### 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I		dentification Information					
For calend	lar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This re	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
<b>B</b> This re	turn/report is:		the final return/report				
_				n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
Part II	Racio Blan Infor	mation—enter all requested information	,				
		mation—enter all requested informa-	LIOII		1h	Throe digit	
<b>1a</b> Name FAST LANE	PROMOTIONS, LLC C	ASH BALANCE PLAN			10	Three-digit plan number	
					10	(PN)	002
					10	Effective date of 01/01	
	sponsor's name and add E PROMOTIONS, LLC	lress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 41-21	fication Number 54231
270 WAYM	ONT COURT, SUITE 12	20			2c	Sponsor's telep	hone number
LAKE MAR	Y, FL 32746				2d	Business code 54180	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		2
<b>b</b> Total	number of participants a	at the end of the plan year			5b		2
		ccount balances as of the end of the pl	• •	•	5c		
_		during the plan year invested in eligible					X Yes No
<b>b</b> Are y	ou claiming a waiver of r 29 CFR 2520 104-462	the annual examination and report of an (See instructions on waiver eligibility an	n independent qualifiend conditions )	d public accountant (IQI	PA)		X Yes No
		her line 6a or line 6b, the plan canno					
<b>C</b> If the	plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .	X	Yes No	Not determined
Caution:	A penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.	
SB or Sch		er penalties set forth in the instructions d signed by an enrolled actuary, as wellete.					
SIGN	Filed with authorized/v	ralid electronic signature.	10/14/2014	CURT LENTZ			
HERE	Signature of plan ac	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN	Filed with authorized/v	ralid electronic signature.	10/14/2014	CURT LENTZ			
HERE	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telepnone	number (optional)

Form 5500-SF 2013 Page **2** 

Pai	t III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar	
a	Total plan assets	7a	10782				(5) 2.10		25076	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	10782	9				2:	25076	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	[otal		
	Contributions received or receivable from:		(a) Amount				(6)	Otai		
	(1) Employers	8a(1)	10763	3						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	961	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11	7247	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
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						1	17247	,
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	٠,								
9a	If the plan provides pension benefits, enter the applicable pension 1C	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	ctions:		
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10					Yes	No		A a		
	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tions within	n the time period described in	1	162	140		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
				40-	X					250000
				10c					4	250000
d	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	and )			X				
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g		X				
	2520.101-3.)	ne required	d notice or one of the	10h		X				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance							_		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39	<u></u>		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,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter tl Day		the let Year		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

Page	3	- [	1
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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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tr	ust's EIN	

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

File as an attachment to Form 5500 or 5500-SF.

				▶ File as	an attachme	nt to Form	5500 or	5500-SF.					
F	or calendar	plan year 2013	3 or fiscal plan y	ear beginning (	01/01/2013			and en	ding 1	2/31/20	13		
)	Round of	ff amounts to	nearest dollar.										
)	Caution:	A penalty of \$7	1,000 will be ass	essed for late filing	of this report u	ınless reas	onable ca	use is establis	hed.			T	
	Name of p		S, LLC CASH BA	ALANCE PLAN				B Three-c	Ū	N)	•	002	
С	Plan spon	sor's name as	shown on line 2	a of Form 5500 or 55	500-SF			<b>D</b> Employe	r Identif	ication N	lumber (	(EIN)	
FA	AST LANE	PROMOTIONS	S, LLC						41-2	154231			
Ε	Type of pla	n: X Single	Multiple-A	Multiple-B	FF	Prior year pla	an size:	100 or fewer	10	1-500	More t	than 500	
F	Part I	Basic Inforr	mation										
1	Enter th	e valuation dat	te: I	Month	Day31	Year _	2013	_					
2	Assets:												
	<b>a</b> Marke	et value							2	а			116311
	<b>b</b> Actua	rial value							<b>2</b> l	b			116311
3	Funding	target/particip	ant count break	down:			<b>(1)</b> N	umber of parti	cipants		(2)	Funding Target	
	<b>a</b> For re	etired participar	nts and beneficia	aries receiving paym	ent	3a				0			C
	<b>b</b> For te	erminated veste	ed participants			3b				0			C
	<b>C</b> For a	ctive participan	ts:										
	(1)	Non-vested	benefits			3c(1)							85593
	(2)	Vested bene	efits			3c(2)							C
	(3)	Total active.				3c(3)				2			85593
	<b>d</b> Total					3d				2			85593
4	If the pla	an is in at-risk	status, check the	box and complete	lines (a) and (l	b)							
	<b>a</b> Fundi	ng target disre	garding prescrib	ed at-risk assumption	ons			<u> </u>	4	а			
				umptions, but disrega onsecutive years an					41	b			
5	Effective	e interest rate .							5	5			6.18 %
6	Target r	normal cost							6	;			83091
	To the best of accordance of combination,	with applicable law a	e information supplied and regulations. In my	I in this schedule and acco opinion, each other assun erience under the plan.									
	SIGN HERE										09/30/2	2014	
			Signa	ture of actuary							Date		
ΑN	DREW BE	HNKE, MSPA,	ŭ	,							14-070	643	
		<u> </u>	Type or pr	int name of actuary				<del></del>	Мо	st recent		ent number	
MII	DWEST PE	NSION ACTU	• • • • •	ŕ							248-53	39-5000	
				irm name					Telepho	ne numb		uding area code	)
		VE MILE ROAI IN HILLS, MI 4	D									3	,
			Add	ress of the firm				_					
	e actuary h	nas not fully ref	lected any regul	ation or ruling promu	ulgated under	the statute	in comple	eting this sched	dule, ch	eck the b	oox and	see	

