Internal Revenue Service*         2013           Improve Prevance of Labor Transite South / Action South / Action 1974 (ERISA), and social so 657(b) and 6058(a) of the Internal Revenue Code (the Code).         This Form is required to the Internal Revenue Code (the Code).         This routh / Action 1974 (ERISA), and social socicon soci socicon social social social social social socicon socia	Form 5500-SF		Short Form Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089				
Tenson Security Act of 1974 (ERISA), and sectors 6058(r) and 6058(r) of the Internal Revenue Code (in Code).         This Form is Open to Public Inspection           Part I Annual Report Identification Information           For calendar plan year 2013 or fiscal plan year beginning Difference in the first return/report is a single-employer plan (not muttern) poer (is a single-employer plan) (is a single-employer plan (not mutter a single-employer plan (not mutter) (is a single-employer plan) (is a single-employer plan (not mutter) (is a single-employer plan) (is a single-employer plan (not mutter) (is a single-employe			This form is required to be fi	Benefit Plan	and 1065 of the Employee	2013				
Twee week coverse         Inspection           Part 1         Annual Report Identification Information           For calendar pan year 2013 of fical pan year beginning         (1)(1)(2)(1)         and ending         (2)(2)(2)(1)           A This return/report is for:         @ a single-employer plan         a nultyle-employer plan (not multimployer)         a one-participant plan           B This return/report is:         @ a numbel employer plan         a short plan year beginning         (1)(1)(2)(1)         a short plan year beginning         (1)(1)(2)(1)           Part II         Basic Plan Information—enter all requested information         1         Inter-edigit pan number         001           general extension (enter description)         Part II         Basic Plan Information—enter all requested information         1         Inter-edigit pan number         001           Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         RL AUTO GROUP; NC.         20         Employer (continue to the description)           Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         RL AUTO GROUP; NC.         20         Employer (continue to the description)           32 Plan administrator's name and address; include room or suite number (employer, if for a single-employer plan)         21         Essocial (Continue to the description)           33 Plan administr	Department of Labor		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058			8(a) of				
Part II         Annual Report Identification Information           For calendar provem 2015 of fiscal plan year beginning         0.01/2013         and ending         12/31/2013           For calendar provem 2015 of fiscal plan year beginning         0.01/2013         and ending         12/31/2013           B         This return/report is:         In the first return/report         a sontpla employer plan (not multiemployer)         a one-participant plan           B         This return/report         an amerided return/report         automatic extension         DFVC program           B         This return/report         automatic extension         DFVC program         general extension (enter description)           Part II         Basic Plan Information—enter all requested information         10         Three-digit plan model         plan           12         Entropey returnation—enter all requested information         10         Three-digit plan model         001           20         Canchorp NRC. 401(K) PLAN         10         Three-digit plan model         001         CE Stonsory telephone number           21         Canchorp NRC. 401(K) PLAN         10         Three-digit plan model         001         CE Stonsory telephone number           22         Pan operation state address; include room or sulte number (employer, if for a single-employer plan)         2d Business codit (see Inst		· · · · · · · · · · · · · · · · · · ·								
A This return/report is for:       a single-employer plan       a multiple employer plan (not multiemployer)       a one-participant plan         B This return/report       an amended return/report       a band plan year return/report (less than 12 months)       DFVC program         C Check box if filing under:       Form 5558       automatic extension       DFVC program         geolal extension (enter description)       Band plan year return/report       DTroe-digit         Part III       Basic Plan Informationenter all requested information       1         1a Name of plan       Intervention       DTroe-digit         RL_AUTO GROUP, INC.       01       Tree-edigit         24       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number         RL_AUTO GROUP, INC.       20 Sonsor's telephone number       001       2c       Sponsor's telephone number         10 of LD TOWER HILL ROAD       2d Business code (see instructions)       31:1256422         NADA RETIREMENT ADMINISTRATORS INC. DBA       8400 WESTRARK DRIVE       30       Administrator's fill distruturn/report.         31 of tal number of participants at the beginning of the plan sponsor Name       Same as Plan Sponsor Address       31:1256422         32 C Administrator's name       36       1       1       1	Part I	Annual Report Id								
A model to the plan statution of plan sponsor has changed since the last return/report (less than 12 months)       DEVC program         B This return/report is:       Image: Image	For calend	ar plan year 2013 or fisc	al plan year beginning 01/01/20	)13	and ending 12	2/31/2	2013			
