Foi	rm 5500-SF	Short Form Annual R		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
	artment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 ar	nd 4065 of the Employe	e		2013	
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of	f 1974 (ERISA), and see al Revenue Code (the C	ctions 6057(b) and 6058	(a) of	This Form i	s Open to Public	
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	ctions to the Form 550	0-SF.	Ins	pection	
Part I		Ientification Information				•		
For calend	lar plan year 2013 or fisca	al plan year beginning 01/01/201	3	and ending 1	2/31/	2013		
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
B This ret	turn/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:	X Form 5558	automatic extension			DFVC progra	Im	
	Γ	special extension (enter description	on)			_		
Part II	Basic Plan Inform	nation—enter all requested inform	ation					
1a Name	of plan	`			1b	Three-digit		
TRIBORO P	LUMBING & HEATING C	CORP. 401K PLAN				plan number	001	
					10	(PN) Effective date o	001	
						01/01	•	
	ponsor's name and addre	ess; include room or suite number (e CORP.	employer, if for a single-	employer plan)	2b	Employer Identi		
777 EAST 0	06TH STREET				2c	Sponsor's telep 718-34		
	N, NY 11236				2d		see instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's		
		olan sponsor has changed since the l	last return/report filed fc	or this plan, enter the	4b	EIN		
<b>a</b> Spons	sor's name				4c	PN		
5a Total	number of participants at	t the beginning of the plan year			5a		24	
<b>b</b> Total	number of participants at	t the end of the plan year			5b		24	
		count balances as of the end of the			5c		11	
		luring the plan year invested in eligib					X Yes No	
b Are yo under If you	ou claiming a waiver of th 29 CFR 2520.104-46? ( a answered "No" to eith	he annual examination and report of See instructions on waiver eligibility her line 6a or line 6b, the plan cann plan, is it covered under the PBGC ir	an independent qualifie and conditions.) not use Form 5500-SF	ed public accountant (IQI and must instead use	PA) Form	5500.	Yes No	
Under pen SB or Sche	alties of perjury and other	incomplete filing of this return/rep r penalties set forth in the instruction signed by an enrolled actuary, as we ste.	ns, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic		
SIGN	Filed with authorized/va	lid electronic signature.	07/16/2014	ISABEL PASSALACQ	UA			
HERE	Signature of plan adn	ministrator	Date	Enter name of individu	individual signing as plan administrato			
SIGN			Date		an si			
SIGN HERE								
	Signature of employe	er/plan sponsor ne, if applicable) and address; includ	Date	Enter name of individu	_		r or plan sponsor number (optional)	
i iepaiei s	name (moluding intri fidi				, ict		namber (optional)	

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End c	f Year	
a Total plan assets	. 7a	(a) Beginning of Tea 25925					34487	5
b Total plan liabilities	7a 7b		-				011070	
C Net plan assets (subtract line 7b from line 7a)	70 70	25925	3				344875	5
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		·
a Contributions received or receivable from:		(a) Amount				(0) 10	lai	
(1) Employers	8a(1)	1333 <sup>-</sup>	1					
(2) Participants	8a(2)	3718	9					
(3) Others (including rollovers)	8a(3)							
<b>b</b> Other income (loss)	8b	3511	8					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						85638	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	0.1							
to provide benefits)	8d			_				
e Certain deemed and/or corrective distributions (see instructions)	8e	1(	6					
f Administrative service providers (salaries, fees, commissions)	8f		0					
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_				10 85622	
Net income (loss) (subtract line 8h from line 8c)	8i						85622	2
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j							
		from the List of Plan Charac	JUEIISI		C3 III UI			
Part V Compliance Questions		from the List of Plan Charac						
			Jensi	Yes	No		Amount	
	tions within th	ne time period described in	10a					
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribution</li></ul>	tions within th uciary Correct ?? (Do not incl	ne time period described in ion Program) ude transactions reported			No			
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest</li> </ul>	tions within th uciary Correct ? (Do not incl	ne time period described in ion Program) ude transactions reported	10a		No X			15000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond,	that was caused by fraud	10a 10b	Yes	No X			15000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X			
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X			15000
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes ×	No X X			
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<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes ×	No X X X			1134
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<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f 10g 10h	Yes ×	No X X X X			1134