age 2	2 - [	
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Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
							(a)	Carryover balance	:	(b) l	Prefund	ing balance
7		Ū	. ,		cable adjustments (line 13 f	•			0			0
8			•	-	unding requirement (line 35							
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0			0
10	Interest	t on line 9	using prior year's	actual ret	turn of <u>0.00</u> %							
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contribu	utions (line	38a from prior year)							32098
					interest rate of6.87 %							
	<b>C</b> Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	ce						32098
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	alance							
12	Other re	eductions	s in balances due	to election	s or deemed elections							
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12	)			0			0
Part III Funding Percentages												
14	Funding	g target a	ttainment percent	age							14	135.88 %
15	<ul><li>14 Funding target attainment percentage.</li><li>15 Adjusted funding target attainment percentage</li></ul>								15	102.82 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	100.00 %			
17	If the cu	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	e funding ta	rget, enter	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib				rear by employer(s) and emp	oloyees:						
(N	(a) Dat M-DD-Y		<b>(b)</b> Amount pa employer(		(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer		(0		int paid by oyees
05	/21/2013	3		7000	0	11/15/2	013		7000			0
06	/17/2013	3		7000	0	12/16/2	013		7000			0
07	/15/2013	3		7000	0	01/15/2	014		7000			0
80	/15/2013	3		7000	0	02/14/2	014		7000			0
09	/16/2013	3		7000	0	03/14/2	014		37633			0
10	/15/2013	3		7000	0		r				1	
						Totals >	18(b)		107633	18(c)		0
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after t	he beginning of th	e year:			
	<b>a</b> Cont	ributions	allocated toward u	unpaid min	imum required contributions	from prior	years		19a			0
	<b>b</b> Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b			0
	<b>C</b> Conti	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjuste	d to valuation	n date	19c			108247
20		-	outions and liquidit	-							-	
		•	_		the prior year?						<u> </u>	Yes X No
	<b>b</b> If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	year made	e in a timely	manner?				Yes No
	<b>C</b> If line	e 20a is "	Yes," see instruction	ons and co	omplete the following table a							
		(1) 1s	st I		Liquidity shortfall as of e (2) 2nd	nd of quart	er of this pla	an year 3rd			(4) 4tl	n
		(1) 18	,,		( <i>L)</i> LIIU		(5)	J.u			(T) TU	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and	Target Normal Cost		
21	Disco	unt rate:					
	<b>a</b> Se	gment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segmen 6.76		N/A, full yield curve used
	<b>b</b> App	olicable month (	enter code)			21b	0
22	Weigh	nted average ret	tirement age			22	62
23	Morta	lity table(s) (see	e instructions) X Pr	rescribed - combined	Prescribed - separate	Substitu	ite
Pa	rt VI	Miscellane	ous Items				
24		ū	'	•	current plan year? If "Yes," se		· ·
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instr	uctions regarding required atta	achment	Yes X No
26	Is the	plan required to	provide a Schedule of Active	e Participants? If "Yes," see	instructions regarding require	d attachmen	tX Yes No
27			o alternative funding rules, en			27	
Pa	rt VII	Reconcilia					
28	Unpai	d minimum requ	uired contributions for all prior	years		28	
29					contributions from prior years	29	0
30	Rema	ining amount of	f unpaid minimum required co	ntributions (line 28 minus lir	30	0	
Pa	rt VIII	Minimum	<b>Required Contribution</b>	n For Current Year			
31	Targe	et normal cost a	nd excess assets (see instruc	etions):			
	<b>a</b> Targ	et normal cost	(line 6)			31a	83091
	<b>b</b> Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b	30718
32	Amort	ization installme	ents:		Outstanding Ba	lance	Installment
	<b>a</b> Net	shortfall amortiz	zation installment			0	0
	<b>b</b> Wa	iver amortization	n installment			0	0
33			approved for this plan year, er Day Year		ter granting the approval nount	33	
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (line	s 31a - 31b + 32a + 32b - 33)	34	52373
				Carryover balance	Prefunding bal	ance	Total balance
35			use to offset funding				0
36	Additi	onal cash requi	rement (line 34 minus line 35)	)		36	52373
37			ed toward minimum required o			37	108247
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)			
	<b>a</b> Tota	al (excess, if any	y, of line 37 over line 36)			38a	55874
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b							
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 3	6 over line 37)	39	0
40	Unpai	d minimum requ	uired contributions for all year	s		40	0
Pa	rt IX	Pension I	Funding Relief Under	Pension Relief Act of	2010 (See Instructions	s)	
41	If an e	lection was mad	de to use PRA 2010 funding r	elief for this plan:			
	a Sch	edule elected .				<u> </u>	2 plus 7 years 15 years
	<b>b</b> Elig	ible plan year(s	) for which the election in line	41a was made		200	08 2009 2010 2011
42	Amou	nt of acceleratio	n adjustment			42	
43	Exces	s installment ac	celeration amount to be carrie	ed over to future plan years		43	