an amended retum/report       a short plan year retum/report (less than 12 months)       DFVC program         geolal extension (enter description)       Pert II       Basic Plan Information - enter all requested information       Ib       Three-digit plan number (PN) b         1A Name of plan       Ib       Three-digit plan number (PN) b       DOI       Ic       Effective date of plan (N1/2006         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EN) (PLAN       2c       Sponsor's tagpine number (M1/2006         104 OLD TOWER HILL ROAD       WAKEPIED. NI 02879       2c       Sponsor's tagpine number (M1/2006 FIELD, NI 02879       2d       Business code (see instructions) (401/783-3303)         2d       Business code (see instructions)       44110       3b       Administrator's name and address.       Same as Plan Sponsor Address       3b       Administrator's telephone number 401-783-3303         2d       Business code (see instructions)       44110       3a       File name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report (defined benefit plans do not complete this item).       Sb       1       1         6a       10       Total number of participants at the beginning of the plan	A This return/report is for:						a one-participant plan			
C       C Check box if filing under:       Form 5558       automatic extension       DPVC program         Part II       Basic Plan Information—enter all requested information       1       The mea-digit plan under the secret plan of the plan plan plan plan plan plan plan plan	B This re	turn/report is:								
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number of plan         R.L. AUTO GROUP, INC. 401(K) PLAN       1b Three-digit plan number of plan         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) / 2c Plo93107         2d OLD TOWER HILL ROAD       2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2c Sponsor's legityhone number 401-783-3303         3d Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 31-125362         3ADA RETIREMENT ADMINISTRATORS INC. DBA ADD WESTPARK DRIVE MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c Administrator's talephone number MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c Administrator's talephone number MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c Administrator's talephone number MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c Administrator's talephone number MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c C Administrator's talephone number MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c C Administrator's talephone number MCLEAN, VA 22102       3c Administrator's EIN 31-125362         3c C Administrator's tales additingent settreturn/report.       4b EIN 40		[	an amended return/report	n/report (less than 12 mo	onths)	)				
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b       Three-digit plan number (PN) >>       001         12       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1c       Effective del of plan 0101/2006         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number 0101/2006         2a       Plan administrator's name and address; Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's ElN 333/3         2d       Business code (see instructions) Address       MACEART       Same as Plan Sponsor Address       3b       Administrator's telephone number 401738-3303         3d       Plan administrator's name and address       Same as Plan Sponsor Address       3b       Administrator's telephone number 401738-3303         Address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone number 401738-3303         2d       Business code (see instructions)       3t       3b       Administrator's telephone number 800-462-3278         3d       C Administrator's telephone number       Samistrator's telephone number 800-462-3278       3c       Administrator's telephone number 800-462-3278         4       1f the name and/or	C Check	box if filing under:	× Form 5558	DFVC program						
1a Name of plan       001         R.L. AUTO GROUP, INC. 401(K) PLAN       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1c Effective date of plan         1d AUTO GROUP, INC.       2b Employer Identification Number         1d AUD TOWER HILL ROAD       2c Sponsor's telephone number         VAREFIELD, RU2879       2c Sponsor's telephone number         3a Plan administrator's name and address.       Same as Plan Sponsor Name       Same as Plan Sponsor Address         NADA RETIREMENT ADMINISTRATORS INC. DBA       8400 VESTFARK DRIVE       3b Administrator's telephone number         Administrator's name and/or EIN of the plan sponsor has changed since the last return/report.       3c Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5a       1         b Total number of participants at the end of the plan year.       5a       1         b Total number of participants at the end of the plan year invested in eligible assets? (See instructions.)       © Yes © No         c RM vers all of the plan's assets during the plan earnination and report of an independent using and using it covered under the PBGC insurance program (see ERISA section 4021)?       `Yes © No         c Rumber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       ``Yes © No         c RW real of th	special extension (enter description)									
R.L. AUTO GROUP, INC. 401(K) PLAN       plan number (PN) * 001         IC       Effective date of plan 0101/2006         Za       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) R.L. AUTO GROUP, INC.       Zb         104 OLD TOWER HILL ROAD WAKEFIELD, RI 02879       Zb       Employer identification Number (EN) 20-1093107         3a       Plan administrator's name and address.       Same as Plan Sponsor Address MADART       Sb         NADA RETIREMENT ADMINISTRATORS INC. DBA       8400 WESTPARK DRIVE MCLEAN, VA 22102       Sb       3b         4       If the name and/or EIN of the plan sponsor has changed since the last return/report fied for this plan, enter the name. EIN, and the plan number from the last return/report.       3b       Administrator's telephone number 800-462-3278         5a       Total number of participants at the beginning of the plan year       5a       1         5a       Total number of participants at the administrator from the last return/report       5a       1         6a       Were all of the plan's assets during the plan year       5a       1         5a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       Yes       NC         6a       Were all of the plan's assets during the plan year invested in eigbile assets? (See instructions)	Part II	Basic Plan Inform	mation—enter all requested inform	mation	r					
