Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	Be This form is required to be filed u	e	2013							
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public					
	enefit Guaranty Corporation	D-SF.	Inspection								
Part I		entification Information									
For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013					
A This ret	urn/report is for:		multiple-employer pl	an (not multiemployer)	nployer) a one-participant plan						
B This ret	urn/report is:	· ·	e final return/report								
		n/report (less than 12 mo	onths	-							
Check	box if filing under:			DFVC program							
Part II	Basic Plan Inform	special extension (enter description)	2								
1a Name		Tation—enter an requested informatio			1h	Three-digit					
	OL & DIE, INC. 401(K) F	PLAN				plan number					
						(PN) ▶ 001					
					1c	Effective date of plan 01/01/1993					
	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 16-1416287					
					2c	Sponsor's telephone number 607-533-7400					
182 NEWMAN ROAD GROTON, NY 13073					2d	Business code (see instructions) 332700					
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						3b Administrator's EIN					
		—	_		20	Administrator's telephone number					
name		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the		EIN					
<u> </u>		the beginning of the plan year			4c PN 5a						
	• •	the end of the plan year			5a 5b	8					
		count balances as of the end of the plar									
					5c	8					
	•	uring the plan year invested in eligible a the annual examination and report of an i	,	,		X Yes No					
under	29 CFR 2520.104-46? (See instructions on waiver eligibility and	l conditions.)		·····						
-		er line 6a or line 6b, the plan cannot									
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No Not determined					
		incomplete filing of this return/repor									
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.									
SIGN	Filed with authorized/va	lid electronic signature.	07/21/2014	BECKY, BAILEY, TRU	CKY, BAILEY, TRUSTEE						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ndividual signing as plan administrator						
SIGN											
HERE	Signature of employe		Date			ning as employer or plan sponsor					
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	arer's telephone number (optional)					

Pa	t III Financial Information	-			-						
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Ye					(b) End	d of Y	ear		
а	Total plan assets	7a	84972	1				1(068740		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	84972	1		1068740						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	contributions received or receivable from: I) Employers 8a(1) 55										
	(2) Participants	8a(2)	784	3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	20567	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	ome (add lines 8a(1), 8a(2), 8a(3), and 8b)						2	19101		
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d									
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	8	2							
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							82		
	Net income (loss) (subtract line 8h from line 8c)	8i			_				219019		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ictions	5:		
			as from the List of Disp. Chara				ha inatura				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist		ies in t	ne instruc	tions:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	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		Х					
b	Were there any nonexempt transactions with any party-in-interest	-		TUa		×					
	on line 10a.)			10b	×	Х					
C	1 , ,			10c	Х					1500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,								
	insurance service, or other organization that provides some or all		• •	10e		х					
	instructions.) Has the plan failed to provide any benefit when due under the pla					Х					
f				10f							
g				10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х					
— i	If 10h was answered "Yes," check the box if you either provided th			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	n П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		, ,				ERISA?	ŢΓ	Yes	1 X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							· I		<u>ц</u> ,	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		1 82	u		<u> </u>
-	Enter the minimum required contribution for this plan year					12b					

			T			
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?	י 🗌 י	′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		X Yes No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s): 1	3c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

