## 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.

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I  | Annual Report            | Identification Information  |                                  |                          |            |                                     |  |
|---|--------------------------|---|----------------------------------|--------------------------|------------|-------------------------------------|--|
| For calend  | ar plan year 2013 or fis | scal plan year beginning 01/01  | /2013                            | and ending               | 12/31/2    | 2013                                |  |
| A This ret  | turn/report is for:      | X a single-employer plan  | a multiple-employer p            | lan (not multiemployer)  |            | a one-particip                      | oant plan                              |
|   | turn/report is:          | the first return/report   | the final return/report          |                          |            |                                     |  |
|   |                          | an amended return/report  | ☐ a short plan vear retur        | n/report (less than 12 m | onths      | )                                   |  |
| C Check I   | box if filing under:     | X Form 5558   | automatic extension              | .,,                      |            | DFVC progra                         | m                                      |
| • Check   | box ii iiiing under.     | special extension (enter desc   |                                  |                          |            |                                     |  |
| Part II   | Rasic Plan Info          | rmation—enter all requested in  | ' '                              |                          |            |                                     |  |
| 1a Name   |                          | imation—enter an requested in   | ioimation                        |                          | 1h         | Three-digit                         |  |
|   | •                        | OGY ASSOCIATES, LLC 401(K) P  | ROFIT SHARING PLAN               |                          | 1.0        | plan number                         |  |
|   |                          | -,  |                                  |                          |            | (PN) <b>▶</b>                       | 002                                    |
|   |                          |   |                                  |                          | 1c         | Effective date of                   |  |
| 22 Dian o   | noncer's name and ad     | drago, includo room or quito numb   | or (ampleyor if for a single     | ampleyer plan)           | 26         | 01/01/                              |  |
|   |                          | dress; include room or suite numb<br>OGY ASSOCIATES, LLC                  | er (employer, il for a single-   | -employer plan)          | <b>Z</b> D | Employer Identification (EIN) 20-55 |  |
|   |                          |   |                                  |                          | 2c         | Sponsor's telep                     |  |
| 8374 MARK   | ET ST.                   |   |                                  |                          |            | 941-958                             |  |
| BOX 502   | N, FL 34202              |   |                                  |                          | 2d         | Business code (                     | see instructions)                      |
| BRADENIO  | NN, FL 34202             |   | _                                |                          |            | 62111                               | 1                                      |
| 3a Plan a   | dministrator's name ar   | nd address Same as Plan Spon  | sor Name Same as Plai            | n Sponsor Address        | 3b         | Administrator's I                   | EIN<br>17859                           |
| ANATEE LAKEWOOD RADIOLOGY ASSOCIATES, LLC 8374 MARKET ST. BOX 502 |                          |   |                                  |                          |            |                                     | elephone number                        |
|   |                          |   | TON, FL 34202                    |                          |            | 941-955                             |  |
|   |                          |   |                                  |                          |            |                                     |  |
|   |                          |   |                                  |                          |            |                                     |  |
| 4   |                          | <del> </del>  |                                  |                          |            |                                     |  |
|   |                          | e plan sponsor has changed since mber from the last return/report.        | the last return/report filed for | or this plan, enter the  | 4b         | EIN                                 |  |
|   | or's name                | moer from the last return/report.   |                                  |                          | 4c         | PN                                  |  |
|   |                          | at the beginning of the plan year.  |                                  |                          | 5a         |                                     | 6                                      |
| <b>b</b> Total i  | number of participants   | at the end of the plan year   |                                  |                          | 5b         |                                     | 6                                      |
|   |                          | account balances as of the end of   |                                  |                          |            |                                     |  |
|   |                          |   |                                  | •                        | 5c         |                                     | 6                                      |
|   | •                        | s during the plan year invested in e                                      | •                                | •                        |            |                                     | X Yes No                               |
|   |                          | f the annual examination and repo<br>? (See instructions on waiver eligit |                                  |                          |            |                                     | X Yes □ No                             |
|   |                          | ither line 6a or line 6b, the plan  | ,                                |                          |            |                                     | M 100   110                            |
|   |                          | it plan, is it covered under the PB0                                      |                                  |                          |            | . – –                               | Not determined                         |
|   |                          | ·   |                                  | <u> </u>                 |            |                                     | 1                                      |
|   |                          | or incomplete filing of this retur  |                                  |                          |            |                                     | abla a Cabadula                        |
|   |                          | her penalties set forth in the instrund signed by an enrolled actuary, a  |                                  |                          |            |                                     |  |
| belief, it is   | true, correct, and comp  | plete.  |                                  |                          |            | -                                   |  |
| SIGN  | Filed with authorized/   | valid electronic signature.   | 10/08/2014                       | JOHN L. THOMAS           |            |                                     |  |
| HERE  | Signature of plan a      |   |                                  |                          | lual aic   | aning on plan adn                   | niniatratar                            |
|   | Signature or plan a      | ummstrator  | Date                             | Enter name of individ    | iuai sig   | Jiling as plan aun                  | IIIIStrator                            |
| SIGN<br>HERE  |                          |   |                                  |                          |            |                                     |  |
|   | Signature of emplo       | yer/plan sponsor<br>name, if applicable) and address; in                  | Date                             | Enter name of individ    |            |                                     | r or plan sponsor<br>number (optional) |
| i icpaici S   | name (moldaling little)  | iamo, ii appiicabio) and addiess, ii                                      | iolade room of Suite Hullibe     | or (optional)            | 1 16       | arei s telepilone                   | number (optional)                      |
|   |                          |   |                                  |                          |            |                                     |  |
|   |                          |   |                                  |                          |            |                                     |  |
|   |                          |   |                                  |                          |            |                                     |  |
| Ī   |                          |   |                                  |                          |            |                                     |  |