### 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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	art I		Identification Information		***************************************			
Fo	r calen	dar plan year 2013 or fi	scal plan year beginning (	01/01/2013	and ending		12/31/201	.3
Α	This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan
В	This re	eturn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths	)	
С	Check	box if filing under:	X Form 5558	automatic extension			☐ DFVC progra	m
		3	special extension (enter description	on)				
P	art II	Basic Plan Info	rmation—enter all requested inform	ation				
		e of plan				1b	Three-digit	
	FAST	LANE PROMOTIC	ONS, LLC CASH BALANCE P	LAN			plan number	
			* Company Comp			4-	(PN) •	002
						IC	Effective date of 01/01/2012	
2a	Plan	sponsor's name and ad	dress; include room or suite number (e	mployer, if for a single	-employer plan)	2b	Employer Identif	
	FASI	LANE PROMOTIC	ONS, LLC	t 25 2			(EIN) 41-215	
						2c	Sponsor's teleph	none number
	270	WAYMONT COURT	. SUITE 120			<u></u>		
			, 55112 125	-	20746	2d	Business code (s	see instructions)
		MARY	nd address XSame as Plan Sponsor N		32746 n Sponsor Address	3h	541800 Administrator's E	EIN
ou	1 Idii 6	administrator s name ar	id address Acame as Flatt opensor to	Valle Dalle as i la	ir opolisor Address		Administrator s L	
						3с	Administrator's to	elephone number
4			plan sponsor has changed since the la	ast return/report filed f	or this plan, enter the	4b	EIN	
-			mber from the last return/report.			4-	DN	
_	•	sor's name	at the beginning of the plan year			4c	PN	721
5a						- Ou	+	2
b		2° 108	at the end of the plan yearat the end of the paccount balances as of the end of the p			5b		2
C			account balances as of the end of the p			5c		
6a	Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	etions.)			X Yes No
b			the annual examination and report of a					□ Vaa □ Na
			(See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot					X Yes No
c			t plan, is it covered under the PBGC in:			100	10000	Not determined
				51 550 W				
			or incomplete filing of this return/rep					
			ner penalties set forth in the instructions ad signed by an enrolled actuary, as we					
		true, correct, and comp				,	<b>,</b> .	and manager and
CIC					CURT LENTZ			
SIG		0: 1		Date 1 1 (4 - 1 x /		!		iniatanta a
		Signature of plan ac	iministrator	Date 4-4-14	Enter name of individu	ıaı sıgı	ning as pian admi	nistrator
SIG				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CURT LENTZ			
		Signature of employ			Enter name of individu			or plan sponsor number (optional)
Frep	Jaret S	name (including firm ha	ame, if applicable) and address; include	s room or suite numbe	(optional)	riepa	arer s rerebuone u	umber (optional)
								1
					[			
					1			

Pa	rt III Financial Information		MIN W. 1 4 - 3						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
а	Total plan assets	7a	10	7,82	29				225,076
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	10	7,82	29				225,076
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	10	7,63	33				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		9,61	L4				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			8				117,247
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e			18				
f	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses	8g			183				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
i	Net income (loss) (subtract line 8h from line 8c)	8i							117,247
j	Transfers to (from) the plan (see instructions)	8j			l lov-n				
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	cterist	ic Cod	les in	the instruct	ions:	
10	During the plan year:				Yes	No		Amoun	
а				10a		Х			
b		(Do not in	nclude transactions reported	10b		Х			
С				10c	Х			- :	250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?			10d		Х			****
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	f the benef	its under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	ı?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		Χ			
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 2520.101			10i		Х			
Part	VI Pension Funding Compliance		•				The second second		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete :	Sched	ule SE	3 (Form	X Ye	s No
11a	Enter the unpaid minimum required contribution for current year fro					11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	nts of section 412 of the Code	or se	ction 3	02 of	ERISA?	Ye	s X No
	(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 granting the waiver.		Mont		and e	nter th Day	ne date of t	he letter i Year	ruling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule						1		
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2013 130118 Page <b>3</b> -				
c	Enter the amount contributed by the employer to the plan for this plan year	12c			- 3,50
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?		Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3	) PN(s)
TO 10 10 10 10 10 10 10 10 10 10 10 10 10					
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊤	rust's EIN		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