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer (dertification Number (EIN)         104 OLD TOWER HILL ROAD       2b       Employer (dertification Number (EIN)       20.500057         104 OLD TOWER HILL ROAD       2d       Sponsor's telephone number 401-783-3303         2d       Business code (see instructions)       401-783-3303         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         NADA RETIREMENT ADMINISTRATORS INC. DBA       8400 WESTPARK DRIVE MCLEAN, VA 22102       3b       Administrator's telephone number 401-783-3303         2d       If the name and/or EIN of the plan sponsor has changed since the last return/report.       3b       Administrator's telephone number 800-462-3278         4       If the name and/or EIN of the plan sponsor has changed since the last return/report.       4c       PN         5a       Total number of participants at the beginning of the plan year       5a       1         5       Sta       1       5b       1         6a       Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions)       Sc       Sc         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       St       Sc		•	AN			1b	plan number			
2a Plan spansor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 20-1083107         104 OLD TOWER HILL ROAD       2c Spansor's telephone number 401-783-3303         2d Business code (see instructions)       44110         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 31-1255362         NADA RETIREMENT ADMINISTRATORS INC. DBA       B400 WESTPARK DRIVE MCLEAN, VA 22102       3c Administrator's EIN 31-1255362         3a Plan administrator's name and address (Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's EIN 31-1255362         3c Administrator's telephone number (mame, EIN, and the plan number from the last return/report.       4b EIN         3a Total number of participants at the end of the plan year       5a 1         C Number of participants at the end of the plan year       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Q Yes N         M Are you claiming a waiver of the around examination and report of an independent qualified public accountant (IOPA)       Q Yes N         M Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Q Yes N         Ga Were all of the plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Q Yes N         M Are you claiming a waiv					-	1c	Effective date of plan			
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2d       Business code (see instructions)         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         NADA RETIREMENT ADMINISTRATORS INC, DBA       8400 WESTPARK DRIVE MCLEAN, VA 22102       3b       Administrator's Ellis 31:1256362         3c       Administrator's telephone number 800-462-3278         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         5a       1       5a       1         b       Total number of participants at the beginning of the plan year       5a       1         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not compitee this item)       Sponsor Mame       Sponsor Stone         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sponsor Stone       Sponsor Mame         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Yes       No         under 29 CFR 252.014-469 (See instructions.)       Yes       No       Not determined         C       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a define					-	2c	Sponsor's telephone number			
NADA RETIREMENT ADMINISTRATORS INC. DBA       B400 WESTPARK DRIVE       31-1255362         3C       Administrator's telephone number       800-462-3278         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       1         5 Total number of participants at the end of the plan year       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xers       Yes       Nc         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Xers       Yes       Nc         where all of the plan's assets during the plan year invested in eligible this interactor so maiver eligibility and conditions.)       Xers       Yes       Nc         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Xers       Yes       Nc         b       Are you claiming a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       Nc         clait the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes <t< td=""><td></td><td></td><td></td><td></td><td>-</td><td>2d</td><td>Business code (see instructions)</td></t<>					-	2d	Business code (see instructions)			
NADART       Bd00 WESTPARK DRIVE MCLEAN, VA 22102       3c Administrator's telephone number 800-462-3278         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a 1         c Number of participants at the end of the plan year       5b 1         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       Ves   No         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Ves   Nc         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes   Nc         r the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes   Nc   Not determined         Caution: A 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 bellef, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of plan administrator       Date       Enter name	3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b				
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a       1         b       Total number of participants at the end of the plan year       5a       1         c       Number of participants at the end of the plan year       5b       1         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Sc       Sc         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       St Yes       Nc         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       Nc         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       Nc       Yes       Nc         c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021?)?       Yes       No       Not determined         Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Under penaltites of perjury and other penalties set for	NADA RETIR		ORS INC. DBA 8400 WESTF	PARK DRIVE	-	_				
