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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		•
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	}	and ending 1	2/31/2	013	
A This ref	turn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	[a one-particip	pant plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	า)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
D & D ELEC	TRIC, INC. 401(K) PRO	OFIT SHARING PLAN				plan number	
						(PN) ▶	002
					1c	Effective date of	f plan
						01/01	/1994
2a Plan s		lress; include room or suite number (er	nployer, if for a single-	employer plan)			fication Number 94753
446 MACAD	OTHER CT				2c	Sponsor's telep	
116 MACAR NICHOLAS	VILLE, KY 40356				2d		(see instructions)
						23821	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
		plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b 4c		
name a Spons	, EIN, and the plan num or's name			·	4c		25
a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.					25
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a		
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	24
name a Spons 5a Total b Total c Numb comp 6a Were b Are yo	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie	efit plans do not tions.)	4c 5a 5b 5c	PN	24 24 X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	, EIN, and the plan number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)tions.)	4c 5a 5b 5c	PN	24
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you	p. EIN, and the plan number of participants and the plan participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	24 24 X Yes No
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you	p. EIN, and the plan number of participants and the plan participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c PA)	PN	24 24 X Yes No
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you C If the p	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan participants with a plete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form	PN 5500. Yes No established.	24 24 X Yes No X Yes No Not determined
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver Date Date	efit plans do not tions.)	4c 5a 5b 5c PA) Form : se is eport, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employe	24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver Date Date	efit plans do not tions.)	4c 5a 5b 5c PA) Form : se is eport, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employe	24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver Date Date	efit plans do not tions.)	4c 5a 5b 5c PA) Form : se is eport, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employe	24 24 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Ye		ar			(b) End of Year			
a	Total plan assets	7a	126516				(*) =::		537950	6
	Total plan liabilities	7b		0						
	Net plan assets (subtract line 7b from line 7a)	7c	126516	1265163			1537956			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			
	Contributions received or receivable from:		(w) runoum				(/			
	(1) Employers	8a(1)	1211	3						
	(2) Participants	8a(2)	1510	9						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	25655	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	283778	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1098	5						
<u>e</u>	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							1098	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							27279	3
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 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions		
Par	t 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		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
					Χ					50000
	<u> </u>			10c						30000
	or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q		Χ				
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	ne required	I notice or one of the	10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
44-	5500) and line 11a below)							L	res	_ NO
	Enter the unpaid minimum required contribution for current year fr					11a			7	
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! -			- al - 1	E 11		ilia e
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	th	, and e	enter th Day	ie date d	the le		ııng
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b				
	Enter the minimum required contribution for this plan year					170				

Page	3 -		1
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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	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

		eport identification informat		0010			10/01/00	1.0			
For	calendar plan year 20	213 or fiscal plan year beginning	01/01/	2013	and ending		12/31/201	L3			
Α.	This return/report is fo	nr. 🗵 a single-employer plan	a multip	ile employer pl	an (not multiemployer)	er) a one-participant plan					
В -	This return/report is:	the first return/report	the final	return/report							
		an amended return/repor	rt 🔲 a short p	olan year retum	n/report (less than 12 m	onths)				
C	Check box if filing und	ler: Form 5558	automa	tic extension			DFVC progra	am			
	_	special extension (enter	description)				_				
Pa	rt II Basic Pla	n Information—enter all requeste	ed information			***************************************					
1a	Name of plan	•				1b	Three-digit				
	D & D ELECTRI	C, INC. 401(K) PROFIT	SHARING PL	AN			plan number				
						4-	(PN)	002			
						16	Effective date o 01/01/199				
2a	Plan sponsor's name	and address; include room or suite n	umber (employer,	if for a single-	employer plan)	2b	Employer Identi				
	D & D ELECTRI	C, INC.		_	,		(EIN) 61-099				
						2c	Sponsor's telep				
	116 MACARTHUR	CT.				-	(859) 885-				
	NICHOLASVILLE			TZ V	40356	2d	Business code (238210	(see instructions)			
		name and address XSame as Plan S	Sponsor Name		Sponsor Address	3b	Administrator's				
		.a a aaa. aa	_	Jeanne de 1 /an	- Cpcco. 7.144.000						
						3с	Administrator's	telephone number			
4		IN of the plan sponsor has changed s		n/report filed fo	r this plan, enter the	4b	EIN				
_		plan number from the last return/repo	rt.								
	Sponsor's name					 	PN				
5a		cipants at the beginning of the plan y				5a		25			
b	•	cipants at the end of the plan year				5b		24			
С		its with account balances as of the en		-	•	5c		24			
6a		s assets during the plan year invested						X Yes No			
	Are you daiming a w	aiver of the annual examination and	report of an indep	endent qualifie	d public accountant (IQ	PA)					
		104-46? (See instructions on waiver		•				X Yes No			
_	•	o" to either line 6a or line 6b, the p				_		l Nat data			
	The plan is a deline	d benefit plan, is it covered under the		program (see	ERISA SECUOII 4021)?	L	Yes No	Not determined			
		ne late or incomplete filing of this r	· · · · · · · · · · · · · · · · · · ·			THE REAL PROPERTY.		THE STATE OF THE S			
		and other penalties set forth in the in eleted and signed by an enrolled actua									
	ef, it is true, correct, a		ary, as well as the	GIGCEOTHC VOIS	son or this return report	, aiu	to the best of my	Kilowieuge and			
		2 1 00.	I a	24-14	AMY S. WALKER	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SIG	2F 7	. water									
	Signature of	f plan administrator	Date)	Enter name of individ	ual sig	ining as plan adn	ninistrator			
SIG HEF											
10,180,000	Signature of	f employer/plan sponsor	Date		Enter name of individ			THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME			
Prep	parers name (includin	g firm name, if applicable) and addres	ss; include room c	r suite numbei	(optional)	Prep	arers telepnone	number (optional)			
Managara and											
NAME OF THE OWNER											