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| Pa         | rt III   Financial Information  |             |                                 |         |          |                 |            |        |        |      |     |
|------------|---|-------------|---------------------------------|---------|----------|-----------------|------------|--------|--------|------|-----|
| 7          | Plan Assets and Liabilities   |             | (a) Beginning of Yea            | ır      |          |                 | (b) End    | l of Y | ear    |      |     |
| a          | Total plan assets   | 7a          | 278636                          |         |          |                 | (4) =      |        | 480928 | 3    |     |
|            | Total plan liabilities  | 7b          |                                 | 0       |          |                 |            |        | (      | )    |     |
|            | Net plan assets (subtract line 7b from line 7a)   | 7c          | 278636                          | 5       |          |                 |            | 3      | 480928 | 3    |     |
| 8          | Income, Expenses, and Transfers for this Plan Year  |             | (a) Amount                      |         |          |                 | (b)        | Total  |        |      |     |
|            | Contributions received or receivable from:  |             | (a) Amount                      |         |          |                 | (5)        | Total  |        |      |     |
|            | (1) Employers   | 8a(1)       | 10940                           | 0       |          |                 |            |        |        |      |     |
|            | (2) Participants  | 8a(2)       | 8650                            | 0       |          |                 |            |        |        |      |     |
|            | (3) Others (including rollovers)  | 8a(3)       |                                 |         |          |                 |            |        |        |      |     |
| b          | Other income (loss)   | 8b          | 50315                           | 3       |          |                 |            |        |        |      |     |
| C          | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c          |                                 |         |          |                 |            | (      | 899053 | 3    |     |
| d          | Benefits paid (including direct rollovers and insurance premiums to provide benefits)   | 8d          |                                 |         |          |                 |            |        |        |      |     |
| <u>e</u>   | Certain deemed and/or corrective distributions (see instructions)   | 8e          |                                 |         |          |                 |            |        |        |      |     |
| f          | Administrative service providers (salaries, fees, commissions)  | 8f          |                                 |         |          |                 |            |        |        |      |     |
| g          | Other expenses  | 8g          | 449                             | 0       |          |                 |            |        |        |      |     |
| h          | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h          |                                 |         |          |                 |            |        | 4490   | 0    |     |
| <u>i</u>   | Net income (loss) (subtract line 8h from line 8c)   | 8i          |                                 |         |          |                 |            |        | 69456  | 3    |     |
| j          | Transfers to (from) the plan (see instructions)   | 8j          |                                 |         |          |                 |            |        |        |      |     |
| Pa         | rt IV Plan Characteristics  |             |                                 |         |          |                 |            |        |        |      |     |
| 9a         | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  | feature co  | des from the List of Plan Char  | acteris | stic Co  | des in          | the instru | ctions | S:     |      |     |
| b          | If the plan provides welfare benefits, enter the applicable welfare for   | eature cod  | es from the List of Plan Chara  | cterist | ic Cod   | les in t        | he instruc | tions  |        |      |     |
| Par        | t V Compliance Questions  |             |                                 |         |          |                 |            |        |        |      |     |
| 10         | During the plan year:   |             |                                 |         | Yes      | No              |            | Δm     | ount   |      |     |
|            | Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)                     |             |                                 | 10a     |          | Х               |            | 7411   | Juni   |      |     |
| b          | Were there any nonexempt transactions with any party-in-interest on line 10a.)  | ? (Do not i | nclude transactions reported    | 10b     |          | X               |            |        |        |      |     |
| _          | , , , , , , , , , , , , , , , , , , ,   |             |                                 |         | X        |                 |            |        |        |      |     |
|            |   |             |                                 | 10c     |          |                 |            |        |        | 2600 | J00 |
|            | or dishonesty?  |             |                                 | 10d     |          | X               |            |        |        |      |     |
| е          | <ul> <li>Were any fees or commissions paid to any brokers, agents, or oth<br/>insurance service, or other organization that provides some or all</li> </ul> | •           | ,                               |         |          |                 |            |        |        |      |     |
|            | instructions.)  |             | . ,                             | 10e     |          | X               |            |        |        |      |     |
| 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 year e | end )                           | 10q     | X        |                 |            |        |        | 1/16 | 678 |
| h          | If this is an individual account plan, was there a blackout period? (   | (See instru | ictions and 29 CFR              | 10g     |          | X               |            |        |        | 170  | 370 |
| i          | If 10h was answered "Yes," check the box if you either provided the   | ne required | d notice or one of the          |         |          |                 |            |        |        |      |     |
|            | exceptions to providing the notice applied under 29 CFR 2520.10   | 1-3         |                                 | 10i     |          |                 |            |        |        |      |     |
| Part       | <u> </u>  |             |                                 |         | <u> </u> |                 |            |        |        |      |     |
| 11         | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  |             |                                 |         |          |                 |            |        | Yes    |      | No  |
| <u>11a</u> | Enter the unpaid minimum required contribution for current year fr  | om Sched    | ule SB (Form 5500) line 39      |         |          | 11a             |            |        |        |      |     |
| 12         | Is this a defined contribution plan subject to the minimum funding  | requireme   | ents of section 412 of the Code | or se   | ection   | 302 of          | ERISA?     |        | Yes    | X    | No  |
|            | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,   |             |                                 |         |          |                 |            |        |        |      |     |
| a          | If a waiver of the minimum funding standard for a prior year is beir granting the waiver.   |             |                                 |         | , and e  | enter th<br>Day | ne date of | the le |        | ling |     |
| lf         | you completed line 12a, complete lines 3, 9, and 10 of Schedule   | e MB (For   | m 5500), and skip to line 13.   |         |          |                 |            |        |        |      |     |
|            | Enter the minimum required contribution for this plan year  |             |                                 |         |          | 12b             | I          |        |        |      |     |

