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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instruc	ctions to the Form 550	0-SF.	mope	otion	
Part I	Annual Report	t Identification Information						
For caler		fiscal plan year beginning 01/01/2	2013	and ending	12/31/20)13		
A This	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participar	it plan	
B This	eturn/report is:	the first return/report	x the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Chec	k box if filing under:	X Form 5558	automatic extension			DFVC program		
		special extension (enter descri	ption)		_	_		
Part II	Basic Plan Info	ormation—enter all requested info	ormation					
1a Nam					1b -	Three-digit		
	·	ON CORP. DEFINED BENEFIT PEN	SION PLAN			plan number		
					((PN) •	003	
					1c [Effective date of pl	an	
						01/01/19	84	
		ddress; include room or suite numbe	r (employer, if for a single-	-employer plan)	2b E	Employer Identifica		
AMERICA	N SANITARY PARTITI	ON CORP				(EIN) 11-1967		
					2c S	Sponsor's telepho		
P. O. BOX						407-656-0		
OCOEE, F	L 34701				2d E	Business code (se	e instructions)	
2		🗔	По п		26.	332900		
3a Plan	administrator's name a	and address XSame as Plan Sponso	or Name Same as Plar	n Sponsor Address	3D /	Administrator's EIN	l	
					3c /	Administrator's tele	enhone number	
					"	tarrinotrator o torc		
4 If the	e name and/or EIN of the	ne plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b 1	EIN		
nan	ie, EIN, and the plan nu	umber from the last return/report.						
	nsor's name				4c	PN T		
_		s at the beginning of the plan year			5a		8	
		s at the end of the plan year			5b		0	
		account balances as of the end of the	• •	•	5c			
6a We	re all of the plan's asse	ets during the plan year invested in eli	gible assets? (See instruc	ctions.)			X Yes No	
		of the annual examination and report						
		6? (See instructions on waiver eligibil					X Yes No	
•		either line 6a or line 6b, the plan ca			_			
C If the	e plan is a defined bene	efit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?	X	Yes No N	lot determined	
Caution	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	use is e	stablished.		
	, , ,	other penalties set forth in the instruct	•			O, 11	,	
		and signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/report	t, and to	the best of my kn	owledge and	
beller, it	s true, correct, and con	npiete.						
SIGN	Filed with authorized	d/valid electronic signature.	10/08/2014	RONALD BIRKENMA	IER			
HERE	Signature of plan	administrator	Date	Enter name of individ	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized	d/valid electronic signature.	10/08/2014	RONALD BIRKENMA	IER			
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual sign	ning as employer o	r plan sponsor	
Preparer	s name (including firm					rer's telephone nu		
		mame, ii applicable) and address, inc		(-1)				
		name, ii applicable and address, inc		(
		name, ii applicable) and address, inc		(1)				
		name, ii applicable) and address, inc			·			

Form 5500-SF 2013 Page **2**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Fr	nd of \	/oar	
	Total plan assets	7a	(a) Beginning of Tea		-		(D) LI	10 01 1)
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	56395	6					()
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(h) Total		
	Contributions received or receivable from:		(a) Amount				(D	Tota		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	57	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							577	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	54545	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	1908	1						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							564533	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	563956	3
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the inst	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ıctions	:	
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	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		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
				100	X					250000
				10c						250000
	or dishonesty?			10d		X				
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				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		X				
Part		-				ı				
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr								. 00	
						11a		Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3U2 Of	EKISA?	·· L	res	^ INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard to a prior year is being standard for a prior year.	ng amortize	ed in this plan year, see instru		, and e	_				ling
It.	you completed line 12a, complete lines 3, 9, and 10 of Schedule			ιrι <u> </u>		Day		_ Ye	al	
	Enter the minimum required contribution for this plan year	•				12b				

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 country 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) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Insural Revenue Service

Department of Labor Envolving 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 5057(b) and 6056(a) of the Internal Revenue Code (the Code).

