| Form 5500-SF | | Short Form Annual Return/Report of Small Employee Benefit Plan | | | | | OMB Nos. 1210-0110 1210-0089 | | | |
|--|--|---|--|-------------------------------------|------------------------------------|---|---------------------------------|--|--|--|
| | partment of the Treasury ternal Revenue Service | BC This form is required to be filed u | 2 | 2013 | | | | | | |
| | Department of Labor Benefits Security Administration | Retirement Income Security Act of 19 the Internal R | This Form i | s Open to Public | | | | | | |
| Pension | Benefit Guaranty Corporation | Complete all entries in accordar | nce with the instruc | e instructions to the Form 5500-SF. | | | | | | |
| Part I | | lentification Information | | | | • | | | | |
| For caler | idar plan year 2013 or fisca | | | | 2/31/2 | 2013 | | | | |
| A This r | eturn/report is for: | an (not multiemployer) |) a one-participant plan | | | | | | | |
| B This return/report is: | | | | | | | | | | |
| an amended return/report a short plan year return/report (less than 12 months) | | | | | | | | | | |
| C Check box if filing under: X Form 5558 automatic extension | | | | | | DFVC program | | | | |
| special extension (enter description) | | | | | | | | | | |
| Part II | Basic Plan Inform | nation—enter all requested information | on | | | | | | | |
| 1a Nam | | | | | 1b | Three-digit | | | | |
| STRINGE | RS INTERNATIONAL, INC | . PROFIT SHARING PLAN | | | | plan number (PN) ▶ | 001 | | | |
| | | | | | 1c | Effective date or | | | | |
| | | | | | | 01/01 | • | | | |
| | sponsor's name and addre | ess; include room or suite number (emp | bloyer, if for a single- | employer plan) | 2b | Employer Identii (EIN) 64-06 | | | | |
| 1000 DES | | 1000 DESOTO | | | 2c | Sponsor's telep 664-624 | | | | |
| | ALE, MS 38614 | CLARKSDALE, | | | 2d | Business code (see instructions) | | | | |
| | 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address | | | | 3b | 3b Administrator's EIN 58-2162752 | | | | |
| GARY STRI | NGER | 1000 DESOTO A CLARKSDALE, M | | | 3c Administrator's telephone numbe | | | | | |
| nam | | lan sponsor has changed since the last per from the last return/report. | t return/report filed fo | or this plan, enter the | | EIN | | | | |
| | | the beginning of the plan year | | | | | 44 | | | |
| _ | | the end of the plan year | | | | | | | | |
| | | | ances as of the end of the plan year (defined benefit plans do not | | | · 5b | | | | |
| | | | • • | • | 5c | | 16 | | | |
| 6a We | re all of the plan's assets d | luring the plan year invested in eligible a | assets? (See instruct | tions.) | | | X Yes No | | | |
| b Are | you claiming a waiver of th | ne annual examination and report of an See instructions on waiver eligibility and | independent qualifie | d public accountant (IQ | PA) | | X Yes No | | | |
| lf yo | ou answered "No" to eith | er line 6a or line 6b, the plan cannot | use Form 5500-SF | and must instead use | Form | 5500. | | | | |
| C If the | e plan is a defined benefit p | olan, is it covered under the PBGC insu | rance program (see | ERISA section 4021)? . | | Yes No | Not determined | | | |
| Caution: | A penalty for the late or | incomplete filing of this return/repor | t will be assessed i | unless reasonable cau | ise is | established. | | | | |
| Under pe SB or Sc | nalties of perjury and othe hedule MB completed and | r penalties set forth in the instructions, I signed by an enrolled actuary, as well a | declare that I have | examined this return/rep | oort, ir | ncluding, if applic | | | | |
| Dellet, it i | s true, correct, and comple | ete | | | | | | | | |
| SIGN HERE | Filed with authorized/va | č | 07/30/2014 | MICHAEL HARTJE | | | | | | |
| | Signature of plan administrator Date Enter name of individua | | | | ual siç | gning as plan adn | ninistrator | | | |
| SIGN HERE | | | | | | | | | | |
| | Signature of employe | | Date | Enter name of individ | | | | | | |
| Preparer MIKE HA | | ne, if applicable) and address; include r | oom or suite number | r (optional) | Prep | parer's telephone | number (optional) | | | |
| HILBURN | LAW FIRM | | | | | 501-372 | 2-0110 | | | |
| P. O. BO | (5551 ITTLE ROCK, AR 72119 | | | | | | | | | |
| | | | | | | | | | | |