v. 130118

Perision benefit Guaranty Corporation	▶ File as	an attachi	ment to Forn	1 5500 or	5500-SF.			
For calendar plan year 2013 or fiscal pl	an year beginning	01/	01/2013		and end	ing	12/31	/2013
➤ Round off amounts to nearest do ➤ Caution: A penalty of \$1,000 will be		f this report	unless reaso	nable ca	use is establish	ned.		
A Name of plan					B Three-di	git		
					plan nun	nber (PN)	<b>&gt;</b>	002
Fast Lane Promotions, L					D =	11 00 0	None le se (Ell	AN.
C Plan sponsor's name as shown on lir		00-SF					n Number (Eli	<b>N</b> )
Fast Lane Promotions, L		86-89-6 <b>_</b>			41-2154	_	П., "	500
E Type of plan: X Single Multiple	-A Multiple-B	F	Prior year pla	n size: X	100 or fewer	101-500	More tha	ก 500
Part I Basic Information								
1 Enter the valuation date:	Month D	ay31	Year _	2013				
2 Assets:								
a Market value						2a		116,311
b Actuarial value						2b		116,311
3 Funding target/participant count br				(1) Ni	umber of partic		(2) Fu	nding Target
a For retired participants and bene						0		0
b For terminated vested participar	nts	****************	3b			0		0
<b>c</b> For active participants:			- (1)					25 522
(1) Non-vested benefits						-		85,593
			The second secon			0		85,593
(3) Total active			0.1			2		
d Total					_	2	0.00 (0.00 t) 0.00	85,593
4 If the plan is in at-risk status, check								
a Funding target disregarding pres						4a		
b Funding target reflecting at-risk a at-risk status for fewer than five	assumptions, but disregar	ding transit	ion rule for pl	ans that h	have been in	4b		
						5		6.18 %
								83,091
6 Target normal cost Statement by Enrolled Actuary			***************************************					
To the best of my knowledge, the information sur accordance with applicable law and regulations. I combination, offer my best estimate of anticipate	n my opinion, each other assump	canying schedution is reasonal	iles, stalements a ole (taking into ac	nd attachme count the ex	ents, if any, is compl sperience of the plan	ele and accurate and reasonable	e. Each prescribed expectations) and	assumption was applied in I such other assumptions, in
SIGN HERE	15			*****		C	9/30/201	.4
	gnature of actuary						Date	
Andrew Behnke, MSPA, MAA	<del>5</del>						14-07643	
	r print name of actuary					Most rec	ent enrollment	t number
Midwest Pension Actuaries	100					(24	8) 539-5	000
30680 Twelve Mile Road	Firm name				T <sub>1</sub>	elephone nu	mber (includir	ng area code)
77.77		MI 483	221					
Farmington Hills	Address of the firm	MI 403			S.			
If the actuary has not fully reflected any reinstructions		gated under	the statute in	n complet	ting this schedu	ıle, check th		2000
For Paperwork Reduction Act Notice a	nd OMB Control Numbe	rs, see the	instructions	for Forn	n 5500 or 5500	O-SF.	Schedule	SB (Form 5500) 2013

