For	m 5500-SF	Short Form Annual Re		of Small Employ	vee	OMB Nos. 1210-011 1210-008		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo						2013		
	partment of Labor	ctions 6057(b) and 6058(This Form is Open to Public				
	enefits Security Administration enefit Guaranty Corporation	Complete all entries in accord	Revenue Code (the C	,	SE	Inspection		
Part I	Annual Report Id	entification Information		clions to the Form 5500	- 3 г.			
	ar plan year 2013 or fisca			and ending 12	2/31/2	2013		
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-participant 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	nths)			
C Check box if filing under:						DFVC program		
		special extension (enter description	,					
Part II		nation—enter all requested information	tion		41-			
1a Name AGC OF KE	of plan NTUCKY, INC. 401(K) RI	ETIREMENT PLAN			đ	Three-digit plan number (PN) ▶ 001		
				-	1c	(PN) ▶001Effective date of plan		
						03/01/2002		
	oonsor's name and addre NTUCKY, INC.	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 61-0263820		
632 COMAN					2c	Sponsor's telephone number 502-223-8845		
FRANKFOR				-	2d	Business code (see instructions) 561900		
	dministrator's name and			n Sponsor Address	3b	Administrator's EIN 61-0263820		
AGC OF KEN	TUCKY, INC.	632 COMANCH FRANKFORT, K		-	3c	Administrator's telephone number		
	EIN, and the plan numb	lan sponsor has changed since the la er from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c	EIN		
		the beginning of the plan year			5a			
		the end of the plan year			5b			
		count balances as of the end of the pl	•		5c			
		uring the plan year invested in eligible						
b Are yo	ou claiming a waiver of th	e annual examination and report of a	n independent qualifie	ed public accountant (IQF	PA)			
	•	See instructions on waiver eligibility an er line 6a or line 6b, the plan canno	,					
-		plan, is it covered under the PBGC ins			_			
Caution: A	penalty for the late or	incomplete filing of this return/repo	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 wel te.						
SIGN	Filed with authorized/va	lid electronic signature.	07/17/2014	RICHARD VINCENT	Т			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al sig	ning as plan administrator		
SIGN								
HERE Dronoror'a	Signature of employe		Date		_	ning as employer or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone number (optional)		

Pa	rt III Financial Information				-					
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	Total plan assets	7a	7397	9			8	8656		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	(subtract line 7b from line 7a) 7c 73979					8	8656		
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)	1793	0						
	Other income (loss)	8b	1795	9			4	7020		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		1	7939		
u	to provide benefits)	8d	3262	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3262		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					1	4677		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
	2E 2F 2G 2J 2K 2T 3D				0					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Cod	es in t	ne instructions:			
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Amou	int		
a		tions withi	n the time period described in				, unoc			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
	,					Х				
				10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	10	x			400		
	instructions.)			10e		Х		460		
f	·····			10f						
g		-		10g		Х				
h	· · · · · · · · · · · · · · · · · · ·	•		10h		Х				
- i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			1011						
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes 🗌 No		
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39					11a				
12							ERISA?	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- /				
b	Enter the minimum required contribution for this plan year					12b				