Foi	rm 5500-SF	Yee OMB Nos 1210-0110 1210-0089							
	ritment of the Treasury mai Revenue Service	nd 4065 of the Employe	e 2013						
	epartment of Labor Jenetits Security Administration	ctions 6057(b) and 6058 Code)	B(a) of This Form is Open to Public						
Pension B	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.				
Part I	Annual Report Id	lentification Information	1/01/2013	and ending	12/31/2013				
_		x a single-employer plan		lan (not multiemployer)	a one-participant plan				
	turn/report is	the first return/report	the final return/report						
		an amended return/report		n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
special extension (enter description)									
Part II	· · · · · · · · · · · · · · · · · · ·	nation-enter all requested inform	nation						
	ofplan TOOL & DIE, IN	1b Three-digit plan number							
UNIUUN	. 1001 4 212, 11	(PN) ▶ 001							
					1c Effective date of plan 01/01/1993				
		ess; include room or suite number (employer, if for a single-	employer plan)	2b Employer Identification Number				
CAYUGA	TOOL & DIE, IN	IC.			(EIN) 16-1416287				
182 NE	WMAN ROAD				2c Sponsor's telephone number 607-533-7400				
100 110					2d Business code (see instructions)				
GROTON		NY 13073			332700				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b Administrator's EIN				
					3c Administrator's telephone number				
	•	lan sponsor has changed since the er from the last return/report.	last return/report filed for	er this plan, enter the	4b EIN				
	, Env. and the plan numb or's name				4c PN				
5a Total I	number of participants at	the beginning of the plan year			5a 8				
b Total i	number of participants at	the end of the plan year			5b 8				
		count balances as of the end of the			5c 8				
······································		uring the plan year invested in eligit							
b Are yo	ou claiming a waiver of th	e annual examination and report of	an independent qualifie	d public accountant (IQ	PA) Elv Elv				
	•	See instructions on waiver eligibility er line 6a or line 6b, the plan can	•						
•		plan, is it covered under the PBGC i							
				· · · · · · · · · · · · · · · · · · ·					
		incomplete filing of this return/re			ise is established. port, including, if applicable, a Schedule				
SB or Sche		signed by an enrolled actuary, as w			, and to the best of my knowledge and				
	true correct and comple	1A							
	true correct and comple				The states				
SIGN	Jeen yo Ba	Dey		Becky, Bailey,					
SIGN HERE	true, correct, and comple Brethere Breth Signature of plan adm	Dey	06/04/20/4 Date		, Trustee ual signing as plan administrator				
SIGN HERE SIGN	Lecture of plan adm	Dey ninistrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN HERE SIGN HERE	Signature of employe	Dey ninistrator	Date	Enter name of individ Enter name of individ					
SIGN HERE SIGN HERE	Signature of employe	Dey ninistrator r/plan sponsor	Date	Enter name of individ Enter name of individ	ual signing as plan administrator ual signing as employer or plan sponsor				
SIGN HERE SIGN HERE	Signature of employe	Dey ninistrator r/plan sponsor	Date	Enter name of individ Enter name of individ	ual signing as plan administrator ual signing as employer or plan sponsor				
SIGN HERE SIGN HERE	Signature of employe	Dey ninistrator r/plan sponsor	Date	Enter name of individ Enter name of individ	ual signing as plan administrator ual signing as employer or plan sponsor				
SIGN HERE SIGN HERE	Signature of employe	Dey ninistrator r/plan sponsor	Date	Enter name of individ Enter name of individ	ual signing as plan administrator ual signing as employer or plan sponsor				

