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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

| | enefit Guaranty Corporation | Complete all entries in acceptance | cordance with the instruc | ctions to the Form 5500 | 0-SF. | | |
|--|--|---|--|--|------------------------------|---|--|
| Part I | Annual Report lo | dentification Information | | | | | |
| For calend | lar plan year 2013 or fisc | cal plan year beginning 10/01/2 | 2013 | and ending 1 | 2/31/2 | 2013 | |
| A This re | turn/report is for: | a single-employer plan | | lan (not multiemployer) | | a one-partici | pant plan |
| B This re | turn/report is: | the first return/report | the final return/report | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 mo | ontns) | _ | |
| C Check | box if filing under: | Form 5558 | automatic extension | | | DFVC progra | am |
| | | special extension (enter descri | <u> </u> | | | | |
| Part II | | mation—enter all requested info | ormation | | | | 1 |
| 1a Name | • | | | | 1b | Three-digit | |
| BIRTLEY 40 | 1K PLAN | | | | | plan number | 004 |
| | | | | | 4. | (PN) • | 001 |
| | | | | | 10 | Effective date o | |
| 2a Plan s | ponsor's name and addi | ress; include room or suite numbe | er (employer, if for a single- | employer plan) | 2b | Employer Identi (EIN) 27-02 | fication Number 64201 |
| 2333 ININO\ | VATION DRIVE | | | | 2c | Sponsor's telep | |
| | N, KY 40511 | | | | 2d | Business code (| (see instructions) |
| 3a Plan a | ıdministrator's name and | d address XSame as Plan Spons | or Name Same as Plar | Sponsor Address | 3b | Administrator's | |
| | | | | | 3c | Administrator's | telephone number |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 16.0 | | | | 0: 1 1 0 | 4. | | |
| | | plan sponsor has changed since to ber from the last return/report. | the last return/report filed to | or this plan, enter the | 4b | EIN | |
| | sor's name | ber from the last return/report. | | | 4c | PN | |
| | | at the beginning of the plan year | | | 5a | T | 0 |
| _ | | at the end of the plan year | | | 5b | | |
| | er of participants with a | | | | | | 16 |
| 00p | lete this item) | ccount balances as of the end of the | . , , | efit plans do not | 5c | | 16 |
| 6a Were | • | ccount balances as of the end of the count balances as of the end of the country during the plan year invested in el | | efit plans do not | 5с | | |
| b Are y | e all of the plan's assets ou claiming a waiver of t | during the plan year invested in el | ligible assets? (See instruct tof an independent qualifie | efit plans do not tions.) d public accountant (IQI | PA) | | X Yes No |
| b Are you | e all of the plan's assets ou claiming a waiver of t r 29 CFR 2520.104-46? | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil | ligible assets? (See instruct of an independent qualifie lity and conditions.) | efit plans do not tions.) ed public accountant (IQI | PA) | | 10 |
| b Are y under | e all of the plan's assets ou claiming a waiver of t r 29 CFR 2520.104-46? u answered "No" to eith | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan ca | ligible assets? (See instruct of an independent qualificality and conditions.) | tions.)d public accountant (IQI | PA) Form | 5500. | Yes No Yes No |
| b Are y under | e all of the plan's assets ou claiming a waiver of t r 29 CFR 2520.104-46? u answered "No" to eith | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil | ligible assets? (See instruct of an independent qualificality and conditions.) | tions.)d public accountant (IQI | PA) Form | 5500. | X Yes No |
| b Are y under If you | e all of the plan's assets ou claiming a waiver of t r 29 CFR 2520.104-46? u answered "No" to eith plan is a defined benefit | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan ca plan, is it covered under the PBG | ligible assets? (See instruct of an independent qualificality and conditions.)annot use Form 5500-SF | efit plans do not | PA) Form | 5500. Yes No | Yes No Yes No |
| b Are y under If you C If the Caution: A | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit A penalty for the late or | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG r incomplete filing of this return | ligible assets? (See instruct of an independent qualificality and conditions.) | efit plans do not tions.) | PA) Form | 5500. Yes No cestablished. | Yes No Yes No Not determined |
| b Are y under If you C If the Caution: A Under pen SB or School | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit A penalty for the late or alties of perjury and other | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as | ligible assets? (See instruct of an independent qualificality and conditions.) | efit plans do not tions.) | Form | 5500. Yes No established. Cluding, if applic | Yes No Yes No Not determined |