| Page | 3 - |  | 1 |
|------|-----|--|---|
|------|-----|--|---|

| С    | Enter the amount contributed by the employer to the plan for this plan year   | 12c            |           |                     |
|------|---|----------------|-----------|---------------------|
| d    | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)   | 12d            |           |                     |
| е    | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |                | Yes       | No N/A              |
| Part | VII Plan Terminations and Transfers of Assets   |                |           |                     |
| 13a  | Has a resolution to terminate the plan been adopted in any plan year?   | Y              | es X No   |                     |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this year   | 13a            |           |                     |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?   | ontrol         |           | Yes X No            |
| С    | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | )              |           |                     |
| 1    | <b>3c(1)</b> Name of plan(s):   | c(2) Ell       | V(s)      | <b>13c(3)</b> PN(s) |
|      |   |                |           |                     |
|      |   |                |           |                     |
| Part | VIII Trust Information (optional)   |                |           |                     |
| 14a  | Name of trust   | l <b>4b</b> Tr | ust's EIN |                     |
|      |   |                |           |                     |
|      |   |                |           |                     |
|      |   |                |           |                     |

## Form 5500-\$F

Department of the Treasury Internal Revenue Service

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 irement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2013

|                    | epartment of Labor<br>lenefits Security Administration | the Internal R   | Revenue Code (the C                        | ode).                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   | is Open to Public spection |  |
|--------------------|--|--|--|-----------------------------|---|-----------------------------------|----------------------------|--|
| Pension B          | ensfit Guaranty Corporation                            | ▶ Complete all entries in accorda  | nce with the instru                        | ctions to the Form 550      | 0-SF.                                   |                                   | , peotion                  |  |
| Part I             | Annual Report Id                                       | entification Information   |  |                             |   | / /                               |                            |  |
| For calend         | ar plan year 2013 or fisca                             | _  | 01/2013                                    | and ending                  |   | 12/31/201                         |                            |  |
| A This re          | lurn/report is for:                                    |  |  | lan (not multiemployer)     | Į                                       | a oue-bayici                      | pant plan                  |  |
| B This re          | turn/report is:  | J  | e final return/report                      | n/report (less than 12 m    | onihel                                  |                                   |                            |  |
| • • •              | L<br>box if filing under:                              | =  | snon plan year retur<br>utomatic extension | wishout lisse man se m      | )<br> <br>                              | DEVC progra                       | ım                         |  |
| C Check            |  |  |  |                             |   |                                   |                            |  |
| D-+ II             | Basia Blan Inform                                      | special extension (enter description)  nation—enter all requested information        |  |                             |   |                                   |                            |  |
| Part II            |  | 18tion—Enter all redocates information   |  |                             | 1b                                      | Three-digit                       |                            |  |
| 1a Name<br>MANATE  | E LAKEWOOD RADI  | OLOGY ASSOCIATES, LLC  | 101(K) PROFIT                              | r sharing plan              |   | plan number                       | 002                        |  |
| ,                  |  |  |  | · .                         | 1c                                      | Effective date o                  |                            |  |
|                    | <del> </del>   |  | · · · · · · · · · · · · · · · · · · ·      |                             |   |                                   |                            |  |
| 2a Plans<br>MANATE | ponsor's name and addre<br>E LAKEWOOD RADI             | ess; include room or suite number (emp<br>OLOGY ASSOCIATES, LLC                      | oloyer, it for a single-                   | employer plans              |   | Employer Identi<br>(EIN) 20-551   | fication Number<br>.7859   |  |
|                    | - D. C.            |  |  |                             |   | Sponsor's telep<br>941 - 955 • 4: |                            |  |
|                    | ARKET ST.  |  |  |                             |   |                                   | see Instructions)          |  |
| BOX 50<br>BRADEN   |  | FL 34202   |  |                             | 1                                       | 621111                            | 200 11100 001.01.17        |  |
|                    |  | address Same as Plan Sponsor Nan   | ne Same as Plan                            | Sponsor Address             |   | Administrator's I                 |                            |  |
