include room or suite numb PSC	er (employer, if for a single	⊢employer plan)		mployer Identi EIN) 61-13:	fication Number 34792	
						ponsor's telep		
	114 SOUTH FIRST STRE	ZET				(606) 573-9000 Business code (see instructions)		
US	HARLAN	KY 40831				41110	(see instructions)	
		d address X Same as Plan Spo	onsor Name 🦳 Same as F	Plan Sponsor Address	3b A	dministrator's	EIN	
					20.4	ducinintentente	telenkene number	
					JC A	oministrator s	telephone number	
			4 -					
		·						
4		plan sponsor has changed since ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b ∈	IN		
<u>a</u>	Sponsor's name		· .	· · · · ·	4 C P	N	-	
		at the beginning of the plan year			5a		6	
b		at the end of the plan year			5b		6	
	• •				<u>5c</u>		6	
6a	•	during the plan year invested in e				*******	X Yes No	
b	under 29 CFR 2520.104-46?	the annual examination and repor (See instructions on waiver eligib	ility and conditions.)				XYes No	
	-	her line 6a or line 6b, the plan c				· · · · · · · · · · · · · · · · · · ·		
c	If the plan is a defined benefi	t plan, is it covered under the PBC	3C insurance program (see	e ERISA section 4021)?		Yes No	Not determined	
<u> </u>	aution: A penalty for the late of	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is e	stablished.	<u></u>	
S		her penalties set forth in the instrund signed by an enrolled actuary,						
	Chor S		5-19-2011	Johnnie L. Turn	or			
- 100	SIGN V Construction of plan adm		/					
の法	IERE Sjgnature of plan adm	Inistrator	Date	Enter name of individu	ai signin	g as pian aom	INISTRATO	
10.035	SIGN HERE Signature of employer	dual signing as employer or plan sponsor						
0.2493	waranta ar	name, if applicable) and address;	Date				number (optional)	
		I & RETL					, , , , , , , , , , , , , , , , , , ,	
F	or Paperwork Reduction Act I	Notice and OMB Control Numbe	rs, see the instructions f	or Form 5500-SF.		F	orm 5500-SF (2013) v.130118	
					. '			

Part III Financial Information

	III Financial Information							
7 Pla	an Assets and Liabilities		(a) Beginning of Year				(b) End of	Year
a To	tal plan assets	7a	1,594,12	25	1,79			1,791,986
b To	tal plan liabilities	7b		0				0
c Ne	t plan assets (subtract line 7b from line 7a)	7c	1,594,12	25	1			1,791,986
	come, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
	ntributions received or receivable from:	8a(1)	8,59	35				
	Employers Participants	8a(2)	5,08					
	Others (including rollovers)	8a(3)	3,00	0				
	her income (loss)	8b	284,00					
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					and a second provide a second second	297,677
	mefits paid (including direct rollovers and insurance premiums		n of fight of the second function of a property standing to the	no gi sansa				291,011
to	provide benefits)	8d	74,00	00		iz ppl		
e Ce	ertain deemed and/or corrective distributions (see instructions)	8e		0				
f Ad	Iministrative service providers (salaries, fees, commissions)	8f		0				The second s
g Ot	her expenses	δg	25,81	L6				
h . To	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h						99,816
i Ne	et income (loss) (subtract line 8h from line 8c)	8i			e et et and and a fer	20 N 442 H 444 H 4	and a second state of the second	197,861
<u>Tr</u>	ansfers to (from) the plan (see instructions)	8j		0				
b lf f	2A 2E 2J 2K the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructior	15:
Part	V Compliance Questions							
	During the plan year:				Yes	No	م (mount
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			10a		x		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b	а 	x		
C	Was the plan covered by a fidelity bond?			10c	x			1,050,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		x		
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x	·	
f.	Has the plan failed to provide any benefit when due under the pla	n?		10f		x		
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g	[x		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	101				
Part				1.01		1		
	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes 🗶 No
11a	Enter the unpaid minimum required contribution for current year f	rom Scheo	dule SB (Form 5500) line 39			11a		
	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X N
12						1		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as annlie	cable.)			I		
а	(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 being granting the waiver	ing amortiz	zed in this plan year, see instruc				he date of t	ne letter ruling Year
a	If a waiver of the minimum funding standard for a prior year is being	ing amortiz	zed in this plan year, see instruc Mon					

Form 5500-SF 2013

Page 3-

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?	Y	es X	No	•
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				s 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) t which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s): 13	c(2) EIN	(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
		T			

14a Name of trust

14b Trust's EIN