| b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit A penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed. | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as | ligible assets? (See instruct of an independent qualificality and conditions.) | efit plans do not tions.) | Form | 5500. Yes No established. Cluding, if applic | Yes No Yes No Not determined |
| b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit A penalty for the late of alties of perjury and other edule MB completed and true, correct, and completed. | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, as ete. | ligible assets? (See instruct of an independent qualificality and conditions.) | efit plans do not tions.) | Form | 5500. Yes No established. cluding, if applic to the best of my | Yes No Yes No Not determined Able, a Schedule knowledge and |
| b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? If answered "No" to eith plan is a defined benefit to a penalty for the late on alties of perjury and other edule MB completed and true, correct, and completed with authorized/value. | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, as ete. | ligible assets? (See instruct of an independent qualified lity and conditions.) | and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report | Form | 5500. Yes No established. cluding, if applic to the best of my | Yes No Yes No Not determined Able, a Schedule knowledge and |
| b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? If answered "No" to eith plan is a defined benefit to a penalty for the late or alties of perjury and other edule MB completed and true, correct, and completed with authorized/value. | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as lete. | ligible assets? (See instruct of an independent qualificative and conditions.) | and must instead use ERISA section 4021)? . unless reasonable cau examined this return/report Enter name of individu | Form se is oort, in, and t | 5500. Yes No established. Including, if applicate the best of my | Yes No Yes No Not determined Sable, a Schedule knowledge and |
| b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit to a penalty for the late or alties of perjury and other and the completed and true, correct, and completed with authorized/vassignature of plan ad | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as ete. In a lid electronic signature. | ligible assets? (See instruct of an independent qualificative and conditions.) | tions.) | Form See is port, in , and t | 5500. Yes No established. Including, if application the best of my entire and a plan adminishing as employed. | Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator |
| b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit to a penalty for the late or alties of perjury and other and the completed and true, correct, and completed with authorized/vassignature of plan ad | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as lete. | ligible assets? (See instruct of an independent qualificative and conditions.) | tions.) | Form See is port, in , and t | 5500. Yes No established. Including, if application the best of my entire and a plan adminishing as employed. | Yes No Yes No Not determined Sable, a Schedule knowledge and |
| b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit to a penalty for the late or alties of perjury and other and the completed and true, correct, and completed with authorized/vassignature of plan ad | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as ete. In a lid electronic signature. | ligible assets? (See instruct of an independent qualificative and conditions.) | tions.) | Form See is port, in , and t | 5500. Yes No established. Including, if application the best of my entire and a plan adminishing as employed. | Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor |
| b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE | e all of the plan's assets ou claiming a waiver of to 29 CFR 2520.104-46? It answered "No" to eith plan is a defined benefit to a penalty for the late or alties of perjury and other and the completed and true, correct, and completed with authorized/vassignature of plan ad | during the plan year invested in el the annual examination and report (See instructions on waiver eligibil her line 6a or line 6b, the plan caplan, is it covered under the PBG rincomplete filing of this return er penalties set forth in the instructed signed by an enrolled actuary, as ete. In a lid electronic signature. | ligible assets? (See instruct of an independent qualificative and conditions.) | tions.) | Form See is port, in , and t | 5500. Yes No established. Including, if application the best of my entire and a plan adminishing as employed. | Yes No Yes No Not determined Sable, a Schedule knowledge and ministrator er or plan sponsor |

Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | | | | |
|------|--|-------------|--------------------------------|---------|---------|----------|--------------|-------|--------|------|------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | or. | | | (b) End | of V | ar | | |
| | Total plan assets | 7a | | 0 | | | (b) Ella | | 61137 | 7 | |
| | Total plan liabilities | 7a 7b | | | | | | | 01101 | | |
| | Net plan assets (subtract line 7b from line 7a) | 76 7c | 0 | | | | 161137 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 70 | | | | | (b) Total | | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (a) | otai | | | |
| | (1) Employers | 8a(1) | 420 | 0 | | | | | | | |
| | (2) Participants | 8a(2) | 840 | 0 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 14396 | 8 | | | | | | | |
| b | Other income (loss) | 8b | 456 | 9 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 1 | 61137 | , | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | (|) | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 1 | 61137 | 7 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pai | rt IV Plan Characteristics | <u> </u> | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruc | tions | : | | |
| b | 2E 2F 2G 2J 3D 2K 2T If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | les in t | he instructi | ons: | | | |
| | | | | | | | | | | | |
| Par | t V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | ount | | |
| а | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | X | | | | | 28 | 859 |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ` | • | 10b | | X | | | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 400 | 000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | • | | 10d | | X | | | | 10 | - |
| | Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | | | | | |
| · | insurance service, or other organization that provides some or all | | | | | X | | | | | |
| | instructions.) | | | 10e | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | X | | | | | |
| 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 | | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | | Yes | × | No |
| 110 | 5500) and line 11a below) | | | | | | | | . 03 | ^ | . 10 |
| | Enter the unpaid minimum required contribution for current year fr | | , | | | 11a | EDICA: | | Ver | V | NI- |
| 12 | Is this a defined contribution plan subject to the minimum funding | - | | or se | ection | 302 of | ERISA? | | Yes | ۸ | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | otions | ord : | ontor th | o data of " | 20 10 | ttor m | lin~ | |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. —————————————————————————————————— | | | | | | | | | | |
| | | | | | | Day | | 1 00 | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | 12b | | 100 | | | |

| 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 | 14b Trust'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 | | Identification Information | | | | | | | |
|----------------|--|---|--|---|---------------------------|--|--|--|--|
| For caler | ndar plan year 2013 or fi | scal plan year beginning | 10/01/2013 | and ending | | 12/31/2013 | | | |
| A This | return/report is for: | X a single-employer plan | a multiple-employer pl | lan (not multiemployer) | r) a one-participant plan | | | | |
| B This | return/report is: | X the first return/report | the final return/report | | | | | | |
| | | an amended return/report | X a short plan year return | n/report (less than 12 m | onths) | | | | |
| C Chec | k box if filing under: | X Form 5558 | automatic extension | | | DFVC program | | | |
| | | special extension (enter descr | iption) | | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested info | ormation | - | | | | | |
| | ie of plan | | | | 1b | Three-digit plan number | | | |
| BIR | TLEY 401K PLAN | | | | | (PN) ▶ 001 | | | |
| | | | | | 1c | Effective date of plan 10/01/2013 | | | |
| | | dress; include room or suite numbe L EQUIPMENT CORP | er (employer, if for a single- | employer plan) | 2b | Employer Identification Number (EIN) 27-0264201 | | | |
| | | | | | 2c | Sponsor's telephone number (859) 721–1740 | | | |
| | 3 INNOVATION D INGTON | RIVE | · KY | 40511 | | Business code (see instructions) 213110 | | | |
| | | nd address 🏻 Same as Plan Spons | | Sponsor Address | | Administrator's EIN | | | |
| | | | | | 3с | Administrator's telephone number | | | |
| | | e plan sponsor has changed since t mber from the last return/report. | he last return/report filed fo | or this plan, enter the | 4b | EIN | | | |
| | sor's name | | | | 4c | PN | | | |
| 5a Tota | I number of participants | at the beginning of the plan year | | ************************ | 5a | 0 | | | |
| b Tota | number of participants | at the end of the plan year | b) | | 5b | 16 | | | |
| | | account balances as of the end of t | | | 5c | 10 | | | |
| | | s during the plan year invested in el | | | | Yes No | | | |