| MANATE             | e lakewood Radi  | OLOGY ASSOCIATES, LLC  |  |                             | 3c Administrator's telephone number     |                                   |                            |  |
|                    |  |  |  |                             | l                                       | 941-955-41                        |                            |  |
| 8374 M             | ARKET ST.  |  |  |                             |   |                                   |                            |  |
| BOX 50             |  | 04000  |  |                             |   |                                   |                            |  |
| BRADEN             |  | FL 34202   | and the second field for                   | e this plan cotor the       | 4b                                      | CIN                               |                            |  |
| 4 If the name      | name and/or EIN of the pl<br>. EIN, and the plan numbe | lan sponsor has changed since the last<br>er from the last return/report.            | returneport mea ro                         | ii (iiis pian, enter trio   |   |                                   |                            |  |
| a Spons            | or's name  |  |  |                             | 4c                                      | PN                                |                            |  |
|                    |  | the beginning of the plan year   |  |                             | 5a                                      |                                   | 6                          |  |
|                    |  | the end of the plan year   |  |                             | 5b                                      |                                   | 6                          |  |
| comp               | tele this ilem)  | count balances as of the end of the plar   |  |                             | 5c                                      |                                   | 6                          |  |
| 6a Were            | all of the plan's assets di                            | uring the plan year invested in eligible a   | essets? (See instruct                      | lions.)                     |   |                                   | X Yes No                   |  |
| h Acau             | ou claiming a waiver of th                             | e annual examination and report of an<br>See instructions on waiver eligibility and  | independent qualifie                       | d public accountant (IQI    | PA)                                     |                                   | X Yes No                   |  |
| under              | · 29 CFR 2520,104-46? (3                               | see instructions on waiver eligibility and<br>or line 6a or line 6b, the plan cannot | use Form 5500 <b>-</b> SF :                | and must instead use        | Form (                                  | 5500.                             |                            |  |
| C If the i         | nian is a defined benefit p                            | olan, is it covered under the PBGC insu  | rance program (see                         | ERISA section 4021)?        |   | Yes ∏No [                         | Not determined             |  |
|                    |  | incomplete filing of this return/repor   |  |                             |   |                                   |                            |  |
|                    | /  | annothing out footh in the instructions. I   | declare that I have a                      | examined this return/red    | iort. inc                               | duding, if applica                | ble, a Schedule            |  |
| SB or Sche         | dule MB completed and thue, correct_and completed      | signed by an enrolled actuary, as well t   | es the electronic vers                     | sion of this return/report, | , and lo                                | the best of my                    | knowledge and              |  |
|                    | The file   |  | 111-1-14                                   | John L. Thomas              | <del></del>                             |                                   |                            |  |
| SIGN<br>HERE       | seffing f  |  | Soto (                                     | Enter name of individu      |   | uno as olao adm                   | inistrator                 |  |
|                    | Signature of plan adm                                  | inistrator   | Date                                       | Ettier hame of more         | iai siyii                               | ing as plantaun                   | mistratur_                 |  |
| SIGN<br>HERE       | Signature of employer                                  | rinian enoncor   | Date                                       | Enter name of individu      | al sign                                 | ing as employe                    | r or plan sponsor          |  |
| Preparer's         | name (including firm nam                               | ne, if applicable) and address; include re   |  |                             | Prepa                                   | rer's (elephone                   | number (optional)          |  |
|                    |  | •  |  |                             |   |                                   |                            |  |
|                    |  |  |  |                             |   |                                   |                            |  |
|                    |  |  |  | ŀ                           |   |                                   |                            |  |
|                    |  |  |  |                             |   |                                   |                            |  |
|                    |  |  |  |                             |   |                                   |                            |  |

