Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		Identification Information	on				
For calend	dar plan year 2013 or f	iscal plan year beginning 01/	/01/2014	and ending)2/05/	2014	
A This re	eturn/report is for:	X a single-employer plan	a multiple-emp	oloyer plan (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	x the final return	/report			
		an amended return/report	X a short plan ye	ar return/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic exte	ension		DFVC progra	ım
	ŭ	special extension (enter de	escription)				
Part II	Basic Plan Info	ormation—enter all requested	information				
1a Name					1b	Three-digit	
TESLA ELE	ECTRIC ARMATURE 8	MACHINE, INC. 401(K) PLAN				plan number	
					10	(PN)	001
					10	Effective date of 08/01/	•
2a Plan	sponsor's name and a	ddress; include room or suite nur	mber (employer, if for a	single-employer plan)	2b	Employer Identif	
	ECTRIC ARMATURE 8		(.)	3 - 7 - 7 - 7 - 7		(EIN) 37-12	
					2c	Sponsor's telep	hone number
	AVENUE NORTH					904-78	
JACKSON	VILLE, FL 32254				2d	Business code (
20.01				DI O ALL	2 h	81131	
3a Plan a	administrator's name a	nd address XSame as Plan Spo	onsor NameSame	as Plan Sponsor Address	30	Administrator's I	EIIN
					3с	Administrator's t	telephone number
4 If the	name and/or EIN of th	e plan sponsor has changed sine	 ce the last return/repor	t filed for this plan, enter the	4h	EIN	
		imber from the last return/report.	•			2114	
	sor's name				+	PN	
5a Total	number of participants	s at the beginning of the plan yea	ar		5a		19
_	number of participants	at the end of the plan year			E L		
					5b		0
C Num	ber of participants with	account balances as of the end	of the plan year (define	ed benefit plans do not	5c		0
C Num	ber of participants with olete this item)	account balances as of the end	of the plan year (define	ed benefit plans do not	5c		
c Num comp 6a Were b Are y	ber of participants with plete this item)e e all of the plan's asset ou claiming a waiver of	account balances as of the end its during the plan year invested if the annual examination and re	of the plan year (define in eligible assets? (See port of an independent	ed benefit plans do not sinstructions.)qualified public accountant (IC	5c		0 X Yes No
c Numicomp 6a Were b Are yunde	ber of participants with plete this item)e e all of the plan's asset ou claiming a waiver of 29 CFR 2520.104-46	account balances as of the end is during the plan year invested i of the annual examination and re i? (See instructions on waiver eli	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.)	ed benefit plans do not sinstructions.)qualified public accountant (IC)	5c		0
6a Wender b Are younder	ber of participants with olete this item) e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 u answered "No" to e	account balances as of the end as during the plan year invested it of the annual examination and re (See instructions on waiver eli-	in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 58	ed benefit plans do not instructions.) qualified public accountant (IC)	5c PA)	n 5500.	0 X Yes □ No X Yes □ No
6a Wender b Are younder	ber of participants with olete this item) e all of the plan's asset you claiming a waiver of the 29 CFR 2520.104-46 u answered "No" to e	account balances as of the end is during the plan year invested i of the annual examination and re i? (See instructions on waiver eli	in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 58	ed benefit plans do not instructions.) qualified public accountant (IC)	5c PA)	n 5500.	0 X Yes No
c Num comp 6a Were b Are y under lf your confirmation:	ber of participants with plete this item)e all of the plan's asset you claiming a waiver our 29 CFR 2520.104-46 unswered "No" to explan is a defined beneated A penalty for the late	account balances as of the end its during the plan year invested it of the annual examination and re if (See instructions on waiver elimentation) if the line 6a or line 6b, the pla if plan, is it covered under the P or incomplete filing of this ret	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 58 PBGC insurance progra	ed benefit plans do not instructions.) qualified public accountant (IC) 500-SF and must instead use Im (see ERISA section 4021)?	5c PPA) Form	n 5500. Yes No established.	0 X Yes ☐ No X Yes ☐ No Not determined
6a Wen b Are y unde If yo c If the Caution:	ber of participants with plete this item)	account balances as of the end its during the plan year invested it of the annual examination and re if (See instructions on waiver elimentation) if the plan, is it covered under the Plant or incomplete filing of this ret or incomplete set forth in the inst	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 58 PBGC insurance progra turn/report will be asset tructions, I declare that	ed benefit plans do not instructions.) qualified public accountant (IC) 500-SF and must instead use im (see ERISA section 4021)? iessed unless reasonable ca I have examined this return/re	Form use is	n 5500. Yes No established. ncluding, if applica	Yes No Yes No Not determined able, a Schedule
