| Form 5500-SF | | Short Form Annual Return/Report of Small Employe | | | yee | /ee OMB Nos. 1210-011 1210-008 | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|-----------------|---------------------------------|-------------------|--|--|--|
| Department of the Treasury Internal Revenue Service | | Benefit Plan | | | | 2 | 2013 | | | |
| Department of Labor Employee Benefits Security Administration | | This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code). | | | | s Open to Public | | | | |
| Pension Be | nefit Guaranty Corporation | 0-SF. | Ins | pection | | | | | | |
| Perison benefit dualanty component Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information | | | | | | | | | | |
| For calenda | ar plan year 2013 or fisca | al plan year beginning 01/01/2013 | | and ending 1 | 2/31/2 | 2013 | | | | |
| A This ret | urn/report is for: | a single-employer plan | multiple-employer pla | an (not multiemployer) | | a one-particip | pant plan | | | |
| B This ret | urn/report is: | the first return/report th | e final return/report | | | | | | | |
| | | an amended return/report | short plan year returr | n/report (less than 12 m | onths) | 1 | | | | |
| C Check b | C Check box if filing under: X Form 5558 automatic extension | | | | | | ım | | | |
| | | | | | | | | | | |
| Part II Basic Plan Information—enter all requested information | | | | | | | | | | |
| 1a Name | • | | | | 1b | Three-digit | | | | |
| DUNCAN MA | CHINERY MOVERS, IN | NC 401(K) PROFIT SHARING PLAN | | | | plan number (PN) ▶ | 001 | | | |
| | | | | | 10 | Effective date or | | | | |
| | | | | | | 01/01/ | • | | | |
| | oonsor's name and addre ACHINERY MOVERS, II | ess; include room or suite number (emp NC | bloyer, if for a single- | employer plan) | 2b | Employer Identii (EIN) 61-10 | | | | |
| | AN MACHINERY DRIVE | | | | 2c | Sponsor's telep 859-233 | | | | |
| LEXINGTON | | | | | 2d | | | | | |
| 3a Plan ad | ministrator's name and | address 🛛 Same as Plan Sponsor Nan | ne Same as Plan | Sponsor Address | 3b | Administrator's | | | | |
| | | | | | | | elephone number | | | |
| 4 If the n | 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b FIN | | | | | | | | | |
| name, | EIN, and the plan numb | per from the last return/report. | | | 4b EIN 4c PN | | | | | |
| a Sponso | | Ale beninging of the start of the | | | - | PN | | | | |
| | | the beginning of the plan year | | | 5a | | 27 | | | |
| | | the end of the plan year | | | 5b | | 26 | | | |
| | | count balances as of the end of the plan | • • | • | 5c | | 20 | | | |
| · · · · · | | luring the plan year invested in eligible | | | | | X Yes No | | | |
| b Are you under | u claiming a waiver of th 29 CFR 2520.104-46? (| ne annual examination and report of an See instructions on waiver eligibility and | independent qualifie d conditions.) | d public accountant (IQ | PA) | | X Yes No | | | |
| - | | er line 6a or line 6b, the plan cannot | | | _ | | 1 | | | |
| C If the p | lan is a defined benefit p | blan, 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 ι | unless reasonable cau | ise 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 adm | ninistrator | Date | Enter name of individe | ual sig | ning as plan adn | ninistrator | | | |
| SIGN | | | | | | | | | | |
| HERE | Signature of employe | | Date | Enter name of individ | | | | | | |
| Preparer's | name (including firm nan | ne, if applicable) and address; include r | room or suite number | r (optional) | Prep | arer's telephone | number (optional) | | | |
| | | | | | | | | | | |

| 7 Plan Assets and Liabilities | | (a) Beginning of Yea | | r | | (b) End of Year | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|-------------|
| a Total plan assets | . 7a | 1498689 | | | | | 1661314 | |
| b Total plan liabilities | 7b | | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 149868 | 9 | 1661314 | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) Total | | | | |
| a Contributions received or receivable from: | | 10000 | 7 | | | | | |
| (1) Employers | | 10090 | | | | | | |
| (2) Participants | | 10678 | | _ | | | | |
| (3) Others (including rollovers) | | 267 | | | | | | |
| b Other income (loss) | . 8b | 28258 | / | _ | | | 400050 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 492952 | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | 31839 | 1 | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | 755 | 8 | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | 437 | 8 | | | | | |
| g Other expenses | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 330327 | |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | | 162625 | |
| j Transfers to (from) the plan (see instructions) | _ | | | | | | | |
| Part IV Plan Characteristics | •, | | | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare | feature codes | from the List of Plan Charac | cterist | ic Cod | les in t | | ons: | |
| Part V Compliance Questions | feature codes | from the List of Plan Charac | cterist | ic Cod | les in t | | ons: | |