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<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>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.)</li> <li>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</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3	the time period described in ion Program) ude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Schee	No X X X X X X Iule SB	(Form	Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule	he time period described in ion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Schec	No X X X X X Iule SB	(Form	Amount	1134 4088
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 nents? (If "Yes rom Schedule requirements	the time period described in ion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Schec	No X X X X X Iule SB	(Form	Amount	1134
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<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements , as applicable ng amortized	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Scheo	No X X X X X Iule SB Iule SB Iule SB Iule SB Iule SB Iule SB	(Form ERISA?	Amount	113 408
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10f 10g 10h 10i 0 cor sec	Yes X X X Schec ection : , and e	No X X X X X X Iule SB IIIa 302 of E	(Form ERISA?	Amount	

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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

	Short Form Annual		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 and	4065 of the Employee		2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Ac	t of 1974 (ERISA), and secti mal Revenue Code (the Cod	ons 6057(b) and 6058(a	a) of	rm is Open to Public Inspection
Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance with the instructi	ons to the Form 5500	-SF.	mopoonon
	dentification Information			10/01/0	01.0
or calendar plan year 2013 or fisc		01/01/2013	and ending	12/31/2	
This return/report is for:	X a single-employer plan	a multiple-employer plan	n (not multiemployer)	a one-pa	articipant plan
This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/	report (less than 12 mo		
Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram
	special extension (enter descri	iption)			
Part II Basic Plan Infor	mation—enter all requested info	ormation		4 h	
<b>a</b> Name of plan IRIBORO PLUMBING & H	HEATING CORP. 401K PL	AN		1b Three-digit plan numb (PN) ▶	
			-	1c Effective d 01/01/2	
<b>a Plan sponsor's name and add</b> TRIBORO PLUMBING & H	ress; include room or suite numbe IEATING CORP.	er (employer, if for a single-e	mployer plan)		dentification Number 3260398
77 EAST 96TH STREET				2c Sponsor's 718-34	telephone number 5-7270
					ode (see instructions)
BROOKLYN	NY 11236			238220	
a Plan administrator's name an	d address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3b Administra	
If the name and/or EIN of the	plan sponsor has changed since t	the last return/report filed for	this plan, enter the	4b EIN	
a Sponsor's name	nber from the last return/report.			4c PN	
	at the beginning of the plan year			5a	2
	at the end of the plan year			5b	2
<b>c</b> Number of participants with a	account balances as of the end of	the plan year (defined benef	it plans do not	5c	1
<b>b</b> Were all of the plan's assets	s during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	ligible assets? (See instructi t of an independent qualified ility and conditions.)	ons.) I public accountant (IQI	PA)	X Yes N
If you answered "No" to ei			ind must instead use		
If you answered "No" to ei C If the plan is a defined benef	it plan, is it covered under the PBG	GC insurance program (see E	and must instead use ERISA section 4021)? .	Yes N	o Not determined
If you answered "No" to ei C If the plan is a defined benefication: A penalty for the late of perium and other	it plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a	GC insurance program (see E n/report will be assessed u	Ind must instead use ERISA section 4021)? . Inless reasonable cau	use is establishe	o Not determined
If you answered "No" to ei C If the plan is a defined benef Caution: A penalty for the late of Under penalties of perjury and oth BB or Schedule MB completed ar	it plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct nd signed by an enrolled actuary, a	GC insurance program (see E n/report will be assessed u	Ind must instead use ERISA section 4021)? . Inless reasonable cau	use is established bort, including, if and to the best	o Not determined
If you answered "No" to ei C If the plan is a defined beneficaution: A penalty for the late of Under penalties of perjury and oth BB or Schedule MB completed ar belief, it is true, correct, and completed GIGN	it plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instru- nd signed by an enrolled actuary, a plete.	GC insurance program (see E n/report will be assessed u	Ind must instead use ERISA section 4021)? . Inless reasonable cau examined this return/rep ion of this return/report	ACQUA	bo Not determined d. applicable, a Schedule of my knowledge and
If you answered "No" to ei C If the plan is a defined benef Caution: A penalty for the late of Under penalties of perjury and ott BB or Schedule MB completed ar belief, it is true, correct, and completed GIGN HERE Signature of plan, a	it plan, is it covered under the PBG or incomplete filing of this return ther penalties set forth in the instru- nd signed by an enrolled actuary, a plete.	GC insurance program (see E n/report will be assessed u ctions, I declare that I have e as well as the electronic vers	Ind must instead use ERISA section 4021)? . Inless reasonable cau examined this return/report ion of this return/report ISABEL PASSALA	ACQUA	o Not determined d. applicable, a Schedule of my knowledge and