6a Were b Are y under lf yo C If the Caution:	ber of participants with plete this item)	account balances as of the end is during the plan year invested i of the annual examination and re i? (See instructions on waiver eli- bither line 6a or line 6b, the pla fit plan, is it covered under the P or incomplete filing of this ret ther penalties set forth in the inst and signed by an enrolled actuary	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 58 PBGC insurance progra turn/report will be asset tructions, I declare that	ed benefit plans do not instructions.) qualified public accountant (IC) 500-SF and must instead use im (see ERISA section 4021)? iessed unless reasonable ca I have examined this return/re	Form use is	n 5500. Yes No established. ncluding, if applica	Yes No Yes No Not determined able, a Schedule
c Num complete SB or Schelief, it is	ber of participants with plete this item)	account balances as of the end is during the plan year invested i of the annual examination and re i? (See instructions on waiver eli- bither line 6a or line 6b, the pla fit plan, is it covered under the P or incomplete filing of this ret ther penalties set forth in the inst and signed by an enrolled actuary inplete.	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 59 PBGC insurance progra turn/report will be asset tructions, I declare that y, as well as the electro	ed benefit plans do not instructions.)	Form use is	n 5500. Yes No established. ncluding, if applica	Yes No Yes No Not determined able, a Schedule
C Num comp 6a Were b Are y unde If yo C If the Caution: Under per SB or Sch belief, it is	ber of participants with plete this item)	account balances as of the end state of the plan year invested it of the annual examination and restricted in the annual examination on waiver eliminated in the plan in the p	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 59 PBGC insurance progra turn/report will be asset tructions, I declare that y, as well as the electro	ed benefit plans do not instructions.)	Form use is port, it, and	n 5500. Yes No sestablished. Including, if applicate to the best of my	Ves No Not determined Able, a Schedule knowledge and
C Numicomy 6a Were b Are younder If yo C If the Caution: Under per SB or Sch belief, it is	ber of participants with plete this item)	account balances as of the end state of the plan year invested it of the annual examination and restricted in the annual examination on waiver eliminated in the plan in the p	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 59 PBGC insurance progra turn/report will be asset tructions, I declare that y, as well as the electro	ed benefit plans do not instructions.)	Form use is port, it, and	n 5500. Yes No sestablished. Including, if applicate to the best of my	Ves No Not determined Able, a Schedule knowledge and
C Num comp 6a Were b Are y unde If yo C If the Caution: Under per SB or Sch belief, it is SIGN HERE SIGN	ber of participants with plete this item)	account balances as of the end state of the plan year invested it of the annual examination and restricted in the annual examination on waiver eliminated in the plan in the p	of the plan year (define in eligible assets? (See port of an independent igibility and conditions.) in cannot use Form 59 PBGC insurance progra turn/report will be asset tructions, I declare that y, as well as the electro	ed benefit plans do not instructions.)	Form use is port, it, and	n 5500. Yes No sestablished. Including, if applicate to the best of my	Ves No Not determined Able, a Schedule knowledge and
6a Were belief, it is SIGN HERE	ber of participants with plete this item)	account balances as of the end its during the plan year invested i of the annual examination and re i? (See instructions on waiver eli- bither line 6a or line 6b, the pla fit plan, is it covered under the P or incomplete filing of this ret ther penalties set forth in the inst and signed by an enrolled actuar uplete. I/valid electronic signature. administrator Dever/plan sponsor	of the plan year (define the plan year (define the plan year (define the port of an independent igibility and conditions.) In cannot use Form 52 PBGC insurance programmer will be assisted the port of the plan o	einstructions.)	Form Form port, i t, and ual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan admigning as employe	Ves No Yes No Not determined able, a Schedule knowledge and ninistrator
6a Were belief, it is SIGN HERE	ber of participants with plete this item)	account balances as of the end account balances as during the plan plan plan plan plan plan plan plan	of the plan year (define the plan year (define the plan year (define the port of an independent igibility and conditions.) In cannot use Form 52 PBGC insurance programmer will be assisted the port of the plan o	einstructions.)	Form Form port, i t, and ual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan admigning as employe	Ves No Not determined Able, a Schedule knowledge and