name, EIN, and the plan number from the last return/report.       4C PN         a Sponsor's name       5a         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5a         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sv es         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Ves I Not         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Ves I Not         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Ves I Not         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Ves I Not         c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Ves I Not determined         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 enrol	4 If the	name and/or EIN of the p	olan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b				
b       Total number of participants at the end of the plan year       5b       1         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			per from the last return/report.			4c PN				
c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       Not         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       Not         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       Not         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.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	5a Total	number of participants at	t the beginning of the plan year			5a	18			
complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       X       Yes       No         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         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/valid electronic signature.       10/06/2014       ALAN B SVEDLOW         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE	<b>b</b> Total	number of participants at	t the end of the plan year				19			
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Image: Constructions on waiver eligibility and conditions.)       Image: Constructions on waiver eligibility and conditions.)         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Image: Constructions on waiver eligibility and conditions.)						5c	0			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       No       No       Not determined         C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         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/valid electronic signature.       10/06/2014       ALAN B SVEDLOW         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	6a Were	all of the plan's assets o	during the plan year invested in elig	ible assets? (See instruc	ctions.)		X Yes No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         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/valid electronic signature.       10/06/2014       ALAN B SVEDLOW         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor										
C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No       No       Not determined         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/valid electronic signature.       10/06/2014       ALAN B SVEDLOW         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor										
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HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	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									
Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor		Filed with authorized/va	lid electronic signature.	10/06/2014	ALAN B SVEDLOW	1				
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan adr	ministrator	al signing as plan administrator						
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)										
	Preparer's	name (including firm nar	ne, if applicable) and address; inclu	ude room or suite numbe	er (optional)	Prep	arer's telephone number (optional)			

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Par	t III Financial Information	-								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			ear		
а	Total plan assets	7a		0					0	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:			0						
	(1) Employers	8a(1)		0	_					
	(2) Participants									
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b		0					0	
								0		
	to provide benefits)	8d	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							0	
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	uctions	:	
	2E 2H 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	ies in t	ne instruc	ctions:		
Part	V Compliance Questions									
10						No		Δm	ount	
	<ul><li>a Was there a failure to transmit to the plan any participant contributions within the time period described in</li></ul>				Yes			7	Juin	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			10b		х				
	on line 10a.)					Х				
<u>с</u>				10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	2		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	of the ben	efits under the plan? (See	4.0		х				
	instructions.)			10e 10f		Х				
T	f Has the plan failed to provide any benefit when due under the plan?									
g	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	· · · · · · · · · · · · · · · · · · ·	•		10h		х				
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h						
•	exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	Part VI Pension Funding Compliance									
11										
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is bein	ng amortiz	ed in this plan year, see instruc		and e	_	e date o			ng
	granting the waiver.			th		Day		Yea	r	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.         b Enter the minimum required contribution for this plan year.										

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			
C 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.)							
13c(1) Name of plan(s): 13				<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)		1				
14a	lame of trust	14b Trust's EIN					