| Part V Compliance Questions 0 During the plan year: | | | cterist | ic Cod Yes | les in ti No | | Amount | |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice) | utions within t | he time period described in tion Program) | cterist | | | | | |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib | utions within t luciary Correc st? (Do not inc | he time period described in tion Program) | | Yes | No | | | |
| Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest | utions within t luciary Correc st? (Do not inc | he time period described in tion Program) clude transactions reported | 10a | | No X | | Amount | 20000 |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) | utions within th luciary Correc st? (Do not inc s fidelity bond | he time period described in tion Program) clude transactions reported | 10a 10b | Yes | No X | | Amount | 20000 |
| Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes 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 of insurance service, or other organization that provides some or all | utions within ti luciary Correc st? (Do not inc s fidelity bond ther persons b l of the benefi | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d | Yes | No X X | | Amount | 20000 |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interess 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 of insurance service, or other organization that provides some or al instructions.) | utions within the luciary Correct st? (Do not inc s fidelity bond ther persons be l of the benefi | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d | Yes | No X X X X X | | Amount | 20000 |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice 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 or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plan | utions within th luciary Correc st? (Do not inc s fidelity bond ther persons b I of the benefi | he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10e 10f | Yes | No X X X | | Amount | 20000 |
| Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes 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 or insurance service, or other organization that provides some or al 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 | utions within the luciary Correct st? (Do not inc s fidelity bond, ther persons the l of the benefit an? | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d | Yes | No X X X X X | | Amount | |
| Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or al instructions.) Has the plan failed to provide any benefit when due under the plan fit his is an individual account plan, was there a blackout period? 2520.101-3.) | utions within the luciary Correct st? (Do not inc s fidelity bond ther persons the l of the benefit an? as of year ence (See instruct | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10e 10f | Yes | No X X X X X | | Amount | |
| Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes 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 or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? | utions within the luciary Correct st? (Do not inc s fidelity bond ther persons b l of the benefit an? as of year enc (See instruct the required n | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10e 10f 10g | Yes | No X X X X X | | Amount | |
| Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 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 or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) | utions within the luciary Correct st? (Do not inc s fidelity bond ther persons b l of the benefit an? as of year enc (See instruct the required n | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10e 10f 10g 10h | Yes | No X X X X X | | Amount | 2987 |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interest on line 10a.) | utions within the luciary Correct st? (Do not incomposed s fidelity bond) ther persons the l of the benefit an? (See instruction the required n 01-3 | he time period described in tion Program) clude transactions reported | 10a 10b 10c 10d 10d 10g 10h 10i | Yes X | No X X X X X X dule SE | | Amount | 2987 |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.) | utions within the luciary Correction of the content of the s fidelity bond, ther persons the l of the benefit an? as of year enco (See instruction the required n D1-3 | he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10e 10f 10g 10h 10i | X | No X X X X X X dule SE | | Amount | 2987 |
| Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.10 is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) | utions within ti luciary Correct st? (Do not inc s fidelity bond ther persons to l of the benefit an? (See instruct) the required n D1-3 ments? (If "Ye | he time period described in tion Program) | 10a 10b 10c 10d 10d 10f 10g 10h 10i | X | No X X X X X Iule SE | 3 (Form | Amount | 2987 |
| Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount 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 exceptions to providing the notice applied under 29 CFR 2520.10 is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) | utions within the luciary Correct st? (Do not incomposed s fidelity bond) ther persons be l of the benefit an? as of year encomposed the required n D1-3 ments? (If "Ye from Schedule g requirement | he time period described in ction Program) | 10a 10b 10c 10d 10d 10f 10g 10h 10i | X | No X X X X X Iule SE | 3 (Form | Amount | |
| Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest on line 10a.) | utions within the luciary Correction of the content of the s fidelity bond, ther persons the l of the benefit an? (See instruction the required no D1-3 ments? (If "Ye from Schedule g requirement v, as applicabling amortized | he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See | 10a 10b 10c 10d 10d 10f 10g 10h 10i e or see | Yes X Scheo | No X X X X X X X X Jule SE 11a 302 of | 3 (Form ERISA? | Amount | 2987 X 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? | Ye | 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 c of 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) t which assets or liabilities were transferred. (See instructions.) | 0 | | |
| 1 | 3c(1) Name of plan(s): 13 | 8 c(2) EIN | l(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | 1 | |
| 14a | lame of trust | 14b Tru | ust's EIN | |
| | | | | |
| | | | | |

| Form 5500-SF Short Form Annual Return/Report of Small Emplo | | | oyee | OMB Nos. 1210-0110 1210-0089 | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Department of the Treasury Internal Revenue Service This form is required to be filled under sections 104 and 4065 of the Employ | | | | 2013 | | | |
| Employee Benefits Security Administration | 58(a) of | | This Form is Open to Public Inspection | | | | |
| Part I Annual Report Ident | | ordance with the instructions to the Form 55 | 00-SF. | | | | |
| or calendar plan year 2013 or fiscal pla | | 01/01/2013 and ending | | 12/31/201 | .3 | | |
| This return/report is for: | single-employer plan | a multiple employer plan (not multiemployer |) | a one-particip | ant plan | | |
| Check box if filing under; | e first return/report 1 amended return/report orm 5558 | the final return/report a short plan year return/report (less than 12) a automatic extension | months) | DFVC progra | m | | |
| | ecial extension (enter descri | | | | | | |
| A STATE OF A | on-enter all requested info | rmation | | | | | |
| B Name of plan DUNCAN MACHINERY MOVEL SHARING PLAN | RS, INC 401(K) PR | OFIT | 1 | Three-digit olan number (PN) ▶ | 001 | | |
| · · · | | | | Effective date of 01/01/1986 | | | |
| a Plan sponsor's name and address; DUNCAN MACHINERY MOVEI | include room or suite number RS, INC | r (employer, if for a single-employer plan) | 2b 1 | | ication Number | | |
| 2004 DUMPEN MACHTNEDY | 1.1.7 T 1 7 T | | 2c \$ | Sponsor's telepl (859) 233- | hone number | | |
| 2004 DUNCAN MACHINERY | DKIAR | | | | see instructions) | | |
| LEXINGTON Plan administrator's name and addr | ress XSame as Plan Sooner | KY 40504 | | 238900 Administrator's P | | | |
| | | | | | | | |
| | | ne last return/report filed for this plan, enter the | 4b 8 | EIN | | | |
| name, EIN, and the plan number fr | | ne last return/report filed for this plan, enter the | 4b 8 4c 1 | | | | |
| name, EIN, and the plan number fra Sponsor's name | om the lest return/report. | ne last return/report filed for this plan, enter the | 4c | | | | |
| name, EIN, and the plan number for Sponsor's name Totai number of participants at the l | om the last return/report. beginning of the plan year | · · · · · · · · · · · · · · · · · · · | 4c - 5a | | | | |
| name, EIN, and the plan number for Sponsor's name Total number of participants at the l Total number of participants at the l Number of participants with account | om the last return/report. beginning of the plan year end of the plan year t balances as of the end of th | (()))))))))))))))))))))))))))))))))))) | 4c 5a 5b | | 2 | | |
| name, ElN, and the plan number in a Sponsor's name a Total number of participants at the l b Total number of participants at the l c Number of participants with account complete this item) | om the last return/report. beginning of the plan year end of the plan year it balances as of the end of ff states of the plan year invested in eli inual examination and report instructions on waiver eligibil ne 6a or line 6b, the plan ca | e plan year (defined benefit plans do not | 4c 1 5a 5b 5c QPA) e Form 5 | PN | 2 2 2 X Yes No X Yes No X Yes No Not determined | | |
| name, EIN, and the plan number in Sponsor's name Total number of participants at the l Total number of participants at the l Total number of participants with account complete this item) Were all of the plan's assets during Are you claiming a waiver of the an under 29 CFR 2520.104-467 (See in the you answered "No" to either the time. If the plan is a defined benefit plan, | om the last return/report. beginning of the plan year end of the plan year it balances as of the end of the stal plan year invested in ell inual examination and report instructions on waiver eligibili ne 6a or line 6b, the plan ca is it covered under the PBGC | e plan year (defined benefit plans do not gible assets? (See instructions.) of an independent qualified public accountant (I ity and conditions.) unnot use Form 5500-SF and must instead us C insurance program (see ERISA section 4021)? | 4c 1 - 5a - 5b 5c QPA) e Form 5 | PN 5500. Yes No | 2 X Yes N X Yes N | | |