6a Were belief, it is SIGN HERE	ber of participants with plete this item)	account balances as of the end its during the plan year invested i of the annual examination and re i? (See instructions on waiver eli- bither line 6a or line 6b, the pla fit plan, is it covered under the P or incomplete filing of this ret ther penalties set forth in the inst and signed by an enrolled actuar uplete. I/valid electronic signature. administrator Dever/plan sponsor	of the plan year (define the plan year (define the plan year (define the port of an independent igibility and conditions.) In cannot use Form 52 PBGC insurance programmer will be assisted the port of the plan o	einstructions.)	Form Form port, i t, and ual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan admigning as employe	Ves No Yes No Not determined able, a Schedule knowledge and ninistrator
6a Were belief, it is SIGN HERE	ber of participants with plete this item)	account balances as of the end its during the plan year invested i of the annual examination and re i? (See instructions on waiver eli- bither line 6a or line 6b, the pla fit plan, is it covered under the P or incomplete filing of this ret ther penalties set forth in the inst and signed by an enrolled actuar uplete. I/valid electronic signature. administrator Dever/plan sponsor	of the plan year (define the plan year (define the plan year (define the port of an independent igibility and conditions.) In cannot use Form 52 PBGC insurance programmer will be assisted the port of the plan o	einstructions.)	Form Form port, i t, and ual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan admigning as employe	No Yes No Yes No Not determined able, a Schedule knowledge and
6a Were belief, it is SIGN HERE	ber of participants with plete this item)	account balances as of the end its during the plan year invested i of the annual examination and re i? (See instructions on waiver eli- bither line 6a or line 6b, the pla fit plan, is it covered under the P or incomplete filing of this ret ther penalties set forth in the inst and signed by an enrolled actuar uplete. I/valid electronic signature. administrator Dever/plan sponsor	of the plan year (define the plan year (define the plan year (define the port of an independent igibility and conditions.) In cannot use Form 52 PBGC insurance programmer will be assisted the port of the plan o	einstructions.)	Form Form port, i t, and ual si	n 5500. Yes No sestablished. Including, if applicate to the best of my gning as plan admigning as employe	No Yes No Yes No Not determined able, a Schedule knowledge and

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	am les autorios									
_ <u>Pa</u>	rt III Financial Information				1					
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year					
<u>a</u>	Total plan assets	7a	25818)	
<u> </u>	Total plan liabilities	7b		0)		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	25818	5			()		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	<u> </u>	
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	75	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							753	
d	Benefits paid (including direct rollovers and insurance premiums	- 00							700	
	to provide benefits)	8d	25893	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							25893	3
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	25818	5
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	odes in	the inst	uction	s:	
	2E 2F 2G 2J 2K 2S 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	des in t	he instru	ctions	:	
Don	t V Compliance Overtions									
Par				ı	Yes	No	l			
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono withir	n the time period described in		res	No		Am	ount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported			X				
	on line 10a.)			10b		^				
C	Was the plan covered by a fidelity bond?			10c	X					500000
d						X				
	or dishonesty?			10d		^				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)			10e	X					32
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end)	10g		Χ				
h				iog						
	2520.101-3.)	•		10h	X					
i					Χ					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	X No
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	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,	-								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
			IVION	tn		Dav		re	aı	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			tn		Day		<u>re</u>	al	

Page	3 -	. 1	
raye	J		

С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	es 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 confidence of the PBGC?	control		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0					
1	3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 5058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is: Open to Public Inspection

Pension Bonofit Guaranty Corporation Complete all entries in accordan	nce with the instruc	tions to the Form 5500	-SF.	