| | | (a) Paginging of Var | r | | | (b) End | of Voor | |
|---|---|--|---|------------|---|------------------------------|----------|----------------------------------|
| 7 Plan Assets and Liabilities a Total plan assets | | | | + | | (b) End o | 52571 | |
| b Total plan liabilities | 7a 7b | 242000 | 0 | - | | | 02011 | |
| C Net plan assets (subtract line 7b from line 7a) | 75 7c | 242535 | 8 | | | | 52571 | |
| 8 Income, Expenses, and Transfers for this Plan Year | 70 | (a) Amount | - | | | (b) To | | |
| a Contributions received or receivable from: | | (a) Amount | | | | | | |
| (1) Employers | 8a(1) | 45128 | 8 | | | | | |
| (2) Participants | 8a(2) | 7018 | 9 | | | | | |
| (3) Others (including rollovers) | 8a(3) | | 0 | | | | | |
| b Other income (loss) | 8b | 15949 | 0 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | _ | | | 274807 | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 264759 | 4 | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | (| 0 | | | | | |
| g Other expenses | 8g | (| 0 | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 2647594 | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -2372787 | |
| j Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | |
| Part IV Plan Characteristics | 9 | | | | | | | |
| Part V Compliance Questions | | | | | | | | |
| | | | | | | | | |
| | | | | Yes | No | | Amount | |
| During the plan year: 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 | ciary Correct | ction Program) | 10a | Yes | No | | Amount | |
| During the plan year:a Was there a failure to transmit to the plan any participant contribut | ciary Correct ? (Do not inc | ction Program) clude transactions reported | 10a 10b | Yes | - | | Amount | |
| During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest' | ciary Correct? (Do not inc | ction Program) clude transactions reported | | Yes | X | | | 5000 |
| During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.). | iciary Correct ? (Do not ind fidelity bond | ction Program) clude transactions reported | 10b | | X | | | 50000 |
| During the plan year: 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 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 | ciary Correct ? (Do not ind fidelity bonc er persons l of the benef | ction Program) clude transactions reported d, that was caused by fraud | 10b 10c | | X X | | | 50000 |
| During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all other services. | ciary Correct ? (Do not ind fidelity bonc er persons lo of the benef | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See | 10b 10c 10d | | x x x | | | 50000 |
| 10 During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan | ciary Correct ? (Do not ind fidelity bonc er persons of the benef | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See | 10b 10c 10d 10e 10f | | × × × × | | | 5000 |
| 10 During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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? (If the plan have a blackout period?) | ciary Correct ? (Do not ind fidelity bonc er persons l of the benef n? s of year end See instruct | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR | 10b 10c 10d 10e | | × × × × × | | | 5000 |
| During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 | ciary Correct ? (Do not ind fidelity bond ier persons l of the benef n? s of year end See instruct me required r | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR motice or one of the | 10b 10c 10d 10e 10f 10g | | × × × × × × × | | | 5000 |
| 10 During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 th exceptions to providing the notice applied under 29 CFR 2520.101 | ciary Correct ? (Do not ind fidelity bond ier persons l of the benef n? s of year end See instruct me required r | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR motice or one of the | 10b 10c 10d 10e 10f 10g 10h | | × × × × × × × | | | 5000 |
| 10 During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 th exceptions to providing the notice applied under 29 CFR 2520.107 | ciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fier persons i of the benef n? s of year end See instruct fier required r 1-3 | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR motice or one of the es," see instructions and com | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X | 3 (Form | | |
| 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? | ciary Correct ? (Do not ind fidelity bonc ier persons i of the benef n? s of year end See instruct ier required r 1-3 ents? (If "Ye | ction Program) clude transactions reported | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X X | 3 (Form | 25 | |
| 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest' on line 10a.) | ciary Correct ? (Do not ind fidelity bond er persons l of the benef n? s of year end See instruct ne required r 1-3 ents? (If "Ye | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X Iule SE | 3 (Form | 25 | N |
| 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) | ciary Correct ? (Do not ind fidelity bonc infidelity bonc iner persons i of the benef infinition of th | ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code | 10b 10c 10d 10e 10f 10g 10h 10i | X | X X X X X X X Iule SE | 3 (Form | 25 | N |
| 10 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest' on line 10a.) | ciary Correct ? (Do not ind fidelity bonc ier persons lo of the benef n? s of year end See instruct ier required r 1-3 ents? (If "Ye om Schedul requiremen as applicat ig amortized | ction Program) clude transactions reported | 10b 10c 10d 10e 10f 10g 10h 10i e or se | X Sched | X X X X X X X X Iule SE | B (Form B (Form ERISA? | 25 | 50000 |
| 10 During the plan year: 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 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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.) | ciary Correct ? (Do not ind fidelity bonc ier persons of the benef of the benef n? s of year end See instruct ier required r 1-3 ents? (If "Ye om Schedul requiremen as applicat ig amortized | ction Program) clude transactions reported | 10b 10c 10d 10e 10f 10g 10h 10i e or se | X Sched | X X X X X X X X Iule SE | B (Form B (Form ERISA? | 25 | N N |