| name, EIN, and the plan number in a Sponsor's name a Total number of participants at the l b Total number of participants at the l c Number of participants with account complete this item) | om the last retum/report. beginning of the plan year end of the plan year it balances as of the end of the state plan year invested in ell inual examination and report instructions on waiver eligibil ne 6a or line 6b, the plan ca is it covered under the PBGC emplete filing of this return/ native set forth in the instruct | e plan year (defined benefit plans do not gible assets? (See instructions.) of an independent qualified public accountant (I ity and conditions.) | 4c 1 5a 5b 5c 5c 0 0 0 0 0 0 0 | PN | Z X Yes No X Yes No Not determined | | |
| name, EIN, and the plan number for Sponsor's name Total number of participants at the l Total number of participants at the l Total number of participants at the l Number of participants with account complete this item) | om the last retum/report. beginning of the plan year end of the plan year it balances as of the end of the state plan year invested in ell inual examination and report instructions on waiver eligibil ne 6a or line 6b, the plan ca is it covered under the PBGC emplete filing of this return/ native set forth in the instruct | the plan year (defined benefit plans do not gible assets? (See instructions.) of an independent qualified public accountant (I ity and conditions.) unot use Form 5500-SF and must instead us C insurance program (see ERISA section 4021)? report will be assessed unless reasonable ca ions, I declare that I have examined this return/r | 4c 1 5a 5b 5c 5c 0 0 0 0 0 0 0 | PN | 2 X Yes No X Yes No Not determined | | |
| name, EIN, and the plan number for Sponsor's name Total number of participants at the l Total number of participants at the l Number of participants with account complete this item) | om the last retum/report. beginning of the plan year end of the plan year it balances as of the end of the state plan year invested in eli inual examination and report instructions on waiver eligibili ne 6a or line 6b, the plan ca is it covered under the PBGC emplete filing of this return/ talties set forth in the instruct ed by an enrolled actuary, as | the plan year (defined benefit plans do not gible assets? (See instructions.) | 4c 1 - 5a - 5b 5c QPA) e Form 5 ? 2 ause is e eport, inc rrt, and to | PN | Z X Yes No X Yes No Not determined able, a Schedule knowledge and | | |
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Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1,498,689 1,661,314 a Total plan assets 7a b Total plan liabilities..... 7b 1,661,314 1,498,689 C Net plan assets (subtract line 7b from line 7a)..... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 100,907 (1) Employers 8a(1) 106.781 (2) Participants..... 8a(2) 2,677 (3) Others (including rollovers)..... 8a(3) 282,587 b Other income (loss)..... 8b 492,952 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c **d** Benefits paid (including direct rollovers and insurance premiums 318,391 to provide benefits) ... 8d 7,558 e Certain deemed and/or corrective distributions (see instructions) ... 8e 4,378 f Administrative service providers (salaries, fees, commissions) 8f g Other expenses..... 8g 330,327 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 162,625 ï Net income (loss) (subtract line 8h from line 8c) 8i Transfers to (from) the plan (see instructions)..... 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: 2Ġ 2J 2K 2E 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 Yes No During the plan year: Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in Х 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)..... b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.)..... 10b C Was the plan covered by a fidelity bond?..... 200,000 10c Х **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х 29,875 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10a h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 2520.101-3.) 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 🛛 5500) and line 11a below) No 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39..... 11a Yes 🛛 No 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 ruling granting the waiver.Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year.....

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| С | Enter the amount contributed by the employer to the plan for this plan year | 120 | ; | | | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|----------|----|-------|------|-----|
| 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 | | | | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Π | Yes | Π | No | 1 | N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Ye | s 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? | contro | 1 | | [| Yes | X | No |
| C. | 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) | EIN | (s) | | 13c(3 |) PN | (s) |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | |
| 14a N | lame of trust | 14b | Trus | st's EIN | | | | |