Part Annual Report Identification Information				
	/01/2014	and ending	02/05/201	4
A This return/report is for: X a single-employer plan	multiple-employer ple	an (not multiemployer)	a one-participa	ant plan
B This return/report is: the first return/report	e final return/report			
	short plan year return	report (less than 12 mo	onths)	
	atomatic extension	1.4	DFVC program	n .
	nomano exionsion		C Di vo progra	•
special extension (enter description)		(1 		· · · · · · · · · · · · · · · · · · ·
Part II Basic Plan Information—enter all requested information	on.		1b Three-digit	
1a Name of plan		:	plan number	
Tesla Electric Armature & Machine, Inc. 401(k) Plan	*		(PN)	0.01
dor(k) Fran		:	1c Effective date of	
	-		08/01/2004	
2a Plan sponsor's name and address; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b Employer Identifi	
Tesla Electric Armature & Machine, Inc.			(EIN) 37-120	
radizato, zaci			2c Sponsor's teleph	
735 Lane Avenue North		1	(904) 781-	
	***	20004	2d Business code (s	iee instructions)
Jacksonville		32254	811310 3b Administrator's E	TAI
3a Plan administrator's name and address Same as Plan Sponsor Nam	ne. Usame as Plan	Sponsor Address	an Administrators E	11/4
•	3	1	3c Administrator's to	elephone number
				,
		. 1	·	
4 If the name and/or EIN of the plan sponsor has changed since the last	return/report filed for	rthis plan, enter the	4b EIN	
name, EIN, and the plan number from the last return/report.		1	4c PN	
a Sponsor's name				
5a Total number of participants at the beginning of the plan year			5a	19
b Total number of participants at the end of the plan year		4 2.0	5b	.0.
C Number of participants with account balances as of the end of the plan			5c	0
complete this item)			30 1	X Yes No
6a Were all of the plan's assets during the plan year invested in eligible a b Are you claiming a waiver of the annual examination and report of an			DAN	M: 163 [] 140
under 29 CFR 2520 104-46? (See instructions on waiver eligibility and				X Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot				
C If the plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	Yes No	Not determined
	4		a a train a table of a stand	
Caution: A penalty for the late or incomplete filing of this return/repor				blo. o Cobodulo
Under penalties of penjury and other penalties set forth in the instructions, I SB or Schedule MB completed and signed by an enrolled actuary, as well a	as the electronic vers	stamined this return/report.	and to the best of my	knowledge and
belief, it is true, correct, and complete.				
THE COMPLETE				
SIGN				
HERE Signature of plan administrator	Date	Enter name of individu	ial signing as plan adm	inistrator /
SIGN	2	/-/-		10/3/14
HERE Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as employer	or plan sponsor
Preparer's name (including firm name, if applicable) and address, include r		(optional)	Preparer's telephone	
		1		
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		. :.		
le di			September 1 Annual Committee	SECRETARIA PROPERTY AND A SECOND PROPERTY OF THE PARTY OF

1000 A									
200,000	rt III Financial Information	Face and a second			.				
