Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

0040

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information					
For calend	lar plan year 2013 or f	fiscal plan year beginning 01/01/2	.013	and ending 1	2/31/2	2013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
B This ref	turn/report is:	the first return/report	the final return/report	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	 ption)			_	
Part II	Basic Plan Info	ormation—enter all requested info	rmation				
1a Name	of plan				1b	Three-digit	
CONNECT-/	AIR INTERNATIONAL	_, INC. CASH OR DEFERRED PROF	FIT SHARING PLAN			plan number (PN) ▶	001
					10	Effective date or	
						10/01/	•
		ddress; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identi	fication Number
CONNECT-	-AIR INTERNATIONA	L, INC.				(EIN) 91-10	
					2c	Sponsor's telep	
4240 B ST. AUBURN, V					24	Business code (
,					Zu	33411	,
3a Plan a	administrator's name a	and address XSame as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN
		_	_		20	A desiristant ada 4	
					30	Administrators	telephone number
4							
		ne plan sponsor has changed since thumber from the last return/report.	ie last return/report filed	for this plan, enter the	4b	EIN	
	sor's name	ambor from the fact rotally open.			4c	PN	
5a Total	number of participants	s at the beginning of the plan year			5a		26
b Total	number of participants	s at the end of the plan year			5b		30
		account balances as of the end of the		-	F -		40
	•				5с		19 Vac D Na
		ts during the plan year invested in eli of the annual examination and report	- '				X Yes ∐ No
under	r 29 CFR 2520.104-46	6? (See instructions on waiver eligibili	ity and conditions.)	······································	· · · · · · · · · · · · · · · · · · ·		X Yes No
		either line 6a or line 6b, the plan ca					_
C If the	plan is a defined bene	efit plan, is it covered under the PBG0	C insurance program (see	e ERISA section 4021)? .	····· _	Yes X No	Not determined
Caution: A	A penalty for the late	or incomplete filing of this return/	report will be assessed	d unless reasonable cau	ıse is	established.	
		ther penalties set forth in the instruct					
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as nplete.	well as the electronic ve	ersion of this return/report	, and	to the best of my	knowledge and
,		<u> </u>		T			
SIGN HERE	Filed with authorized	d/valid electronic signature.	07/29/2014	SEAN MCCARTHY			
	Signature of plan	administrator	Date	Enter name of individu	ual siç	gning as plan adn	ninistrator
			ĺ	Ī			
SIGN							
HERE		oyer/plan sponsor	Date	Enter name of individ			
HERE		oyer/plan sponsor name, if applicable) and address; inc					er or plan sponsor number (optional)
HERE							
HERE							
HERE							