Pa	art II	Begi	nning of Yea	r Carryov	er and Prefunding E	alances							
							(a) (	Carryover balance	(b)	Prefund	ding bala	nce	
7		•			icable adjustments (line 13	2010-2010-2010-2010-2010-2010-2010-2010		C				0	
8	prior year)											0	
9 Amount remaining (line 7 minus line 8)												0	
10 Interest on line 9 using prior year's actual return of%													
11	11 Prior year's excess contributions to be added to prefunding balance:												
	a Present value of excess contributions (line 38a from prior year)										3	2,098	
					nterest rate of 6.87							0	
	C Total	available	at beginning of cu	urrent plan ye	ear to add to prefunding bala	nce					3	2,098	
	d Portio	on of (c)	to be added to p	refunding ba	ılance								
12	Other re	duction	s in balances due	to elections	s or deemed elections								
13	Balance	at begi	nning of current y	ear (line 9 +	line 10 + line 11d – line 12	2)		0				0	
P	art III	Fun	ding Percent	ages									
		target a	attainment percen	tage						14	135.	88 %	
	100000000000000000000000000000000000000		g target attainme							15	102.	82 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.										16	100.	00 %	
17					s less than 70 percent of th					17		%	
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
				· · · · · ·	ear by employer(s) and em	ployees:				**********			
	(a) Date	)	(b) Amount p employe	paid by	(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount paid by employer(s)		(c) Amount paid by employees			
05	/21/2	013		7,000	0	11/15/	1/15/2013 7,00			0 0			
06	/17/2	013		7,000	0	12/16/	2013	7,00	0	0 0			
07	/15/2	013		7,000	0	01/15/	2014	7,00	0			0	
08	/15/2	013		7,000	0	02/14/	2014	7,00	0			0	
09	/16/2	013		7,000	0	03/14/	2014	37,63	3			0	
10	/15/2	013		7,000	0								
7						Totals ▶	18(b)	107,63	3 18(c)			0	
19	Discount	ted emp	loyer contribution	s – see inst	ructions for small plan with	a valuation da	ate after the	e beginning of the year:					
	a Contri	butions	allocated toward	unpaid mini	mum required contributions	from prior ye	ars					0	
b Contributions made to avoid restrictions adjusted to valuation date												0	
	<b>c</b> Contrib	outions a	llocated toward m	inimum requ	ired contribution for current y	ear adjusted to	o valuation o	date19c			10	8,247	
20	Quarterly	/ contrib	utions and liquidi	ty shortfalls:				52 WES					
										No			
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?										No		
					mplete the following table a						l Bayer		
					Liquidity shortfall as of e		of this plan	year					
		(1) 1s	t		(2) 2nd		(3) 3	Brd		(4) 4th	1		
						1							

	72-72-72-72-72-72-72-72-72-72-72-72-72-7							
Pa	art V Assumption	s Used to Determine	Funding Target and Targ	et Normal Cost			0.000	
21	Discount rate:							
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment 6.76 %		N/A, full yield	l curve	used
	<b>b</b> Applicable month (er	nter code)			21b			C
22	Weighted average retire	ement age			22			62
23	Mortality table(s) (see i	instructions) 🖺 Pre	escribed - combined Pre	escribed - separate	Substitu	ute		
Pa	rt VI Miscellaneou	us Items						
	Has a change been ma	de in the non-prescribed act	uarial assumptions for the current					X No
25			an year? If "Yes," see instructions			<u>_</u>		X No
-			Participants? If "Yes," see instruc-					] No
26					allacrimen	I	Tes [	1 140
27 			er applicable code and see instru		27			
Pa	rt VII Reconciliati	ion of Unpaid Minimu	m Required Contribution	s For Prior Years	<b>,</b>			
28	Unpaid minimum require	ed contributions for all prior	/ears		28			0
29			unpaid minimum required contrib		29			0
30	Remaining amount of ur	npaid minimum required con	tributions (line 28 minus line 29)		30			0
Pai	rt VIII Minimum Ro	equired Contribution	For Current Year					
31	Target normal cost and	excess assets (see instructi	ons):					
	a Target normal cost (lin	ie 6)			31a		8.	3,091
	b Excess assets, if appl	icable, but not greater than I	ine 31a		31b		31	0,718
32	Amortization installment	s:		Outstanding Bala	nce	Installm	ent	
	a Net shortfall amortizat	tion installment			q			0
	b Waiver amortization in	nstallment			О			0
33	If a waiver has been app	proved for this plan year, ent	er the date of the ruling letter gran) and the waived amount	iting the approval	33			
34			/prefunding balances (lines 31a -		34		5:	2,373
· ·	Total Island Todanon		Carryover balance	Prefunding balar	nce	Total bala	ance	
35	Balances elected for use	e to offset funding	,		, , , , , , , , , , , , , , , , , , ,			0
36		· · · · · · · · · · · · · · · · · · ·			36		52	2,373
	Contributions allocated to	oward minimum required co	ntribution for current year adjusted	to valuation date	37		108	3,247
38		contributions for current yea	r (see instructions)					
			- (See mandenons)		38a		5:	5,874
			refunding and funding standard ca		38b			0
			ar (excess, if any, of line 36 over I		39			0
		d contributions for all years.		40	0			
Par			ension Relief Act of 2010					
	400000000000000000000000000000000000000			(occ mondonono)				
		o use PRA 2010 funding reli				2-1-7	lac	
				-		2 plus 7 years	] 15 yea	
			la was made			8 2009 2010	20	11
					42			
43 1	Excess installment accele	eration amount to be carried	over to future plan years		43			