| 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 | | |
| | | | | | |
| | | | | | |

| For | rm 5500-SF | Short Form Annual F | Return/F Benefit | | of Small Emplo | OMB Nos. 1210 1210 | | | | |
|--------------------------|---|--|---------------------|-------------------|--|---|-----------------------------|---|--|--|
| Depa Inter | rtment of the Treasury nal Revenue Service | This form is required to be file | | | 2013 | | | | | |
| | epartment of Labor enefits Security Administration | Retirement Income Security Act o | 8(a) of | is Open to Public | | | | | | |
| - | Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5 | | | | | | | spection | | |
| Part I | Annual Report lo | dentification Information | | | | | | | | |
| For calend | ar plan year 2013 or fisc | | 13 | | and ending | 12/31/ | 2013 | | | |
| A This ret | um/report is for: | X a single-employer plan | | | an (not multiemployer) | | a one-partic | ipant plan | | |
| B This ret | B This return/report is: | | | | | | | | | |
| • | an amended return/report a short plan year return/report (less than 12 | | | | | | | | | |
| C Check | box if filing under: | X Form 5558 special extension (enter descripti | | extension | | | DFVC progr | am | | |
| Part II | Basic Plan Infor | mation—enter all requested inform | | | | | | | | |
| 1a Name | | mation-enter all requested mon | lauon | | | 1b | Three-digit | | | |
| STRINGERS | INTERNATIONAL, INC | . PROFIT SHARING PLAN | | | | | plan number | 001 | | |
| | | | | | | 1c | (PN) F Effective date of | | | |
| | | | | | | | | 1/1993 | | |
| | ponsor's name and addr S INTERNATIONAL, INC | ress; include room or suite number (e | employer, if | for a single- | employer plan) | 2b | | ification Number | | |
| ORINGER | S INTERNATIONAL, INC | J. | | | | 20 | (=) | 669700 | | |
| 1000 DESO | TO AVE. | 1000 DESO | DESOTO AVE. | | | 20 | | ponsor's telephone number 664-624-4305 | | |
| | LE, MS 38614 | CLARKSDA | LE, MS 386 | 14 | | 2d | | (see instructions) | | |
| 20 Dis- 1 | ductor (| | | 102 DI | 0 | 26 | 1151 Administrator's | | | |
| GARY STRIN | | address Same as Plan Sponsor I | ليبيل | me as Plar | Sponsor Address | 30 | | LIN 162752 | | |
| GARTSTRIN | JER | CLARKSDALE | | | | 3c Administrator's telephone number 664-624-4305 | | | | |
| name | EIN, and the plan num | plan sponsor has changed since the ber from the last return/report. | last return/re | eport filed fo | or this plan, enter the | 4b | | | | |
| 1175-110-05-1022 | or's name | | | | | | PN | 44 | | |
| | | t the beginning of the plan year | | | | | | | | |
| | | t the end of the plan year count balances as of the end of the | | | | | | | | |
| | 192-1 1222/1201100 | count balances as of the end of the | | | | 5c | | | | |
| | | during the plan year invested in eligit | | | March 2010 Active 2010 Active | | | 🗙 Yes 🗌 No | | |
| | | he annual examination and report of See instructions on waiver eligibility | | | | | | X Yes 🗌 No | | |
| | | her line 6a or line 6b, the plan can | | | | | | | | |
| C If the p | blan is a defined benefit | plan, is it covered under the PBGC in | nsurance pro | ogram (see | ERISA section 4021)? | | Yes No | Not determined | | |
| Caution: A | penalty for the late or | incomplete filing of this return/re | port will be | assessed | unless reasonable ca | use is | established. | | | |
| SB or Sche | | er penalties set forth in the instruction signed by an enrolled actuary, as w ate. | | | | | | | | |
| SIGN | MALL | | 7/25 | 114 | G.S. 5- | N | NGER | _ | | |
| HERE | Signature of plan ad | re of plan administrator Date Enter name of individu | | | | | ning as plan ad | ministrator | | |
| SIGN | ALLA | | 712 | 8/14 | | TRINGER | | | | |
| HERE | Signature of employe | | | | | | | | | |
| Preparer's MIKE HART | | me, if applicable) and address; inclue | de room or s | uite numbe | r (optional) | Prep | arer's telephone | e number (optional) | | |
| HILBURN L | HILBURN LAW FIRM | | | | | | 501-372-0110 | | | |
| P. O. BOX 5 NORTH LIT | 5551 TLE ROCK, AR 72119 | | | | | - | | | | |
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Form 5500-SF 2013