If you answered "No" to ei C If the plan is a defined benefit Caution: A penalty for the late of Under penalties of perjury and oth BB or Schedule MB completed ar belief, it is true, correct, and completed SIGN HERE Signature of plan, a SIGN	it plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	GC insurance program (see E n/report will be assessed u ctions, I declare that I have e as well as the electronic vers	Ind must instead use ERISA section 4021)? . Inless reasonable cau examined this return/report ion of this return/report ISABEL PASSAL? Enter name of individu	use is established port, including, if and to the best ACQUA ual signing as pla	bo Not determined d. applicable, a Schedule of my knowledge and
If you answered "No" to ei C If the plan is a defined benefic Caution: A penalty for the late of Dinder penalties of perjury and other BB or Schedule MB completed ar belief, it is true, correct, and completed SIGN HERE Signature of plan, a SIGN HERE Signature of emplo	it plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	C insurance program (see E n/report will be assessed u ctions, I declare that I have e as well as the electronic vers Date 7-/S-/Y Date 7-/S-/Y	INCL A SECTION AND A SECTION A	use is established port, including, if and to the best ACQUA ual signing as pla ual signing as en	Not determined

a	Plan Assets and Liabilities	1	(a) Beginning of Year	r			(b) End c	f Year		
	Total plan assets	7a		9253			(-)		344	875
b ·	Fotal plan liabilities	. 7b								
	Net plan assets (subtract line 7b from line 7a)	7c	25	9253	5				344	875
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
	Contributions received or receivable from:			0001		141				
1	1) Employers	8a(1)		3331	-	1.50	No. Altores		1-27	
1	2) Participants	8a(2)	3	87189	)	in the second		Section 4	-	1
1	3) Others (including rollovers)	8a(3)						1		-
	Other income (loss)	8b	3	35118		-	St. State		0.5	601
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Letter.	10.00	(All particular)			85	63
t	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						-		
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			40 1849 10 10 10					
f /	Administrative service providers (salaries, fees, commissions)	. 8f		16	>			114	ghan	
g	Other expenses	- 8g			6.6	1.11		2		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-					1
	Net income (loss) (subtract line 8h from line 8c)	- 8i		- 11	-				85	62
j	Transfers to (from) the plan (see instructions)	8j					des anno anno anno anno anno anno anno ann			
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature coo	les from the List of Plan Chara	acteristi	c Co	des in t	the instruct	ions:		
	2E 2F 2G 2J 2K 2T 3D									
-										
And and	During the plan year:				Yes	No		Amour	nt	
0 a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ection Program)	10a	Yes	No X		Amour	nt	
and and	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre t? (Do not i	ection Program) nclude transactions reported		Yes			Amour	nt	
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corre t? (Do not i	ection Program) nclude transactions reported	10a	Yes	x		Amour	<b>nt</b> 15	00
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in	action Program) nclude transactions reported d, that was caused by fraud	10a 10b		x		Amour		00
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in fidelity bor her persons	action Program) nclude transactions reported ad, that was caused by fraud s by an insurance carrier,	10a 10b 10c		x x		Amour		00
a b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in fidelity bor her persons of the bene	action Program) Include transactions reported add, that was caused by fraud by an insurance carrier, afts under the plan? (See	10a 10b 10c		x x		Amour	15	
a b c d e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	t? (Do not in fidelity bor her persons of the bene	action Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d	x	x x		Amour	15	13
a b c d e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in fidelity bor her persons of the bene	action Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e	x	x x x		Amour	15	13
a b c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre t? (Do not in fidelity bor her persons of the bene an? as of year e (See instru	action Program) Include transactions reported add, that was caused by fraud a by an insurance carrier, afts under the plan? (See Ind.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f	x x	x x x		Amour	15	13
a b c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	in the required	action Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, aftis under the plan? (See Ind.) ctions and 29 CFR Inotice or one of the	10a 10b 10c 10d 10e 10f 10g	x x	x x x x		Amour	15	13
a b c d e f g h h i	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	in the required	action Program) Include transactions reported ad, that was caused by fraud by an insurance carrier, aftis under the plan? (See Ind.) ctions and 29 CFR Inotice or one of the	10a 10b 10c 10d 10e 10f 10g 10h	x x	x x x x		Amour	15	00
