Form 5500-SF Short Form Annual Return/Report of Small Employee					yee	<b>e</b> OMB Nos. 1210-0110 1210-0089	
	tment of the Treasury nal Revenue Service	Benefit Plan			_	2013	
Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employe           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           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 5500-SF. Inspection							pection
Part I		lentification Information					
	ar plan year 2013 or fisca				2/31/2		
A This return/report is for:						a one-particip	oant plan
<b>B</b> This ret	urn/report is:		the final return/report				
•				n/report (less than 12 m	ontns)	-	
C Check b	box if filing under:		automatic extension			DFVC progra	im
Part II	Basic Plan Inform	special extension (enter description <b>nation</b> —enter all requested informated	,				
1a Name		<b>nation</b> —enter all requested information	tion		1b	Three-digit	
	•	K) PROFIT SHARING PLAN				plan number	
					10	(PN)	001
					IC	Effective date or 01/01/	•
		ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi	fication Number
CENTURYS	TAR FUEL CORP.						54766
	NOTRET				2C	Sponsor's telep 914-23	
56 HARRISC SUITE 306					2d		see instructions)
NEW ROCH	ELLE, NY 10801					45431	0
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3C	Administrator's t	elephone number
		lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name, <b>a</b> Sponso		per from the last return/report.			4c	PN	
<u> </u>		the beginning of the plan year			5a		22
<b>b</b> Total r	number of participants at	the end of the plan year			5b		22
		count balances as of the end of the pla	• •	•	5c		16
6a Were	all of the plan's assets d	luring the plan year invested in eligible	e assets? (See instruc	tions.)			🗙 Yes 🗌 No
		ne annual examination and report of an					X Yes 🗌 No
		See instructions on waiver eligibility an er line 6a or line 6b, the plan canno					
-		plan, is it covered under the PBGC ins					Not determined
Caution: A	nenalty for the late or	incomplete filing of this return/ren/	ort will be assessed	unless reasonable cau		established	1
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.							
SIGN	Filed with authorized/va	lid electronic signature.					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator			ninistrator
SIGN							
HERE	Signature of employe		Date		dual signing as employer or plan sponsor		
Preparer's	name (including firm nan	ne, if applicable) and address; include	e room or suite numbe	r (optional)	Prep	arer's telephone 999-999	number (optional) 9-9999

l

a Total plan assets       7a       900465       106         b Total plan labilities       7b       0       0         c Not plan assets (subtract line 7b from line 7a)       7c       900465       106         8 income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       7991       (c) Total         (a) Other (including rollowers)       8a(2)       76.44       0       0         (b) Other income (loss)       8a(3)       0       0       0       0         (b) Other income (loss)       8a(3)       0       0       0       0       0         (c) Total income (loss)       8a(3)       0<									III Financial Information
C       Total plan inabilities       Total plan inabin inabilities       Total plan inab	of Year	(b) End of Year			r	(a) Beginning of Yea			an Assets and Liabilities
C         Net plan assets (subtract line 7b from line 7a)         7c         900465         106           8         Income, Expenses, and Transfers for This Plan Year         (a) Amount         (b) Total           Contributions received or receivable from:         8a(1)         7001         (b) Total           (1) Employers         8a(2)         70847         (a)           (2) Participants.         8a(2)         70847         (b)           (3) Others (including relovers).         8a(2)         70847         (c)           (a) Employers         8a(2)         704         (c)         78647           (3) Others (including allocations)         8a(2)         766         (c)         166           C Total income (data) mes 8a(1), 8a(2), 8a(3), and 8b)         8c         0         (c)         167           Administrative service providers (salaries, fees, commissions)         8d         39802         (c)         0           (a) Other accenter (ces) (subtract line 8h from line 80)         8h         161         161           Transfers to (from) the plan (see instructors)         8g         0         162           (a) Must gene a failure to transmit to the plan avp participant contributions within the time period descripts in the instructors:         262         27         20         21	1065895	1065895			5	90046	7a		otal plan assets
8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable form:       8a(1)       7791         (i) Employers       8a(2)       77647         (j) Employers       8a(3)       0         (j) Others (including rollovers)       8a(3)       0         (j) Others (including rollovers)       8a(3)       0         (j) Others (including rollovers)       8a(3)       0         (j) Other (income (loss)       8b       84574         (j) Charles (including rollovers)       8d       0         (j) Charles (including rollovers)       8d       0         (j) Charle (loss)       8d       0         (j) Charle (loss)       8d       0         (j) Other expenses.       9g       0         (j) Other expenses.       9g       0         (j) Transfers to (from) the plan (see instructors)       8j       0         (j) Transfers to (from) the plan (see instructors)       8j       0         (j) Transfers to (from) the plan (see instructors)       8j       0         (j) Transfers to (from) the plan expenses       9g       0         (j) Transfers to (from) the plan expenses       100       10	0	C			)		7b		otal plan liabilities