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	▶ File as an attac	hment to Form 5	500 or 5500-SF.			
For calendar plan year 2013 or fiscal pl	alendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending					
► Round off amounts to nearest do						
➤ Caution: A penalty of \$1,000 will be	assessed for late filing of this rep	ort unless reasona	ble cause is established	d		
A Name of plan			B Three-digit plan numb		002	
Fast Lane Promotions, L	LC Cash Balance Plan					
C Plan sponsor's name as shown on lir		~ ~ ~	D Employer Id	lentification	Number (EIN)	
Fast Lane Promotions, L			41-21542	:31	20 17	
E Type of plan: X Single Multiple	e-A Multiple-B	F Prior year plan s	size: X 100 or fewer	101-500	More than 500	
Part I Basic Information						
1 Enter the valuation date:	Month 12 Day 3	1 Year 20	013			
2 Assets:						
a Market value				2a	116,31	
b Actuarial value				2b	116,31	
3 Funding target/participant count br	eakdown:		(1) Number of participa	ants	(2) Funding Target	
a For retired participants and bene		3a		0	(	
b For terminated vested participar	nts	3b		0		
c For active participants:						
					85,593	
				2389	(	
(3) Total active				2	85,593	
d Total				2	85,593	
4 If the plan is in at-risk status, check				188		
a Funding target disregarding pres				4a		
	ve consecutive years and disregare	ding loading factor	r	4b		
5 Effective interest rate				5	6.18 %	
6 Target normal cost				6	83,091	
Statement by Enrolled Actuary  To the best of my knowledge, the information sur accordance with applicable law and regulations. combination, offer my best estimate of anticipate	oplied in this schedule and accompanying sch In my opi fon, each other assumption is reasc experience under the plan.	edules, stalements and anable (taking into accou	attachments, if any, is complete int the experience of the plan ar	and accurate. I	Each prescribed assumption was applied in xpectations) and such other assumptions, in	
SIGN HERE	19			09	/30/2014	
Si	gnature of actuary				Date	
Andrew Behnke, MSPA, MAA	Α			1	4-07643	
Туре о	or print name of actuary			Most recer	nt enrollment number	
Midwest Pension Actuarie	s, Inc.			(248	) 539-5000	
30680 Twelve Mile Road	Firm name		Tele	phone num	ber (including area code)	
Farmington Hills	MI 4	8334				
	Address of the firm					
f the actuary has not fully reflected any renstructions	egulation or ruling promulgated und	der the statute in c	ompleting this schedule	, check the	box and see	

Pa	art II	Begi	nning of Yea	r Carryov	er and Prefunding E	alances							
							(a) (	Carryover balance	(b)	Prefund	ding bala	nce	
7		•			icable adjustments (line 13	2010-2010-2010-2010-2010-2010-2010-2010		C				0	
8	prior year)											0	
9 Amount remaining (line 7 minus line 8)												0	
10 Interest on line 9 using prior year's actual return of%													
11	11 Prior year's excess contributions to be added to prefunding balance:												
	a Present value of excess contributions (line 38a from prior year)										3	2,098	
					nterest rate of 6.87							0	
	C Total	available	at beginning of cu	urrent plan ye	ear to add to prefunding bala	nce					3	2,098	
	d Portio	on of (c)	to be added to p	refunding ba	ılance								
12	Other re	duction	s in balances due	to elections	s or deemed elections								
13	Balance	at begi	nning of current y	ear (line 9 +	line 10 + line 11d – line 12	2)		0				0	
P	art III	Fun	ding Percent	ages									
		target a	attainment percen	tage						14	135.	88 %	
	100000000000000000000000000000000000000		g target attainme							15	102.	82 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.										16	100.	00 %	
17					s less than 70 percent of th					17		%	
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls								
				· · · · · ·	ear by employer(s) and em	ployees:				**********			
	(a) Date	)	(b) Amount p employe	paid by	(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount paid by employer(s)		(c) Amount paid by employees			
05	/21/2	013		7,000	0	11/15/	1/15/2013 7,00			0 0			
06	/17/2	013		7,000	0	12/16/	2013	7,00	0	0 0			
07	/15/2	013		7,000	0	01/15/	2014	7,00	0			0	
08	/15/2	013		7,000	0	02/14/	2014	7,00	0			0	
09	/16/2	013		7,000	0	03/14/	2014	37,63	3			0	
10	/15/2	013		7,000	0								
7						Totals ▶	18(b)	107,63	3 18(c)			0	
19	Discount	ted emp	loyer contribution	s – see inst	ructions for small plan with	a valuation da	ate after the	e beginning of the year:					
	a Contri	butions	allocated toward	unpaid mini	mum required contributions	from prior ye	ars					0	
b Contributions made to avoid restrictions adjusted to valuation date												0	
	<b>c</b> Contrib	outions a	llocated toward m	inimum requ	ired contribution for current y	ear adjusted to	o valuation o	date19c			10	8,247	
20	Quarterly	/ contrib	utions and liquidi	ty shortfalls:				52 WES					
										No			
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?										No		
					mplete the following table a						l Bayer		
					Liquidity shortfall as of e		of this plan	year					
		(1) 1s	t		(2) 2nd		(3) 3	Brd		(4) 4th	1		
						1							