a b c d e f g h i art	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre (Do not in fidelity bor her persons of the bend an? (See instru he required 11-3	action Program) nclude transactions reported ad, that was caused by fraud as by an insurance carrier, affts under the plan? (See add.) ctions and 29 CFR I notice or one of the add. Kes," see instructions and com	10a 10b 10c 10d 10d 10f 10f 10g 10h 10h 10i	X X X	X X X X X	(Form		15	13
a b c d e f g h i art	Was there a failure to transmit to the plan any participant contribut         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         Were there any nonexempt transactions with any party-in-interest         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at the secoptions to providing the notice applied under 29 CFR 2520.10         If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem	uciary Corre t? (Do not in fidelity bor her persons of the bene an? as of year e (See instru he required 11-3	action Program) nclude transactions reported ad, that was caused by fraud by an insurance carrier, afts under the plan? (See and.) ctions and 29 CFR I notice or one of the Yes," see instructions and com	10a 10b 10c 10d 10d 10f 10f 10g 10h 10g 10h 200 200 200 200 200 200 200 2	X X X	X X X X X	(Form		15	13
a b c d e f g h i art 1	Was there a failure to transmit to the plan any participant contribut         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         Were there any nonexempt transactions with any party-in-interest         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount a         If this is an individual account plan, was there a blackout period?         2520.101-3.)         If 10h was answered "Yes," check the box if you either provided t         exceptions to providing the notice applied under 29 CFR 2520.10         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ifidelity bor fidelity bor her persons of the bene as of year e (See instru he required 11-3 ments? (If ")	action Program) Include transactions reported ad, that was caused by fraud a by an insurance carrier, afits under the plan? (See and.) ctions and 29 CFR I notice or one of the additional compositions and com additional compositions and	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X X Iule SB	(Form		15	13 08 Nc
a b c d e f g h i i 2 art 11a 12	Was there a failure to transmit to the plan any participant contribut         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         Were there any nonexempt transactions with any party-in-interest         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at the exceptions to providing the notice applied under 29 CFR 2520.10         YI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)       Enter the unpaid minimum required contribution for current year for the subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	ifidelity bor fidelity bor her persons of the bene as of year e (See instru the required 01-3	action Program) Include transactions reported ad, that was caused by fraud aby an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 ents of section 412 of the Code able.)	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	X X X Sched	X X X X X Iule SB	(Form		15 1 4 (es []	13 08 Nc
a b c d e f g h i i art 1 1a 2	Was there a failure to transmit to the plan any participant contribut         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         Were there any nonexempt transactions with any party-in-interest         on line 10a.)         Was the plan covered by a fidelity bond?         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         Has the plan failed to provide any benefit when due under the plan         Did the plan have any participant loans? (If "Yes," enter amount at the plan have any participant loans? (If "Yes," enter amount at the secoptions to providing the notice applied under 29 CFR 2520.101-3.)         If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         Enter the unpaid minimum required contribution for current year for the second contribution plan subject to the minimum funding requirem 5500)	ifidelity bor fidelity bor her persons of the bene as of year e (See instru the required 01-3	action Program) Include transactions reported ad, that was caused by fraud aby an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR I notice or one of the fres," see instructions and com ule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruction	10a         10b         10c         10d         10d         10d         10d         10d         10f         10g         10h         10i         oplete S         e or sec         ctions, it	X X X Sched	X X X X X Iule SB	(Form		15 1 4 (es []	13 08 Nc

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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	N	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	. [		Yes	XN	10		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 1	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		ntrol				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(s) which assets or liabilities were transferred. (See instructions.)	to						
	(3c(1) Name of plan(s):	13c	( <b>2</b> ) E	EIN(s	;)	1	3c(3)	PN(s)
						_		
Part	VIII Trust Information (optional)							
	Name of trust	14	4b	Trust	's EIN		_	