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		

Jul. 15. 2014 12:15PM	No. 92	95 P.4 ·
Form 5500-SF Short Form Annual Return/Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internet Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe	.	2013
Department of Labor Relirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6056	(a) of	Form is Open to Public
Employee Benefile Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation > Complete all entries in accordance with the Instructions to the Form 550		Inspection
Part I Annual Report Identification Information		
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending	12/31/	
A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer)	a one-	participant pian
B This return/report is:		
C Check box if filing under:	· _	program
C Check box if filing under:		program
Part II Basic Plan Information—enter all requested Information		
1a Name of plan	1b Three-dig	
AGC of Kentucky, Inc. 401(k) Retirement Plan	plan num (PN) 🕨	ber 001
	1c Effective	
	03/01/	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) AGC_of_Kentucky,_Inc.		Idenlification Number - 0263820
	. /	s lelephone number
632 Comanche Trail		3-8845
Frankfort KY 40602	ZCI Business 561900	code (see instructions)
3a Plan administrator's name and address Same as Plan Sponsor Name Sama as Plan Sponsor Address	3b Administr	ator's EIN
AGC of Kentucky, Inc.	61-026	3 8 2 0 ator's telephone number
	502-22	•
632 Comanche Trail		
Frankfort KY 40602		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.	4c PN	
 a Sponsor's name 5a Total number of participants at the beginning of the plan year 	5a	11
b Total number of participants at the end of the plan year	5b	li
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not		
complete this item)	5C	<u>11</u> ,,,,, X Yes No
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQI) 		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		🕅 Yes 🗌 No
If you answared "No" to either line 6a or line 6b, the plan cannot use Form 6600-SF and must instead use C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .		No. 🗌 Not determined
Caution: A penalty for the late or incomplete filing of this return/report will be sesses of unless reasonable cau Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/rep		
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report		
belief, it is true; correct, and complete.		
sign Tang The Richard Vincer	it	
HERE Signature of plan administrator Date, Enter name of individu		an administrator
SIGN 7/15/14 Richard Vincer		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)		nployer or plan sponsor
r reparer e name (moreany nim name, ir appressive) and address, more round of suite number (optional)	Tokaror a reie	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.		Form 6500-SF (2013)