2013

2013

OMB Nos. 1210-0110 1216-0089

This Form is Open to Public

Pensio	n Benefit Guaranty Corporation	Complete all entries in accord	dance with the instr	uctions to the Form 55	00-55	Ins	section
Part		dentification Information	- Control of the Cont	THE RESERVE OF THE PROPERTY OF THE PARTY OF		blokovingstypnyssinstrages.	
Forcale	ndar plan year 2013 er fisc		1/01/2013	and ending	1	2/31/201	3
A This	return/report is for:	🛮 a single-employer plan	a multiple-employer	plan (not multiemployer)	[] a	a one-particip	ant plan
B This	return/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	ım/report (less than 12 n	ionths)		
C Chec	k hox if filing under:	X Form 5558	automatic extension			DEVC program	n
		special extension (enter description					
Part II	Basic Plan Inform	mation—enter all requested informa	ilion				- 14. A.
1a Nan	ie of plan				1b Thre		
	RICAN SANITARY				1	n number	003
DEE	INED BENEFIT PE	ISTON PLAN				ctive date of	
provid appear warrant bases				AND THE PROPERTY OF THE PROPER		/01/1984	
	sponsor's name and addr RICAN SANITARY I	ess; include room or suite number (er	mployer, if for a single	employer plan)	1		ation Number
.Attic	KICAN SANLIAKI I	PARTITION CORP) 11-1967	
						nsor's teleph (7) 656-0	
Ρ.	O. BOX 99				-		ac instructions)
oco	EE		FI	34761	1	900	,
3a Plan	administrator's name and	address Same as Plan Sponsor Na	ame []Same as Pla	n Sponsor Address	3b Adm	inistrator's El	N
					3c Adm	injetrator's tal	ephone number
					OC Adm	nuanatora tea	ephone number
4 If the	name and/as EIN of the of	an sponsor has changed since the la	ot as to use by a part GI and G		(40	17) 656-1	0611
nam	e, EIN, and the plan numb	an sponsor has changed since the fa er from the last return/report.	я теклитероп шео т	or this plan, enter the	4b EIN		
	sor's name				4c PN		
5a Total	number of participants at	the beginning of the plan year	*, *. *** ** * * * * * * * * * * * * * *	***** ************************	5a		8
		the end of the plan year			5b		()
C Num	ber of participants with accolors this item)	ount balances as of the end of the pla	an year (defined bend	ofit plans do not	5c		
		iring the plan year invested in eligible					Yes No
b Are y	ou claiming a waiver of the	e annual examination and report of ar See instructions on waiver eligibility ar	n independent qualifie	ed public accountant (IQF	PA)		Yes No
		er line 6a or line 6b, the plan cannot					Pares II no
		an, is it covered under the PBGC insi					lot determined
	**************************************	ncomplete filing of this return/repo					
		penalties set forth in the instructions,					o o Cobodul
SB or Sch	edule MB completed and s true, correct, and complete	signed by an enrolled actuary, as well	as the electronic ven	sion of this return/report,	and to the	best of my kn	owledge and
		THE SHEWWOOD SHEET STATE OF THE SHEET STATE OF THE SHEET SHE		Longiture Charles and the Control of	even we	- towers are	
SIGN HERE	funal/Offer	The Description of the State of	10(8/2014	RONALD BIRKENM	AIER		- Port
That the	Signature of plan admi	nistrator	Date	Enter name of individu	al signing a	s plan admini	strator
SIGN	Kon Bill		10[8/2014	RONALD BIRKENM	NIER	Personal and the Second	
HERE	Signature of employer		Date	Enter name of individua			
rreparer's	name (including firm name	e, if applicable) and address; include i	oom or suite number	(optional)	Preparer's I	telephone nu	mber (optional)
						W (77)	
			arccy and				