a Contributions received or receivable from:       Ba(1)       7991         (i) Employers       Ba(2)       70847         (2) Participants       Ba(2)       70847         (3) Others (including rollovers)       Ba(3)       0         b Other income (dotal ines 8a(1), 8a(2), 8a(3), and 8b)       Bb       84574         c Total income (add ines 8a(1), 8a(2), 8a(3), and 8b)       Bc       9         b Other income (dotal ines 6a(1), 8a(2), 8a(3), and 8b)       Bc       9         c Total income (add ines 6a(1), 8a(2), 8a(3), and 8b)       Bc       0         c Total income (add ines 6a(1), 8a(2), 8a(3), and 8b)       Bc       0         c Total income (add ines 6a(1), 8a(2), 8a(3), and 8b)       Bd       0         c Total income (add ines 6a(1), 8a(2), 8a(3), and 8b)       Bd       0         c Total expenses       Bg       0       0         Total expenses (add lines 8d, 8e, 8f, and 8g)       Bh       16         i Transfers (a form) the pine (see instructions)       Bj       0       16         J Transfers (Z S J J J ZK, Z S J Z J Z)       X Z S J J ZK J Z Z S J Z Z Z Z J Z Z Z Z Z Z Z Z Z Z	1065895	1065895			5	90046	7c		et plan assets (subtract line 7b from line 7a)
(1)       Employers       8a(1)       7991         (2)       Participants       8a(2)       76847         (3)       Others (including rollovers)       8a(3)       0         b       Differ (including rollovers)       8b       84574         C       Total income (oss)       8b       84574         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       16         d       Benefits paid (including direct rollovers and insurance promiums to provide benefits).       0       0         e       C-trait deemed and/or corrective distributions (see instructions)       8c       0       16         d       Other expenses (add lines 8d, 8e, 8f, and 8g)       8f       3992       16         f       Total expenses (add lines 8d, 8e, 8f, and 8g)       8f       16       16         j       Total expenses (add lines 8d, 8e, 8f, and 8g)       8f       16       16         j       Transfers to (from) the plan (see instructions)       8g       0       17         j       Transfers to (from) the plan (see instructions)       8g       0       160         j       Transfers to (from) the plan (see instructions)       8g       0       160       X         g       O	otal	(b) Total				(a) Amount			come, Expenses, and Transfers for this Plan Year
(1)       Interpretation       (1)       76847         (2)       Participants       (8)       0         (3)       Others (including cillovers)       (8)       0         (4)       Other income (add lines 84(1), 84(2), 84(3), and 8b)       8c       16         (5)       Other income (add lines 84(1), 84(2), 84(3), and 8b)       8c       16         (6)       Denefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       0         (7)       Administrative service providers (salaries, fees, commissions)       8f       3982       9         (7)       Administrative service providers (salaries, fees, commissions)       8f       3982       9         (7)       Transfers to from the plan (see instructions)       8g       0       16         (7)       Transfers to from the plan (see instructions)       8j       0       16         (7)       Transfers to from the plan (see instructions)       8j       0       16         (7)       Transfers to from the plan (see instructions)       8j       0       17         (7)       Plan Characteristic Codes in the instructions:       16       16       16         (7)       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch						700			
(a) Others (including rollovers)       (b) Other income (loss)       (c) Total income (loss)       (c) Other income(									
b       Other income (loss)       8b       84574         c       Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       16         d       Benefits paid (including direct rollovers and insurance permiums Bd       0       0         e       Cartain deemed and/or corrective distributions (see instructions).       Be       0       0         f       Administrative service providers (slaintes, Ees, commissions)       Bf       3082       0         g       Other expenses       Bg       0       0       0         f       Administrative service providers (slaintes, Ees, commissions)       Bf       3082       0         g       Other expenses       Bg       0       0       0       0         Farat IV       Plan Characteristics       Bi       0       0       0       0         g       If the plan provides ensition benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2       2       No       Amore         0       During the plan year:       Yes       No       Amore       No       X       2       2       Creations and DC/s Voltanty Fluduary Correction Program)       10a       X       2       2       Creations and DC/s Voltanty Fluduary Correction Program) <td></td> <th></th> <td></td> <th></th> <th></th> <td></td> <td></td> <td></td> <td>/ /</td>									/ /
Control       Contro       Control       Control									
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)					•	64374			
bg       bd       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       30922         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       100         f       Net income (cos) (subtractilities 8h rom line 8c)       8i       100         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2z 2z 2z 2z 2z 2z 2z 2z 30         g       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Zz       Zz       Zz 2z 2z 30       2x 2z 2z 30         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Zz       Zz       Zz 2z 2z 30       2x 2x 2z 2       30         D       During the plan year:       Yee       No       Amou         40       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to no inter 03)       X       10a       X         c       Was the plan covered by a	169412	169412					80		