Form 5500-SF 2013

| Pa       | rt III Financial Information  |                           |  |              |         |                |                   |             |
|----------|---|---------------------------|--|--------------|---------|----------------|-------------------|-------------|
| 7        | Plan Assets and Liabilities   | į                         | (a) Beginning of Ye                                    | ear          |         |                | (b) End of        |             |
| а        | Total plan assets   | <b>7</b> a                | 27   | 7863         | 65      |                |                   | 3480928     |
| b        | Total plan liabilities  | . 7b                      |  |              | 0       |                |                   | (           |
| C        | Net plan assets (subtract line 7b from line 7a)   | 7c                        | 27   | 7863         | 65      |                |                   | 3480926     |
| 8        | Income, Expenses, and Transfers for this Plan Year  |                           | (a) Amount   |              |         |                | (b) Tota          | ıl          |
| a        | Contributions received or receivable from: (1) Employers  | 8a(1)                     | 2  | .094         | 00      |                |                   |             |
|          | (2) Participants  | . 8a(2)                   |  | 865          | 00      |                |                   |             |
|          | (3) Others (including rollovers)  | 8a(3)                     |  |              |         |                |                   |             |
| Ь        | Other income (loss)   | . 8b                      | 9  | 031          | 53      |                |                   |             |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c                        |  |              |         |                |                   | 699053      |
| d        | Benefits paid (including direct rollovers and insurance premiums  |                           |  |              |         |                |                   |             |
|          | to provide benefits)  |                           |  |              |         |                |                   |             |
|          | Certain deemed and/or corrective distributions (see instructions)   | Ве                        | <u> </u>   |              |         |                |                   | <del></del> |
| f        | Administrative service providers (sataries, fees, commissions)  | 8f                        |  |              | _       |                |                   |             |
|          | Other expenses  | 28                        |  | 44           | 90      |                |                   |             |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g)   |                           |  |              | _ _     |                |                   | 4490        |
|          | Net income (loss) (subtract line 8h from line 8c)   | 81                        | - <del></del>  | <u> </u>     |         |                |                   | 694563      |
| <u> </u> | Transfers to (from) the plan (see instructions)   | 8j                        |  |              |         |                |                   |             |
| Par      | t IV Plan Characteristics   |                           |  |              |         |                |                   |             |
| 9a       | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2R 3D  | feature co                | des from the List of Plan Char                         | acteri       | slic Co | des in         | n the instruction | s:          |
| b        | If the plan provides welfare benefits, enter the applicable welfare fe  | ature cod                 | es from the List of Plan Chara                         | cleris       | tic Cod | les in         | the instructions  | :           |
| Par      | V Compliance Questions  |                           |  |              | 1       | r              | 1                 |             |
| 10       | Ouring the plan year:   |                           |  |              | Yes     | No             | Arr               | ount        |
| 9        | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu   | iciary Com                | ection Program)  | 10a          |         | X.             |                   |             |
| b        | Were there any nonexempt transactions with any party-in-interest on line 10a.)  |                           |  | 10ь          |         | Х              |                   |             |
| C        | Was the plan covered by a fidelity bond?  |                           |  | 10c          | Х       |                |                   | 360000      |
| d        | Old the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  |                           |  | 10d          |         | х              |                   |             |
| e        | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all (instructions.) | er persons<br>of the bene | by an insurance carrier,<br>elits under the plan? (See | 10e          |         | ×              |                   |             |
| f        | Has the plan failed to provide any benefit when due under the plan  | 17                        |  | 101          |         | X              |                   |             |
| 9        | Did the plan have any participant loans? (If "Yes," enter amount as   |                           |  | 1 <b>0</b> g | х       |                |                   | 14678       |
| h        | If this is an individual account plan, was there a blackout period? (520,101-3.)  |                           |  | 10h          |         | ×              |                   |             |
| i        | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101                | e required<br> -3         | notice or one of the                                   | 10;          |         |                |                   |             |
| Part     | VI Pension Funding Compliance   |                           |  |              |         |                |                   |             |
| 11       | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)  |                           |  |              |         |                | 9 (Form           | Yes No      |
| 11a      | Enter the unpeid minimum required contribution for current year fro   | om Schedu                 | le SB (Form 5500) line 39                              |              |         | 11a            |                   |             |
| 12       | Is this a defined contribution plan subject to the minimum funding  |                           |  | or se        | ction 3 | 102 of         | ERISA?            | Yes X No    |
|          | (If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12a below,   | as applica                | ble.)  |              |         |                | <u></u>           |             |
|          | If a waiver of the minimum funding standard for a prior year is being granting the waiver.  |                           | Mon  | th_          | and e   | nter tr<br>Day | ne date of the le |             |
| lf       | you completed line 12a, complete lines 3, 9, and 10 of Schedule   | MB (Forn                  | n 5500), and skip to line 13.                          |              |         |                | T                 | ·           |
| b        | Enter the minimum required contribution for this plan year  |                           |  | ******       |         | 126            | L                 | <del></del> |
|          |   |                           |  |              |         |                |                   |             |