Form 5500-SF 2013 Page **2**

Day	rt III Financial Information									
7 Ta			(a) Denimalian of Ven		1		(b) F::	-1 -6 V		
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Yea				(b) En		ear 509118	2
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	11000		-				300110	,
	Net plan assets (subtract line 7b from line 7a)	76 7c	115539	8				1!	509118	3
8	Income, Expenses, and Transfers for this Plan Year	70					(h)			
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	4196	2						
	(2) Participants	8a(2)	9778	4						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	25446	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	94208	}
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3903	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	145	7						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							40488	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						;	353720)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	des in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					150000
d	<u> </u>	fidelity bor	nd, that was caused by fraud	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					533
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
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			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	Enter the unpaid minimum required contribution for current year fr					11a			•	
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	ТГ	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			3. 00	33.7		5,	·		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Luy				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -		1
------	-----	--	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		t Identification Information									
For calenda	r plan year 2013 or f	_	1/2013		and ending	12/31/2	2013				
A This relu	urn/report is for:	X a single-employer plan	am	ultiple-employer pla	n (not multiemployer)	g '	a one-particip	pant plan			
B This retu	urn/report is:	the first return/report	the	final return/report			_				
		an amended return/report	ash	ort plan year return/	report (less than 12 r	nonths)					
C Check b	C Check box if filing under: Form 5558 automatic extension							ım			
	3,	special extension (enter desc	cription)				DFVC progra				
Part II	Basic Plan Info	ormation—enter all requested in	39343000000			100					
1a Name		ornation onto an requested in	TOTTI GLIOT	0.000		1h	Three-digit				
	Mark Call Color of the Color of	L, INC. CASH OR DEFERRED PR	ROFIT SH	ARING PLAN			plan number	ALL DATE OF THE STATE OF THE ST			
		portugionales de la constante de					(PN) •	001			
						1c	Effective date o 10/01/1				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CONNECT-AIR INTERNATIONAL, INC.							2b Employer Identification Number (EIN) 91-1020751				
						2c	Sponsor's telep (253) 81	hone number			
4240 B ST. N	N.W.					24		(see instructions)			
AUBURN, W	/A 98001					Zu	334110				
3a Plan ad	dministrator's name a	and address Same as Plan Spor	nsor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN			
						3с	Administrator's	lelephone number			
								W.			
4 If the r	name and/or EIN of the	he plan sponsor has changed since	e the last i	rotum/roport filed for	this plan enter the	-					
		me plan sponsor has changed since umber from the last return/report.	e me iast i	return/report filed for	this plan, enter the	4b	EIN	y ideas			
a Sponse						4c	PN				
5a Total r	number of participant	s at the beginning of the plan year	·			. 5a	1	26			
b Total r	number of participant	s at the end of the plan year	*************				 	30			
C Numb	er of participants with	account balances as of the end o	of the plan	year (defined benef	it plans do not						
								19			
		els during the plan year invested in					,	X Yes No			
b Are yo	ou claiming a waiver	of the annual examination and repo 6? (See instructions on waiver eligi	ort of an in	ndependent qualified	d public accountant (l	QPA)		⊠ Yes □ No			
If you	answered "No" to	either line 6a or line 6b, the plan	cannot u	ise Form 5500-SF a	and must instead us	e Form	5500	X Yes No			
		elit plan, is it covered under the PB						7 8/24 -/			
10						_		Not determined			
		e or incomplete filing of this retu									
Under pena	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I	declare that I have e	examined this return/r	eport, ir	cluding, if applic	able, a Schedule			
belief, it is	true, correct, and cor	nplete.	, as well a	s the electronic vers	ion or this returniept	iii, and	to the best of my	knowledge and			
The second second	1.11	IVA H	-	7 22 111	N	(/					
SIGN	x Xllin V	carry		17-23-14	× 1 Sean M		arthy				
HEINE	Signature of plan	administrator		Date	Enter name of indiv	dual siç	ning as plan adr	ministrator			
SIGN				200000000000000000000000000000000000000							
HERE		loyer/plan sponsor		Dale	Enter name of indiv	dual sig	ning as employe	er or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address;	include ro	oom or suite number	(optional)	Prep	arer's telephone	number (optional)			
						1					
								· · · · · · · · · · · · · · · · · · ·			
						ľ					