	72-72-72-72-72-72-72-72-72-72-72-72-72-7							
Pa	art V Assumption	s Used to Determine	Funding Target and Targ	et Normal Cost			0.000	
21	Discount rate:							
	a Segment rates:	1st segment: 4 . 94 %	2nd segment: 6.15 %	3rd segment 6.76 %		N/A, full yield	l curve	used
	<b>b</b> Applicable month (er	nter code)			21b			C
22	Weighted average retire	ement age			22			62
23	Mortality table(s) (see i	instructions) 🖺 Pre	escribed - combined Pre	escribed - separate	Substitu	ute		
Pa	rt VI Miscellaneou	us Items						
	Has a change been ma	de in the non-prescribed act	uarial assumptions for the current					X No
25			an year? If "Yes," see instructions			<u>_</u>		X No
-			Participants? If "Yes," see instruc-					] No
26					allacrimen	I	Tes [	1 140
27 			er applicable code and see instru		27			
Pa	rt VII Reconciliati	ion of Unpaid Minimu	m Required Contribution	s For Prior Years	<b>,</b>			
28	Unpaid minimum require	ed contributions for all prior	/ears		28			0
29			unpaid minimum required contrib		29			0
30	Remaining amount of ur	npaid minimum required con	tributions (line 28 minus line 29)		30			0
Pai	rt VIII Minimum Ro	equired Contribution	For Current Year					
31	Target normal cost and	excess assets (see instructi	ons):					
	a Target normal cost (lin	ie 6)			31a		8.	3,091
	b Excess assets, if appl	icable, but not greater than I	ine 31a		31b		31	0,718
32	Amortization installment	s:		Outstanding Bala	nce	Installm	ent	
	a Net shortfall amortizat	tion installment			q			0
	b Waiver amortization in	nstallment			О			0
33	If a waiver has been app	proved for this plan year, ent	er the date of the ruling letter gran) and the waived amount	iting the approval	33			
34			/prefunding balances (lines 31a -		34		5:	2,373
· ·	Total Island Todanon		Carryover balance	Prefunding balar	nce	Total bala	ance	
35	Balances elected for use	e to offset funding	,		, , , , , , , , , , , , , , , , , , ,			0
36		· · · · · · · · · · · · · · · · · · ·			36		52	2,373
	Contributions allocated to	oward minimum required co	ntribution for current year adjusted	to valuation date	37		108	3,247
38		contributions for current yea	r (see instructions)					
			- (See mandenons)		38a		5:	5,874
			refunding and funding standard ca		38b			0
			ar (excess, if any, of line 36 over I		39			0
		d contributions for all years.		40	0			
Par			ension Relief Act of 2010					
	400000000000000000000000000000000000000			(occ mondonono)				
		o use PRA 2010 funding reli				2-1-7	lac	
				-		2 plus 7 years	] 15 yea	
			la was made			8 2009 2010	20	11
					42			
43 1	Excess installment accele	eration amount to be carried	over to future plan years		43			

### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** 

Service/Participation Requirements

Age (yrs): Age (months):

Two year eligibility:

Wait (months):

21 0 12

No

Definition of years:

Hours worked 1,000

Continuing hours: Excluded classes:

Union Members

Non-resident alien

Other

Earnings

Total compensation excluding:

None

Retirement

Normal

Early

Subsidized Early

Disability

Death

Age:

62 0 Service: 5 Participation:

Defined:

1st of month

following

Benefit Reduction / Mortality table & setback

Male:

Actuarial Equivalence

Actuarial Equivalence

None None 0 0

Female:

Actuarial Equivalence

Actuarial Equivalence

None

Rates - Male: Rates - Female: None None

None None

None

Use Social Security Retirement Age:

No

**REACT Benefits Percentage:** 

50.00%

Vesting Schedule: **Vesting Definition:**  3 Year Cliff Hours Worked

Annuity

Pre-retirement death benefit

100.00%

Percentage of accrued benefit:

Death Benefit Payment method:

**PVAB** 

Normal: QJSA:

Life only Joint and contingent

0.00% 50.00%

Percent

Years 0 0

### Significant Changes in Plan Provisions Since Last Valuation

### Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are based on the plan document.