e       Certain deemed and/or corrective distributions (see instructions)					)	(	8d		
a Other expenses       b       b         g Other expenses       b       b         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       16         i Net income (loss) (subtract line 8h from line 8c)       8i       16         g Transfers to (from) the plan (see instructions)       8j       0         g Transfers to (from) the plan (see instructions)       8j       0         g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E 2F 2G 2J 2K 2S 2T 3D       10       Uuring the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       10       Voring the plan year:       Yes       No       Amouta         a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       V         b Were there any nonexempt transactions with any part/-in-interest? (Do not include transactions reported on line 10a,)       10b       X       10c       V       Idd       X       Idd					)	(	8e		
a       3       3       3       10<						3982	8f	missions)	dministrative service providers (salaries, fees, commissions)
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       16         i       Net income (loss) (subtract line 8h from line 8c)       8i       16         j       Transfers to (from) the plan (see instructions)       8i       0         Part IV       Plan Characteristics       9       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       20       2K       2S       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c       Was the plan nove a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X         c       Was the plan novered by a fidelity bond?       10d       X       10d       X       10d       X       10d       X       10d       X       10d       X <td></td> <th></th> <td></td> <th></th> <th>)</th> <td>(</td> <td></td> <td>,</td> <td></td>					)	(		,	
i       Net income (loss) (subtract line 8h from line 8c)	3982	3982							
j       Transfers to (from) the plan (see instructions)	165430	165430					8i		
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D          b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:          Part V       Compliance Questions        Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					)		8i		
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       2S       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									IV Plan Characteristics
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       I0d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       X       I0d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       I0d       X       I0d </th <th>Amount</th> <th>Amount</th> <th>No</th> <th>Yes</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Amount	Amount	No	Yes					
on line 10a.)       10b       ^         C       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X          g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X          f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X          g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X          i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X         extreme       Part VI       Pension Funding Compliance       10i       X         11       Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 39 </td <td>0</td> <th></th> <td>Х</td> <th></th> <th>10a</th> <td></td> <td></td> <td></td> <td></td>	0		Х		10a				
c       Was the plan covered by a fidelity bold?       10c       10c         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0		Х		10b	-		-	
or dishonesty?       10d       ^         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: comparison of the provide any participant loans? (If "Yes," complet on the provide any participant loans? (If "Yes," complete provide the participant provide the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10i       X<	79000			Х	10c				Was the plan covered by a fidelity bond?
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	0		Х		10d				
f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10h       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10h       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10h       X       Image: Completion of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Completion of the plan have any participant loans? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       Image: Completion of the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) line 39       Image: Completion of the plan have any participant loans and plan the plan way 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 granting the waiver.       Image: Completion of the plan way of the minimum funding raprior year is being amortized in this plan year, see instructions,	4916			x	10e	ts under the plan? (See	of the benefi	les some or all	insurance service, or other organization that provides some or
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0		Х		10f				
bit the plan have any participant toans: (in res, enter anothing as of year end.)				Х	-			•	
i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	1063		Х		Ū	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			
Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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 granting the waiver.			Х			otice or one of the	he required r	ther provided th	If 10h was answered "Yes," check the box if you either provide
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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 granting the waiver.									