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| Form 5500-SF 2013  |   | Page 3 -                |   |          |            |       |         |
|--|---|-------------------------|---|----------|------------|-------|---------|
|  |   |                         | •                                       |          |            |       |         |
| C Enter the amount contributed by the employer   | r to the plan for this plan yes                   | of                      |   | 12c      |            |       |         |
| d Subtract the amount in line 12c from the amo   | unt in line 12b. Enter the res                    | ult (enter a minus sign | to the left of a                        | 12d      |            |       |         |
| e Will the minimum funding amount reported on  |   |                         |   |          | Yes        | No_   | N/A     |
| Part VII Plan Terminations and Trans   | fers of Assets                                    | 1                       |   |          |            |       |         |
| 13a Has a resolution to terminate the plan been adop   | ited in any plan year?                            |                         | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          | Yes 💢 I    | No    |         |
| If "Yes," enter the amount of any plan assets  | that reverted to the employe                      | r this year             |   | 13a      |            |       |         |
| Were all the plan assets distributed to particip   |   |                         |   |          |            | Yes   | X No    |
| c If during this plan year, any assets or liabilities which assets or liabilities were transferred. (S | s were transferred from this<br>ee instructions.) | plan to another plan(s  | ), identify the plan(s                  | ) lo     |            |       |         |
| 13c(1) Name of plan(s):  |   |                         |   | 13c(2) E | IN(s)      | 13c(3 | ) PN(s) |
|  |   | •                       |   |          |            | -     |         |
|  |   |                         |   | -        | -          |       |         |
|  |   |                         |   |          |            | -   - |         |
|  |   |                         |   |          |            |       |         |
|  |   |                         | l                                       |          |            |       |         |
| But Will Truck Information (ontional)  |   |                         | <u> </u>                                |          |            |       |         |
| Part VIII Trust Information (optional)   |   | <del></del>             |   | 14b T    | rust's EIN |       |         |
| 14a Name of Irust  | •   |                         |   | '        |            |       | •       |
|  |   |                         | *                                       |          |            | * .   |         |
|  |   |                         |   |          |            |       |         |