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	Г			(b) End of Year
а	Total plan assets	7a	1155398	0.0			1509118
b	Total plan liabilities	7b			64		
С	Net plan assets (subtract line 7b from line 7a)	7c	1155398	3			1509118
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-			(b) Total
	Contributions received or receivable from:					- 100	12/-3
	(1) Employers	8a(1)	41962		-		
	(2) Participants	8a(2)	97784	4	_		THE PERSON NAMED IN COLUMN NAM
155	(3) Others (including rollovers)	8a(3)			-		
100	Other income (loss)	8b	254462	2	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	S. M				394208
_	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	39031	1			
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					107
	Other expenses	8g	1457	7			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\perp		40488
	Net income (loss) (subtract line 8h from line 8c)	. 8i	2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000				353720
	Transfers to (from) the plan (see instructions)	- Bj					
Par							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	ecteris	tic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	clerist	ic Cod	es in t	he instructions:
Part	V Compliance Questions	***	2000				- WANTER STATE OF THE STATE OF
10	During the plan year:				- San - 1	-	
					Voc	No	(M) 45 2 - 34 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
а	Was there a failure to transmit to the plan any participant contribu			100	Yes	No X	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corr t? (Do not i	ection Program) include transactions reported	10a	Yes	х	Amount
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 on line 10a.)	uciary Corr t? (Do not i	ection Program)include transactions reported	10b			
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 on line 10a.) Was the plan covered by a fidelity bond?	uciary Corr t? (Do not i	ection Program)		Yes	х	Amount 150000
c d	Was there a failure to transmit to the plan any participant contribution 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?	uciary Corr t? (Do not i	ection Program)include transactions reported	10b		х	
c d	Was there a failure to transmit to the plan any participant contribution 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	fidelity bother person of the ben	ection Program)	10b 10c		x	
b d e	Was there a failure to transmit to the plan any participant contribution 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 oll insurance service, or other organization that provides some or all	fidelity bon ther person of the ben	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x	
b d e	Was there a failure to transmit to the plan any participant contribution 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 old insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the plantage	fidelity both	ection Program)	10b 10c 10d 10e 10f		x x x	150000
	Was there a failure to transmit to the plan any participant contribution 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 olf 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 lf this is an individual account plan, was there a blackout period?	fidelity bond in the person of the ben as of year e	ection Program)	10b 10c 10d 10e 10f 10g	X	x x x	
	Was there a failure to transmit to the plan any participant contribution 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 oll 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 If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity bother person of the ben cas of year e	ection Program)	10b 10c 10d 10e 10f 10g 10h	X	x x x	150000
c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 old insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.101.	fidelity bother person of the ben cas of year e	ection Program)	10b 10c 10d 10e 10f 10g	X	x x x	150000
c d e f g h	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 old insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bother person of the ben (See instruments? (If "ments? (I	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Ulle SB	150000 533
c d e f g h i Part	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 old insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.101.	fidelity bother person of the ben cas of year et (See instruction of the requirements? (If "	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X Ulle SB	150000 533
c d e f g h i Part	Was there a failure to transmit to the plan any participant contribution 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 oll 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 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 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bother person of the ben are (See instruments? (If "	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X X 111a	533 S (Form Yes No
c d e f g h 11 11 11 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 old 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 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 2520.101. 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 string and the plan to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	fidelity bother person of the ben are (See instruction). See instruction of the definition of the ben are (See instruction). The requirements? (If """""""""""""""""""""""""""""""""""	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X Iule SB	150000 533 6 (Form Yes No
c d e f g h 11 11 11 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditive 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 old insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.101-101. 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 strip is a defined contribution plan subject to the minimum funding the list is a defined contribution plan subject to the minimum funding the strip is this a defined contribution plan subject to the minimum funding the strip is contribution plan subject to the minimum funding the strip is contribution.	fidelity bother person of the ben services of year experiences (See instruction of the ben services of year experiences) (If """""""""""""""""""""""""""""""""""	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X Iule SB	150000 533 6 (Form Yes No
C C C C C C C C C C	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiditivere 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 old insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at 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 2520.101-101. 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 strip in the plan of the minimum funding that years is being a waiver of the minimum funding standard for a prior year is being the plan in the plan of the minimum funding standard for a prior year is being the plan in the pl	fidelity bother person of the ben are? (See instruction of the second of the ben are) (See instruction of the required of th	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X X Iule SE	150000 533 (Form Yes No ERISA? Yes No

•	Form 5500-SF 2013 Pa	ge 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year		12c		- 10		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (ente negative amount)	r a minus sign to the left of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding dear			Yes	П	No	□ N//
Part '	VII Plan Terminations and Transfers of Assets	****					
13a	Has a resolution to terminate the plan been adopted in any plan year?		П	Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or brought under the	control			Пү	es 🛛 N
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s)	to	J			
1	3c(1) Name of plan(s):		3c(2) E	IN(s)		13c	(3) PN(s
Part	VIII Trust Information (optional)		-				

14a Name of trust

14b Trust's EIN