Jul. 15. 2014 12:16PM

No.9295 P. 5

Form 5500-SF 2013

Page 2

Pa	t III Financial Information	_							
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
а	Total plan assets	. 7a		7397	19			88656	
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		7397	9		•	88656	
8	Income, Expenses, and Transfers for this Plan Year	es, and Transfers for this Plan Year (a) Amount					(b) Tot	tal	
a	Contributions received or receivable from: (1) Employers	8a(1)		•					
	(2) Participants	. 8a(2)							
	(3) Others (Including rollovers)	Ba(3)							
b	Olher income (loss)	8b	:	1793	9				
C	Total Income (add lines 6a(1), 6a(2), 6a(3), and 6b)	8c						17939	
d	Benefits paid (including direct rollovers and insurance premlums			326					
	to provide benefits)	<u>8d</u>		326	2				
	Certain deemed and/or corrective distributions (see instructions)	80			_				
	Administrative service providers (salaries, fees, commissions)	8f			_				
	Olher expenses	θg							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			_			3262	
<u> </u>	Net Income (toss) (subtract line 8h from line 8c)	81			_			14677	
	Transfers to (from) the plan (see instructions)	<u>8j</u>							
	t IV Plan Characteristics							_	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteri:	slic Co	ides in	the instruction	ons:	
	2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	es from the List of Plan Chara	ctensi	IC COL	iés in r	ne instruction	181	
Par	V Compliance Questions								
40									
10	During the plan year:				Yes	No	A	mount	
<u>10</u> a				10a	Yes	No X	A	mount	
a	Was there a failure to transmit to the plan any participant contribu	iclary Corr ? (Do not	ection Program) Include transactions reported	10a 10b	Yes		A	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 Were there any nonexempt transactions with any party-in-interest	iclary Corr ? (Do not	ection Program) Include transactions reported		Yes	x	A	umount	
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 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	Iclary Con ? (Do not fidelity bo	ection Program) Include transactions reported 	10b	Yes	X X	A	umount	
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 Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	Iclary Corr ? (Do not fidelity bo	ection Program) Include transactions reported and, that was caused by fraud s by an insurance carrier,	10b 10c		x x x			
a b c d	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 dishonesly? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	Iclary Con ? (Do not fidelity bo her person of the ben	ection Program) Include transactions reported Ind, that was caused by fraud Ind, that was caused by fraud Is by an insurance carrier, efits under the plan? (See	10b 10c	Yes	x x x x		460	
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 instructions.) Has the plan failed to provide any benefit when due under the plan 	Iclary Corr ? (Do not fidelity bo ner person of the ben n?	ection Program) Include transactions reported Ind, that was caused by fraud Ind, that was caused by fraud Ind, that was caused by fraud Ind, that was caused by fraud	10b 10c 10d 10ə 10ə		x x x x x			
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a b c d e f	 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 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant toans? (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 th exceptions to providing the notice applied under 29 CFR 2520.101 	Iclary Corr ? (Do not fidelity bo ner person of the ben n? s of year e (See instru-	ection Program) Include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) rotions and 29 CFR	10b 10c 10d 10e 10e 10g 10h		x x x x x x x			
a b c d e f g h	 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 dishonesly? Were any fees or commissions paid to any brokers, agents, or oth 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 th exceptions to providing the notice applied under 29 CFR 2520.101-3. 	Idelity Corr ? (Do not fidelity bo ner person of the ben of the ben s of year e (See instru- be required 1-3	ection Program) Include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) rctions and 29 CFR d notice or one of the Yes," see Instructions and com	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X X X X) (Form		
a b c d e f g h l Part	 Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidure 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 fit 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 the 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 	Idelity Con ? (Do not fidelity bo ner person of the ben n? 	ection Program) Include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) indice or one of the d notice or one of the Yes," see Instructions and com	10b 10c 10d 10e 10e 10g 10h 10l	X	X X X X X X X X) (Form	460	
a b c d e f g h l Part	 Was there a failure to transmit to the plan any participant contribut 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 dishonesly? 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 the 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) 	Idelity Con ? (Do not fidelity bo of the ben of the ben n? 	ection Program) Include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) rctions and 29 CFR d notice or one of the Yes," see Instructions and com	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X X X Iule SE) (Form	460	
a b c d f f g h 1 1 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 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 have any participant loans? (If "Yes," enter amount a fi 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 the 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 fir is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. 	Idelity Corr ? (Do not fidelity bo ner person of the ben of the ben s of year e (See instru- be required to require om Sched as applic	ection Program) Include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) rotions and 29 CFR d notice or one of the Yes," see Instructions and com ute SB (Form 5500) line 39 ents of section 412 of the Code able.)	10b 10c 10d 10e 10f 10g 10h 10l	X Schee	X X X X X X X X Jule SE) (Form	460	
a b c d f f g h 1 1 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 Fidure 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 fit 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 the 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) 	Idelity Con ? (Do not fidelity bo ner person of the ben of the ben s of year e (See instru- be required to require ments? (If " om Sched as applic g amortiz	ection Program) Include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) ind.) rotions and 29 CFR d notice or one of the Yes," see Instructions and com ute SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruction	10b 10c 10d 10e 10f 10g 10h 10l	X Schee	X X X X X X X X Jule SE	I (Form ERISA?	460	
a b c d f f g h 1 1 11a 12 a	 Was there a failure to transmit to the plan any participant contribut 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 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 the 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 fr is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding slandard for a prior year is being the plan and plan below is the plan and plan below in the plan below. 	Idelity Con ? (Do not fidelity bo ner person of the ben of the ben of the ben s of year e (See instru- teats? (If " om Sched requirement as applic	ection Program) Include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) ind.) rotions and 29 CFR d notice or one of the Yes," see Instructions and com ute SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc- Mon	10b 10c 10d 10e 10f 10g 10h 10l	X Schee	X X X X X X X X X 11a 302 of 9nter th Day	I (Form ERISA?	460	
a b c d f f g h 11 11a 11a 12 a uf	 Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fidure (here 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 distonesty? 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 fit 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 the 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 fit is waiver of the minimum funding standard for a prior year is being granting the waiver. 	Iclary Com ? (Do not fidelity bo her person of the ben of the ben n? s of year e (See instru- he required to a sopplic om Sched requiremed as applic bg amortiz e MB (For	ection Program) Include transactions reported and, that was caused by fraud is by an insurance carrier, efits under the plan? (See and.) rotions and 29 CFR d notice or one of the Yes," see Instructions and com ute SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc- Mon m 5500), and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10l	X Schee	X X X X X X X X X Jule SE	I (Form ERISA?	460	

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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					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	,	\Box_{-}	Yes		No	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?	. X	Yea	5	No		
If "Yes," enter the amount of any plan assets that reverted to the emptoyer 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?		١			Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See Instructions.)						
13c(1) Name of plan(s):	3c(2)	EIN(s)		13c(3) PN(s)
				_		
Part VIII Trust Information (optional)						
14a Name of trust	14b	Trus	t's EIN	I		