Name of Plan:

Fast Lane Promotions, LLC Cash Balance Plan

Plan Sponsor's EIN:

41-2154231

Plan Number:

002

Plan Sponsor's Name: Fast Lane Promotions, LLC

# Schedule SB, line 26 - Schedule of Active Participant Data

# YEARS OF CREDITED SERVICE

40 & Up	Avg.	Comp	0		0		0		0	0		0		-	7	-		0		To	>	0
40	Ž	TAO.	10		10		0		0	0		0		6	,	c	+	-	+	10		0
35 To 39	Avg.	comb	0		0		0		0	0		0		0		0		0		0		0
35.7	Ž	-	0		0		0	$\vdash$	0	-		0	+	+	+	-	+	0	$\dagger$	0		0
30 To 34	Avg.	dina	0		0		0		0	0		0		0		0		0		0		0
30.	Ž		0		0		0		0	0		0		0		0		0		0		0
25 To 29	Avg.	1	0		0		0		0	0		0		0		0		0		0		0
25 7	No		0		0		0		0	0		0		0		0		0		0		0
20 To 24	Avg.		0		0		0		0	0		0		0		0		0		0		0
20 T	ž	$\vdash$	0		0		0		0	0		0		0		0		0		0		0
010	Avg. Comp		0		0		0		0	0		0		0		0		0		0		0
15 To 19	No.		0		0		0		0	0		0		-		0		0		0		0
0 14	Avg. Comp		0		0		0		0	0		0		0		0		0		0		0
10 To 14	No.		0		0		0		0	1		0		0		0		0		0		0
5 To 9	Avg. Comp		0		0		0		0	0		0		0		0		0		0		0
5 T	No.		0		0		0		0	0	1	0		0		0		0		0		0
1 To 4	Avg. Comp		0		0		0		0	0		0		0		0		0		0		0
1 T	No.		0	1	0	1	0		0	0	$\dagger$	0		0		0		0	1	0		0
Under 1	Avg. No. Comp		0		0		0		0	0		0		0		0		0		0		0
Ç	No.		0	1	0	#	0		0	0	1	0	1	0		0		0		0		0
	Attained		Under 25		25 to 29		30 to 34		35 to 39	40 to 44		45 to 49		50 to 54		55 to 59		60 to 64		65 to 69		70 & Up

Name of plan: Fast Lane Promotions, LLC Cash Balance Plan Plan sponsor's name: Fast Lane Promotions, LLC

Plan number: EIN:

002 41-2154231

### Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

Male Nonannuitant:

2013 Nonannuitant Male

Use optional combined mortality table for small plans:

Yes

Female Nonannuitant:

2013 Nonannuitant Female

No

Setback

Setback

0

0

Male Annuitant:

2013 Annuitant Male

Lump sums use proposed regulations:

1st

0.96

0.00

Use discount rate transition:

Actuarial Equivalent Floor

Yes

Female Annuitant:

2013 Annuitant Female

Stability period:

plan year

Applicable months from valuation month:

No

0.00

Lookback months:

Probability of lump sum:

100.00%

0.00

3

Use pre-retirement mortality:

Nonannuitant:

None

2nd

3.57

0.00

Annuitant:

Current:

Override:

2013 Applicable

3rd

4.58

0.00

	<u>1st</u>	<u>2nd</u>	3rd
Segment rates:	1.28	4.05	5.07
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.94	6.15	6.76

0.00

Salary Scale

Override:

Male: 0.00% Female:

0.00%

Late Retirement Rates

Male: Female:

None None

Withdrawal Male: None

Female: None Withdrawal-Select

Marriage Probability Male:

0.00%

Male: None Female: None Female: 0.00% Expense loading: 0.00%

**Early Retirement Rates** 

Male: Female: None None **Disability Rates** Male:

Female:

Male:

Female:

None None

Subsidized Early Retirement Rates

Male:

None

Female:

None

Mortality

None None

Name of Plan:

Fast Lane Promotions, LLC Cash Bala

Plan Sponsor's EIN:

41-2154231

Plan Number:

002

### Schedule SB, line 19 - Discounted Employer Contributions

In	terest Rates for Contrib	oution Year End Date	Effective: 6.18%	Late Quarterly: 11.189		
	Effective Date Amoun		Effective Interest	Quarterly Interest	Discounted	
	05/21/2013	\$7,000	262	0	\$7,262	
	06/17/2013	\$7,000	230	0	\$7,230	
	07/15/2013	\$7,000	197	0	\$7,197	
	08/15/2013	\$7,000	161	0	\$7,161	
	09/16/2013	\$7,000	123	0	\$7,123	
	10/15/2013	\$7,000	89	0	\$7,089	
	11/15/2013	\$7,000	53	0	\$7,053	
	12/16/2013	\$7,000	17	0	\$7,017	
	01/15/2014	\$7,000	-17	0	\$6,983	
	02/14/2014	\$7,000	-52	0	\$6,948	
	03/14/2014	\$37,633	-449	0	\$37,184	
		\$107,633			\$108,247	

Name of Plan: Fast Lane Promotions, LLC Cash Bala Plan Sponsor's EIN: 41-2154231
Plan Number: 0002

Plan Sponsor's Name: Fast Lane Promotions, LLC