Part III Financial Information	DHERSONETO WHAT	COMPONE STREET SECURITION OF S	m conquere	40¢-11	P 4 1 ANSIE TOLY 4 MAY V
7 Plan Assets and Liabilities		(a) Beginning of Year		the MoVern	(b) End of Year
a Total plan assets	7a	563,	956		Market and the second s
b Total plan liabilities		The I take till the state of th		Palitical Palace	And control of the state of the
C Net plan assets (subtract line 7b from line 7a)	7с	563,	956	- Wend Loan	C. All Security and Committee Security (Committee)
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		w	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	System my manufacture of the contractive of the con			
(2) Participants.	8a(2)				
(3) Others (including rollovers)	8a(3)	COT 4 20001T PRODUCTION OF THE			1 100
b Other income (loss)		monumentality to the second	577		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).	CONTRACTOR OF THE PROPERTY OF	TO A TOO MADE AND A PROPERTY OF THE PARTY OF			57.
d Benefits paid (including direct rollovers and insurance to provide benefits)	To care a destination of the contract of the c	545,	452	u	
e Certain deemed and/or corrective distributions (see i	nstructions) 3e	No. 15072544 besser - 6 back age, com			and the second of the second o
f Administrative service providers (salaries, fees, com	missions) 8f	ALCODE ALTERNATIVE CONTOCUENTION A CONTOCUENTION		**************************************	
g Other expenses		19,	081	V 154771-98	2 MANU CONNECTOS (See ENTRES) . SEC CONNECTOS
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	herderddarfe - mae'i chanair ar ar ar ar a a a a a a a a a a a a		taurau	564,533
i Net income (loss) (subtract line 8h from line 8c)		whether the continue the continue to the conti			(563, 956)
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					and the same of th
9a If the plan provides pension benefits, enter the appli 1A	The state of the s		T-MANUE		
b If the plan provides welfare benefits, enter the applic	able welfare feature codes f	rom the List of Plan Character	istic Cod	des in ti	he instructions:
Part V Compliance Questions		The same of the sa			ACCOUNTS OF THE PARTY OF THE PA
10 During the plan year.	GRAPH CONTROL		Yes	No	Amount
Was there a failure to transmit to the plan any partic 29 CFR 2510.3-102? (See instructions and DOL's			а	Х	
b Were there any nonexempt transactions with any particle.			0	К	
c Was the plan covered by a fidelity bond?		10	z X		250,000
d Did the plan have a loss, whether or not reimbursed or dishonesty?			d	X	Controls Advisions Course No. 8 Vibration 19
Were any fees or commissions paid to any brokers, insurance service or other organization that provide instructions.)	agents, or other persons by s some or all of the benefits	an insurance carrier, under the plan? (See	9	X	
f Has the plan failed to provide any benefit when due	under the plan?			Х	
g Did the plan have any participant loans? (if "Yes," er	nter amount as of year end.)		Х	enconstruktion to burny sign an
h If this is an individual account plan, was there a blace 2520,101-3.)		ns and 29 CFR		×	
i If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 of the control of	er provided the required not	ice or one of the		x	
Part VI Pension Funding Compliance	TANGKULKI Peruli Prisidente, ya kina tunin birasta a silan singu	ME-PART STREET, WAS TO STREET, ST.		venous t	1 January Carlotte
11 Is this a defined benefit plan subject to minimum fund 5500) and line 11a below)	ling requirements? (If "Yes,	see instructions and complete	Sched	ule SB	(Form Yes No
11a Enter the unpaid minimum required contribution for o		The state of the s	- econyon -	11a	annu and de mananes de sara
12 Is this a defined contribution plan subject to the mini	Charles and the control of the second desired	the second of th	Nichtermonth		RISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c. 12d, ar	er v vermenten vermenten er	temporary materials and temporary materials and temporary			manufactured the state of the s
a If a waiver of the minimum funding standard for a price granting the waiver.	or year is being amortized in	this plan year, see instruction	s, and er	nter the Day	date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10			A LARGE	And other	- Annual Control Contr
b Enter the minimum required contribution for this plan	year			12b	Hateri - ores

	Form 5500-SF 2013 130118 Page 3 -			
C	Enter the amount centributed by the employer to the plan for this plan year	12c	- California Marija, Shibbian Indiganya sanda	T AN AMERICAN TWO
ď	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)	124		PRIVE SACROMEN'S REPRESENTATION OF THE PRIVE SACROMENT OF THE PRIVE
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No NA
Part	VII Plan Terminations and Transfers of Assets			200 1
13a	Has a resolution to terminate the plan been adopted in any plan year?	[X] \	res N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T	College by W. Judy U.s.
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	r the control		⊠ Yes ∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planting this plan to another plan(s), identify the planting this plan to another plan(s), identify the planting this plan to another plants), identify the planting this plan to another plants).	an(s) to		A CONTRACTOR A CONTRACTOR ASSESSMENT
_ 1:	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
Part '	VIII Trust Information (optional)	and the state of t		
	Jame of trust	14b Tr	ust's EIN	