7	Plan Assets and Liabilities		(a) Beginning of Yea		1		(b) End	of Year	
а	Total plan assets	7a :	. 25	3,18	5		-		0,
	Total plan liabilities	7b			0				0
C.	Net plan assets (subtract line 7b from line 7a)	70		3,18	5		,		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)		٠.	o				
	(2) Participants:	Ba(2)			0		到特殊		
	(3). Others (Including rollovers)	8a(3)			0	1998			
b	Other income (loss)	8b		7.5	3	州			
	Total income (adJ lines 8a(1), 8a(2), 8a(3), and 8b)	8c							753
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d	250	3,93	8			排為	
е	Certain deemed and/or corrective distributions (see instructions)	. Be			0				到增数的
f	Administrative service providers (salaries, fees, commissions)	8f			0			網灣常	
g	Other expenses	8g		200	0		等於為		
	Total expenses (add lines 8d; 8e; 8f; and 8g)	8h	工作。2.450年7月1日						58,938
1	Net income (loss) (subtract line 8h from line 8c)	81			· .			(25	8,185)
j	Transfers to (from) the plan (see Instructions)	8)			0				
Pa	NV Plan Characteristics						·		
9a b	If the plan provides pension benefits, enter the applicable pension 2E-2F 2G 2U 2K 2S 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension benefits, enter the applicable pension are provided to the plan provides pension benefits, enter the applicable pension are provided to the plan provides pension benefits, enter the applicable pension are provided to the plan provides pension benefits, enter the applicable pension are provided to the plan provid								
· ~	The plant provides were less serious, ones une approachements	oatalo dad							
Par	t V Compliance Questions				· .				
10	During the plan year:		1	è r	Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Flot	itions within	n the time period described in ection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interes			10b		X	.,		
c	Was the plan covered by a fidelity bond?		***************************************	10c	X				500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		×	1		
. е	insurance service or other organization that provides some or all	of the bene	offits under the plan? (See		x			an nep-percent	32
	instructions.)			10e	-	-	 		
; f	Has the plan failed to provide any benefit when due under the pla	in?		10f	<u>. </u>	X.	<u></u>		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	and.):	10g		Х	1		
h	I If this is an individual account plan, was there a blackout period? 2520,101-3.)			10h	Х				
1	if 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101	х				
Par	VI Pension Funding Compliance	· ·						1.2	
11	is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)			plete	Sche	dule S	B (Form	Ye	s X No
112	Enter the unpaid minimum required contribution for current year f	from Sched	lule SB:(Form 5500) line 39			11a			
12	is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		The state of the s		2.2				
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions ith	and	enter (Day		the letter Year	ruling
11	you completed line 12a, complete lines 3, 9, and 10 of Schedu		a of the control of the first of the control of the	,	is			1. 1. j. p. r	
	Enter the minimum required contribution for this plan year		The state of the s			12b			
									

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					di
C Enter the amount contributed by the er	nployer to the plan for this plan ye	эаг	120		
d Subtract the amount in line 12c from the negative amount)		sult (enter a minus sign to the I	eft of a 12d		
e Will the minimum funding amount repo	rted on line 12d be met by the fur	nding deadline?		Yes	No N/A
Part VII Plan Terminations and	ransfers of Assets	11 m. 1			
13a Has a resolution to terminate the plan ber	en adopted in any plan year?		X	Yes N	o .
If "Yes," enter the amount of any plan	assets that reverted to the employ	er this year	13a		
b Were all the plan assets distributed to of the PBGC?	participants or beneficiaries, trans	ferred to another plan, or broug	ht under the control		X Yes No
C If during this plan year, any assets or in which assets or liabilities were transfer		s plan to another plan(s), identif	y the plan(s) to		
13c(1) Name of plan(s):			13c(2) E	IN(s)	13c(3) PN(s)
***		``			1
	•				
Part VIII Trust Information (option	nal)				
14a Name of trust .			14b	rust's EIN	
	•				
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