7 Dise Assets and Lisbilities							-1 V	
7 Plan Assets and Liabilities		(a) Beginning of Yea	ir 4972			(b) End	of Year 1068	2740
a Total plan assets	7a	0	4972	·			100	5/40
b Total plan liabilities	7b		4972				1068	0740
C Net plan assets (subtract line 7b from line 7a)	7c		4972	<u> </u>				8740
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from: (1) Employers	8a(1)		557	9				
(2) Participants	8a(2)		784	3			-	
(3) Others (including rollovers)	8a(3)	·····						
b Other income (loss)	8b	20	0567	9	-			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						219	9101
d Benefits paid (including direct rollovers and insurance premiums	- ec							
to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		8	2				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							82
i Net income (loss) (subtract line 8h from line 8c)	81						219	9019
Transfers to (from) the plan (see instructions)	81							
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension for 2E 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare features. 								
Part V Compliance Questions								
				Yes	No		Amount	
	ions within the tion of the second seco	he time period described in tion Program)	10a	Yes	No X		Amount	
 During the plan year. a Was there a failure to transmit to the plan any participant contribution 	ciary Correc ? (Do not inc	tion Program)	10a 10b	Yes			Amount	
 During the plan year. Was there a failure to transmit to the plan any participant contribution 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? 	ctary Correc ? (Do not inc	tion Program)		Yes	x			0000
 During the plan year. Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest? on line 10a) 	ciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported , that was caused by fraud	10b		x			0000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributing 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss. 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c		x x			0000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all comparison. 	ctary Correc ? (Do not inc fidelity bond er persons b of the benefi	tion Program) Inde transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d		x x x			0000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi 1?	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f		x x x x x x x			0000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other instructions) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (See See See See See See See See See Se	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g		x x x x x			0000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions) f Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520 101-3.) i If 10h was answered "Yes," check the box if you either provided the 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction in required n	tion Program) ilude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f		x x x x x x x x			00000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure between the end of the plan section with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g. Did the plan have any participant loans? (If "Yes," enter amount as here a blackout period? (S250 101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101. 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction in required n	tion Program) ilude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x			0000
 10 During the plan year. a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure between the end of the plan have a loss of the plan source of the plan have a loss of the plan have a loss. Whether or not reimbursed by the plan's for dishonesty? c Was the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (\$2520 101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101. 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction re required n i-3	tion Program) ilude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10g 10f 10g 10h 10i	X	X X X X X X X X Iule SB			0000 0000
 10 During the plan year a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other instructions) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S250 101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction re required n i-3	tion Program) Ilude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10l	Schec	X X X X X X X X Iule SB		15(
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520 101-3) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instruction ie required n 1-3 ents? (If "Ye om Schedule	tion Program) Inde transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X X X Iule SB		15(No
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (S2520 101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101-3.) i It sthis a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond, er persons b of the benefi n? s of year end See instructi ie required n i-3 ents? (If "Ye om Schedule	tion Program) tude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X X X Iule SB		15(No
 10 During the plan year. a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520 101-3) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruction is a software of the required n is a software of the requirement as applicable og amorfized	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10h 10i 0 or se	Schec	X X X X X X X X X X Iule SB 11a 302 of I	ERISA?	15(] No
 10 During the plan year. a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fidure between the end of the plan have a loss in the plan source of the plan have a loss of the plan have a loss. Whether or not reimbursed by the plan's for dishonesty? c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h if this is an individual account plan, was there a blackout period? (\$2520 101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520 101-3.) i If this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the plan table of the minimum funding in the plan subject to the minimum funding in the waiver of the minimum funding standard for a prior year is being in the plan table of the minimum funding is plan to the minimum funding standard for a prior year is being in the plan waive of the minimum funding standard for a prior year is being in the plan sub	ciary Correc ? (Do not inc fidelity bond er persons b of the benefi n? s of year end See instruction is a software of the required n is a software of the requirement as applicable of software of the requirement	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 1.)	10b 10c 10d 10e 10f 10g 10h 10h 10i 0 or se	Schec	X X X X X X X X X X Iule SB 11a 302 of I	ERISA?	15(] No

Form 5500-SF 2013

c Enter the amount contributed by the employer to the plan for this plan year									
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).				-					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?] Ye	s []	No	N/A		
VII	Plan Terminations and Transfers of Assets								
13a Has a resolution to terminate the plan been adopted in any plan year?					Yes X No				
lf "Y€	es," enter the amount of any plan assets that reverted to the employer this year	13a							
						control X Yes No			
		;) to							
3c(1)	Name of plan(s).	13c(2)	13c(2) EIN(s)			13c(3	8) PN(s)		
					Í				
VIII	Trust Information (optional)								
Varne	of trust	14b	Tru	st's E	IN				
	Subt nega Will I Has a If 'Ye Were of the Were of the Uf dui which 3c(1)	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). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? 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.) 3c(1) Name of plan(s).	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 Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions.) 3c(1) Name of plan(s). 3c(1) Name of plan(s). 13c(2) VIII Trust Information (optional)	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 Will the minimum funding amount reported on line 12d be met by the funding deadline? 1 VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Yea 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 control of the PBGC? 14 during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions.) 3c(1) Name of plan(s) 13c(2) EIN VIII Trust Information (optional)	Entrol the diffeom contributed by the omployer to the plan for the amount in line 12c from the amount in line 12b Enter the result (enter a minus sign to the left of a line for a megative amount). 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? Yet VII Plan Terminations and Transfers of Assets Yet Has a resolution to terminate the plan been adopted in any plan year? Yet Yet If Yes,' enter the amount of any plan assets that reverted to the employer this year 13a Yet Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions.) 3c(1) Name of plan(s). 13c(2) EIN(s) VIII Trust Information (optional) VIII Trust Information (optional)	Enter the difference of the entropy of the the provided of the	Enter the dimonstruction control control control of the only of the only point of the plan to the result (enter a minus sign to the left of a negative amount). 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d Will Plan Terminations and Transfers of Assets Yes 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 control Xer enter the amount of any plan assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred (See instructions.) 3c(1) Name of plan(s) 3c(1) Name of plan(s). 13c(2) EIN(s) 13c(3) VIII Trust Information (optional) 1		