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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 granting the waiver.         Month       Day         Year	🗌 Yes 🗙 No	· · · · · · · · · · · · · · · · · · ·					•	- ·	s this a defined benefit plan subject to minimum funding requir
12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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 granting the waiver.         Month       Day         Year	0								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 granting the waiver	Yes X No	ERISA? Yes	302 of			· · ·			· · · · ·
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 granting the waiver									· · ·
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-			, and e		in this plan year, see instruc	ng amortized	rior year is beir	f a waiver of the minimum funding standard for a prior year is t
						5500), and skip to line 13.	e MB (Form	10 of Schedule	ou completed line 12a, complete lines 3, 9, and 10 of Sched
b Enter the minimum required contribution for this plan year	0	<u> </u>	12b					an year	Enter the minimum required contribution for this plan year

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			r			
C	Enter the amount contributed by the employer to the plan for this plan year	12c		0		
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		0		
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?	ı 🗌 ۱	res X 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		🗌 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):   1	3c(2) El	N(s)	<b>13c(3)</b> PN(s)		
Part VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN				

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F Drm 5500-SF	Short Form An	Short Form Annual Return/Report of Small Employee Benefit Plan			
nlumal Revenue Service	This form is require	2013			
Department of Labor Employ :e bicrustic Geouity Administration	Retirement Income Sec)	utily Act of 1974 (ERISA), and se the Internal Revanue Code (the (	clings KD57(b) and 8058(a) of	This Form is Open to Public	
Ponsh II Benefit Guaranty Corporation		<u>s in accordance with the Instru</u>		inspection	
Annual Report Id	entification Information	ition	calons to the Form 5500-SF.	L. <u>.</u>	
For call inder plan year 2013 or fisc	el plan year beginning	1/172013	and ending 12	2/31/2013	
A This rolum/report is for:	a single-employer plan	📔 a multiple-employer p	lan (not multiemployer)	e onc-participant plan	
<b>B</b> This return/report is:	the first return/report	[]] the final return/report	· .	,	
	an antended rotum/repo	ort 🔄 a short plan year retur	w/report (less than 12 months)		
C Che :k box if filing under:	Form 5558	automatic extension	Ī	DFVC program	
	special extension (entor			- -	
Basic Plan Inform	nation-enter all requee	ted Information	······································		
1a Name of plan Century Star Fuel Corp.	401(k) Profit Sharing	Plan		Three-digit plan number 001	
				(PN)  Effective date of plan	
2a Pla I sponsor a name and addre	ee: include room or pulle	number (envoluence )/ face		1/1/1999	
Cerr IIY Star Fuel Corp.	aaa, alcoole foom of Suite	number (employer, il for a single		EIN) 133554766	
56 Harrison Street Suite 306			20	Sponsor's telephone number 9142356329	
New Rochelle 1080	NY'	· · · ·	2d (	Susiness code (see instructions) 464310	
3a Plan administrator's name and a	address 🖉 Same as Plan a	Sponsor Name 🔄 Same #s Plar	Sponsor Address 3b /	Administrator's EIN	
			3c /	Administrator's telephone number	
		<u>-</u>	-		
4 If the name and/or EIN of the pl	en sponsor has changed s	since the last return/report filed fo	r this plan, onter the 4b (	 EIN	
narile, EIN, and the plan number <b>6</b> . Spallson's number	er from the last return/repo	uf.		<u> </u>	
· · · · · · · · · · · · · · · · · · ·	the beginning of the plan v	/car,,,	4C F		
<b>b</b> Tot it number of participants at	the end of the plan year			22	
C Number of participants with accepted with accepted by the second se	out balances as of the er	of of the plan waar (dollared bone	fit of the set		
<u> </u>	<u></u>		5c	16	
<ul> <li>Are you claiming a waiver of the upper 20 CEB 2520 104 489 (6)</li> </ul>	nng me pian yaar invester 2 annual exemination pod:	d in eligible assets? (See instruct	ions.)	Yes 🛛 No	
MIC 3 25 OCH X020, 104-467 (3	HE INSTRUCTIONS ON WRIVER )	elloibility and conditions.)			
in k to supmetedNo., to enne	r line ba or 2ne 6b, Lho p	lan cannot uze Form 5500-SF ;	and must instead use Form 5	506	
⊂ if th : plan is a defined benefit p					
Caution Apenalty for the late or I	<u>ncomplete filing of this r</u>	eturn/report will be assessed a	iniess reasonable causo is es	stabilshed.	
Under princities of perjury and other SB or Schodulo MB completed and a bellef, IL is true, corpect, and complete	penalties set forth in the # igned by an appoilted setu	ostruotiese, Labortere Asia Liberrator	and the second		
	4/				
	<u>za</u>				
Signature of plan adm	Ini <u>ștr</u> ator	Date	Enter name of individual signi	ng as plan administrator	
Preparer : name (Including firm name	Plan sponsor	Date	Enter name of Individual signi	ng as employer or plan sponsor	
i	а — аррисаси <b>е) в</b> ло аббла	as; include room of suite number	(optional) Propar	er's telephone numbur (optional)	
For Paper Pork Reduction Act Notice an	d OMB Control Numbers	the least the second second			
	- one control numbers, se	ie die instructions för Form 5500-8	F, ————————————————————————————————————	Form 5500-57 (2013) y. 130118	