| | | f the annual examination and report ? (See instructions on waiver eligibil | | | | X Yes No | | | |
| | | ither line 6a or line 6b, the plan ca | | | | | | | |
| | | it plan, is it covered under the PBG | | | | Yes No Not determined | | | |
| | | or incomplete filing of this return | • | | | | | | |
| SB or Sch | naities of perjury and oth nedule MB completed ar strue, correct, and comp | her penalties set forth in the instruct nd signed by an enrolled actuary, as plete. | ions, declare that have e well as the electronic vers | examined this return/repsion of this return/report, | ort, ind and to | cluding, if applicable, a Schedule o the best of my knowledge and | | | |
| SIGN | Ve | libby | 91812019 | YING JUAN XION | IG | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individu | ıal sigr | ning as plan administrator | | | |
| SIGN | (1 | $\overline{\sim}$ | 9181204 | YING JUAN XION | | 3 | | | |
| HERE | Signature of emplo | ver/plan sponsor | Date | Enter name of individu | ıal sigr | ning as employer or plan sponsor | | | |
| Preparer's | | ame, if applicable) and address; inc | | | | arer's telephone number (optional) | | | |
| | | | · | | | | | | |

| Pa | rt III Financial Information | #***** | | | | | | | |
|----------|---|---------------------------|---|--------------|---|-----------------------|--------------------------------------|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Ye | ar | | | (b) End of Year | | |
| a | Total plan assets | 7a | | | 0 | | 161,137 | | |
| b | Total plan liabilities | 7b | | | | | | | |
| c | Net plan assets (subtract line 7b from line 7a) | 7c | | | 0 | 16 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | |
| | Contributions received or receivable from: | | | 1 0/ | | | | | |
| | (1) Employers | 8a(1) | | 4,20 | | | | | |
| | (2) Participants | 8a(2) | | 8,40 3,90 | 1711.394 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 17/200 | Nijobaki Su kaluki | | | |
| b | Other income (loss) | 8b | maniani ili ofirmanis kiesalutiniks sersawa ver | 4,5 | 09 | | 161 127 | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 995 995 2000 | n outstelderek | 161,137 | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | | 7015 2716 2716 | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | -1000 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | | 400 | | ing wyder y drog Tolkie. German | | |
| <u>g</u> | Other expenses | 8g | i o tamba prosespranska poji država bačena Videoje. | iomighia | e de la | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 0 | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | s viida dix u | 161,137 | | |
| | Transfers to (from) the plan (see instructions) | 8j | | | THE | | | | |
| b Par | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D 2K 2T If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension. | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| а | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | Х | | 2,859 | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | nclude transactions reported | 10b | · | Х | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Х | | 40,000 | | |
| 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 cinstructions.) | er persons of the bene | s by an insurance carrier, fits under the plan? (See | 1 0 e | | Х | | | |
| f | Has the plan failed to provide any benefit when due under the plan | 1? | | 10f | | X | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | ınd.) | 10g | | Х | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | 1 | 10h | | Х | | | |
| 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 | | | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fro | | | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of the Code | or se | ction 3 | 302 of | ERISA? Yes X No | | |
| , | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | * | | |
| ā | If a waiver of the minimum funding standard for a prior year is bein granting the waiver. | g amortize | d in this plan year, see instruc | | and e | nter th Day | ne date of the letter ruling Year | | |
| lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | | |
| <u>b</u> | Enter the minimum required contribution for this plan year | | | | | 12b | | | |

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|-------------------|--|----------|----------|-----------------|--|--|
| | 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? | () | ′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 | | 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) which assets or liabilities were transferred. (See instructions.) | to | | | | |
| 1 | 3c(1) Name of plan(s): | 3c(2) El | N(s) | 13c(3) PN(s) | | |
| | | | | | | |
| 431/4-30/ | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| 14a Name of trust | | | | 14b Trust's EIN | | |
| | | | | | | |