Intermet Normal 2013 The form is required to be field under sections 104 and 4065 of the Employer and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intermet Normal Security Act of 1974 (ERISA), and sections 6057(b) and existing a non-perticipant plan for the Intermetory and a nutritice terminoport is to: Intermet Normal Security Act (Act or Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and ending 1231/2013 Intermet Normal Security Act (Act of 1974 (ERISA)), and and act of 1974 (ERISA), and and act	For	rm 5500-SF	Short Form Annual		of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089			
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complete this item) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xee b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scheor SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a						5b	_	2			
 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						5c		1			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Yes Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedus SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a								X Yes 🗌 No			
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scheder SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a											
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Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scheo SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a						-					
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a				•				abla a Cabadula			
beller, it is true, correct, and complete.	SB or Sche		signed by an enrolled actuary, as								
SIGN Filed with authorized/valid electronic signature. 10/14/2014 BILL BOWEN	SIGN	Filed with authorized/val	id electronic signature. 10/14/2014 BILL BOWEN								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	me of individual signing as plan administrator					
SIGN Filed with authorized/valid electronic signature. 10/14/2014 BILL BOWEN	SIGN	Filed with authorized/va	lid electronic signature.	10/14/2014	BILL BOWEN						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spor	HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	er or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (opti	Preparer's	name (including firm nan	ne, if applicable) and address; inclu	ude room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)			

Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year					(b) End of Year				
	72	(a) beginning of Tea 4301					5015	5	
					0				
						50155			
c Net plan assets (subtract line 7b from line 7a) 7c 43017 8 Income, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total				
a Contributions received or receivable from:			(6) 1	otai					
(1) Employers	8a(1)	(0						
(2) Participants									
(2) Participants									
b Other income (loss)	8b	713	8						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)								3	
d Benefits paid (including direct rollovers and insurance premiums									
to provide benefits)	8d		0	-					
e Certain deemed and/or corrective distributions (see instructions)	8e		0						
 f Administrative service providers (salaries, fees, commissions) c Other surgering 	8f		-						
g Other expenses	8g		0					0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						713	0	
Net income (loss) (subtract line 8h from line 8c)	8i		_	_			713	8	
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j		0						
Part V Compliance Questions									
10 During the plan year:				Yes	No		Amount		
			10a	Yes	No X		Amount		
During the plan year:a Was there a failure to transmit to the plan any participant contribut	ciary Correct? (Do not inc	ction Program) clude transactions reported	10a 10b	Yes	-		Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	ciary Correct? (Do not inc	ction Program) clude transactions reported		Yes	X		Amount	1000	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	iciary Correct? (Do not inc	ction Program) clude transactions reported 	10b		X		Amount	10000	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond? 	ciary Correc ? (Do not inc fidelity bond er persons to of the benefi	ction Program) clude transactions reported 	10b 10c		× ×		Amount	1000	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of the plan base of the plan	ciary Correc ? (Do not ind fidelity bond er persons to of the benefit	ction Program) clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		x x x		Amount	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correc ? (Do not ind fidelity bond er persons to of the benefi	ction Program) clude transactions reported 	10b 10c 10d 10e 10f		× × × ×		Amount	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b) Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e 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 Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan was the plan count plan, was there a blackout period? (If the plan blackout period?) 	ciary Correc ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f 10g		× × × × ×		Amount	1000	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e 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 Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 	ciary Correct ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct	ction Program) clude transactions reported 	10b 10c 10d 10e 10f		× × × × × × ×		Amount	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e 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 Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correct ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×		Amount	1000	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not ind fidelity bond fidelity bond er persons to of the benefit n? s of year end See instruct ne required r 1-3 ents? (If "Ye	ction Program) clude transactions reported clude transactions reported l, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form	Amount		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e 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 Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	ciary Correc ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct the required r 1-3 ents? (If "Ye	ction Program) clude transactions reported clude transactions reported it, that was caused by fraud by an insurance carrier, its under the plan? (See clude) d.) tions and 29 CFR motice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	(Form			
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correc ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct ne required r 1-3 ents? (If "Ye	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com e SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form			
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidures Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct the required r 1-3 ents? (If "Ye om Schedule requirement	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form		× N	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not ind fidelity bond er persons to of the benefit as of year end See instruct ents? (If "Ye om Schedule requirement as applicab ig amortized	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se ctions,	X Sched	X X X X X X X X Iule SE	3 (Form ERISA?	Yes	X No	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not ind fidelity bond er persons to of the benefit n? s of year end See instruct the required r 1-3 ents? (If "Ye om Schedule requirement as applicab ig amortized	ction Program) clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code ole.) I in this plan year, see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Iule SE	3 (Form ERISA?	Yes	× N	

C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0						
1	3c(1) Name of plan(s): 13	8 c(2) EIN	l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a	lame of trust	14b Trust's EIN						