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	1,26	5,16	53		1,537,956
b	Total plan liabilities	. 7b			0		
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,26	5,16	53		1,537,956
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) Total
а	Contributions received or receivable from:		1	0 11	2		
-	(1) Employers	8a(1)		2,11 5,10			
-	(2) Participants	8a(2)	1	J, 10	, 9		
	(3) Others (including rollovers)	8a(3)	25	6,55	56		
	Other income (loss)	8b		0,00		10/19/19	283,778
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	i gravita veni ele enteksi (ili di April Amapolija unutika (ili			N - 11556	
u	to provide benefits)	. 8d	1.	0,98	35		
е	Certain deemed and/or corrective distributions (see instructions)	8e			, Sign		
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-	10,985
i	Net income (loss) (subtract line 8h from line 8c)	8i					272,793
j	Transfers to (from) the plan (see instructions)	8j					
Pai	rt IV Plan Characteristics						
b Par	If the plan provides welfare benefits, enter the applicable welfare f t V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	the instructions:
10	During the plan year:			7. V.	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х	
b		t? (Do not	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	Χ		50,000
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 insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g	-	Х	
— h				109	***************************************		
i	2520.101-3.)			10h		Χ	
•							[18] - 발표 18 대한 12 대한
	exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	1-3					
11	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)	1-3 nents? (If "	Yes," see instructions and com	plete	·····		
11 11a	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 supplied to the supplied	1-3 nents? (If "	Yes," see instructions and com	plete		11a	Yes X No
11	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 subject to the minimum funding subject to the minimum funding	nents? (If "	Yes," see instructions and com dule SB (Form 5500) line 39	plete		11a	Yes X No
11 11a 12	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 files this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	nents? (If " rom Scheo requireme , as applic	Yes," see instructions and comdule SB (Form 5500) line 39 ents of section 412 of the Code	plete	ection :	11a 302 of	ERISA? Yes X No
11 11a 12	exceptions to providing the notice applied under 29 CFR 2520.10 IVI 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 files 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 standard for a prior year is being the standard for a prior year is being the provided the standard for a prior year is being the provided the standard for a prior year is being the provided the standard for a prior year is being the provided the standard for a prior year is being the provided the provide	nents? (If " rom Scheo requireme , as applic ng amortiz	Yes," see instructions and comdule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruc	plete or se	ection :	11a 302 of	ERISA? Yes No
11 11a 12 a	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 files this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	nents? (If " rom Scheo requireme , as applic	Yes," see instructions and comdule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruction	plete or se	ection :	11a 302 of enter th	ERISA? Yes X No
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.10 IVI 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 files 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 standard for a prior year is being granting the waiver.	nents? (If " rom Scheo requireme , as applic ng amortiz e MB (For	Yes," see instructions and comdule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instruction	or se	ection :	11a 302 of enter th	ERISA? Yes X No

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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 mir negative amount)	nus sign to the left of a	12d			
e 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		771	
b Were all the plan assets distributed to participants or beneficiaries, transferred to anothe of the PBGC?	r plan, or brought under the	control		Ye	s 🕅 No
c If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	r plan(s), identify the plan(s)	to			
13c(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			
	1				