Page 2

| Pa | rt III Financial Information | | | | | | | | | |
|---------------------------------|--|--|---|---|-----------------|---|-------------|------------------|-------|---------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | r | (b) End of Year | | | | | |
| a | Total plan assets | - 24252 | | | | | 5 | 2571 | | |
| b | | 7b | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 2425358 | 3 | 5257 | | | | 2571 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | | | | |
| а | Contributions received or receivable from: | | | | | | | | | |
| | (1) Employers | Employers | | | | | | - | _ | |
| | (2) Participants | | | | | _ | | | | |
| | (3) Others (including rollovers) | 4504 | | | | | _ | | | |
| | Other income (loss) | 8b | 15949 | 5 | - | | | | 1007 | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | _ | | _ | | 274 | 4807 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 2647594 | | | | | | _ | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | |) | - | _ | | _ | _ | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | _ | | _ | _ | | |
| g | Other expenses | 8g | | 0 | _ | | | | _ | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | _ | _ | | | | 7594 | |
| i | Net income (loss) (subtract line 8h from line 8c) | - 8i | | _ | - | | | -237 | 2787 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | _ | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K | feature co | des from the List of Plan Chara | acteris | tic Co | ides in | the instru | ctions: | | |
| 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 instruct | ions: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | | | | _ | Yes | No | | Amou | int | |
| | During the plan year: Was there a failure to transmit to the plan any participant contribu | | | | | x | | Anot | | |
| k | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest | ? (Do not i | include transactions reported | 10a | | х | | | | |
| | on line 10a.) | | | 10b | V | | | | | |
| | | | | 10c | X | | | | 25 | 0000 |
| C | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | fidelity bo | nd, that was caused by fraud | 10d | | х | | | | |
| 6 | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all | ner person | s by an insurance carrier, | | | | | | | |
| . | instructions.) | | | 40- | | х | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | | | | | | | | | |
| | | n? | | 10e 10f | | х | | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | n? is of year e | end.) | | | | | | | |
| | | n? is of year e (See instru | end.) | 10f | | х | | | | |
| | 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.) | n? is of year e (See instru he required | and.) uctions and 29 CFR d notice or one of the | 10f 10g | | X X | | | | |
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| i Par 11 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem | n? s of year of (See instru- he required 1-3 nents? (If " | and.) uctions and 29 CFR d notice or one of the Yes," see instructions and com | 10f 10g 10h 10l | | X X X | | | | |
| i Par 11 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | n? (See instru- he required 1-3 ments? (If " | end.) uctions and 29 CFR d notice or one of the Yes," see instructions and com lule SB (Form 5500) line 39 | 10f 10g 10h 10l | | X X X Jule SE | | | Yes X | |
| i Par 11 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year for the subject is the subject of the subject is the subject of the subject is the subjec | n? Is of year e (See instru- he required 1-3 | end.) uctions and 29 CFR d notice or one of the Yes," see instructions and com lule SB (Form 5500) line 39 ents of section 412 of the Code | 10f 10g 10h 10l | | X X X Jule SE | | | | |
| i Par 11 11: 12 | 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 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year for a subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is being the subject of the minimum funding standard for a prior year is being the subject of the minimum funding standard for a prior year is being the subject is the subject | n? Is of year e (See instru- he required 1-3 ments? (If " rom Scheo requiremention as applic ng amortiz | end.) uctions and 29 CFR d notice or one of the Yes," see instructions and com lule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru | 10f 10g 10h 10l nplete | ection | X X X Jule SE 11a 302 of | ERISA? | the left Year | Yes 🗴 | < No |
| i Par 11 11: 12 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a Enter the unpaid minimum required contribution for current year for is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | n? Is of year e (See instru- he required 1-3 | end.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr lule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru Mor | 10f 10g 10h 10l 10l ctions | ection | X X X Jule SE 11a 302 of enter th | ERISA? | | Yes 🗴 | < No |

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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? | . X ١ | res 🗌 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? | | | | |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) | to | | | |
| | | 13c(2) El | IN(s) | 13c(3) PN(s) | |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a | Name of trust | 14b Trust's EIN | | | |
| | | | | | |

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