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).

2013

2013

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

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

Pa	rt I	Annual Report	Identification Informati	on				
For	calenda	ar plan year 2013 or fis	scal plan year beginning 01	/01/2013	and ending	12/31/	/2013	
Α -	Γhis retu	urn/report is for:	X a single-employer plan	a multiple-	employer plan (not multiemp	loyer)	a one-particip	oant plan
		urn/report is:	the first return/report	= -	eturn/report	,	ь	·
	11113 1611	um/report is.	an amended return/report	=	n year return/report (less that	a 12 months	.1	
•				H '		1 12 1110111115	<i>^</i>	
C	Check b	oox if filing under:	X Form 5558	automatic	extension		DFVC progra	ım
			special extension (enter d					
	rt II		rmation—enter all requester	d information		1		
	Name o					1b	Three-digit	
DENV	'ER SA	NITARY COMPANY, I	INC. PROFIT SHARING PLAN				plan number (PN) ▶	001
						1c	Effective date of	
							01/01/	•
			dress; include room or suite nu	ımber (employer, if	for a single-employer plan)	2b	Employer Identit	
DEN	/ER SA	NITARY COMPANY,	INC.				(EIN) 84-01	88210
						2c	Sponsor's telep	hone number
		JT STREET					303-295	
DEN	/ER, CO	O 80205				2d	Business code (
2-	Di				DI O ALL	26	56200	
sa	Pian ac	aministrator's name an	nd address XSame as Plan Sp	oonsor NameSa	ame as Plan Sponsor Addres	s J	Administrator's I	EIIN
						3c	Administrator's t	telephone number
4			e plan sponsor has changed sing mber from the last return/report		eport filed for this plan, enter	the 4b	EIN	
а		or's name	nber nom the last return repon			4c	PN	
			at the beginning of the plan ye	ear		5a		8
_			at the end of the plan year					7
			account balances as of the end			30		
					•	5c		7
6a	Were	all of the plan's assets	during the plan year invested	in eligible assets? ((See instructions.)			X Yes No
b	,	· ·	the annual examination and re		•	,		
			(See instructions on waiver e	•	,			X Yes No
	-		ther line 6a or line 6b, the plant					1
С	If the p	lan is a defined benef	it plan, is it covered under the	PBGC insurance pro	ogram (see ERISA section 4	021)?	」Yes ∐No L	Not determined
Cau	tion: A	penalty for the late of	or incomplete filing of this re	turn/report will be	assessed unless reasonal	ole cause is	s established.	
			ner penalties set forth in the ins					
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actua	ry, as well as the ele	ectronic version of this return	/report, and	to the best of my	knowledge and
DOIL	JI, IC 10 C	rue, correct, and comp	note.					
SIG		Filed with authorized/	valid electronic signature.					
HER	RE	Signature of plan a	dministrator	Date	Enter name of	individual si	gning as plan adn	ninistrator
SIG	N							
HER		Signature of emplo	ver/plan sponsor	Date	Enter name of	individual si	gning as employe	r or plan sponsor
Prep	parer's r		ame, if applicable) and addres					number (optional)
		-					-	

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Do	t III Financial Information							
			() 5					
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year	
	Total plan assets	. 7a	33930	07			255167	
	Total plan liabilities	. 7b _	33956	7			255167	
	Net plan assets (subtract line 7b from line 7a)	. 7c		07				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	2500	0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	327	7				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					28277	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	11267	7				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f		0				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					112677	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					-84400	
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 2E 2F 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe							
Part	V Compliance Questions			,				
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X		
С				10c	X			50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X		
е								
	insurance service, or other organization that provides some or all			100	X			1412
	instructions.)			10e		X		1412
	,, ,			10f				
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		X		
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			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					`	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule 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 3	302 of	ERISA? Yes	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 beir granting the waiver.		Mon		, and e	enter th Day	ne date of the letter rulin	ng
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

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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 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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF	Short Form Annual	Return/Report o	f Small Employ	ee		QMB Nos. 1210-6110 1210-6068
laternal Revenue Service	This form is required to be					2013
Oppurment of Labor Employee Benefile Security Administration	Retirement income Security / the in	ici of 1974 (ERISA), and s Iomai Revenue Code (Iña	ection 6067(b) and 6058 Code),	(3) of		ls Open to Public
Pention Barelit Guerarty Corporation	► Complete all entries in ac	opidance with the Instru	ctions to the Form 550	-SF,	in	apection
Corper Annual Report I	dentification information	01/01/2013	and ending	4 =	/31/2013	
	R a single-employer plan		(an (not multiemployer)	<u></u>	a one-parici	nest size
B This return/report is:	the first return/report	the final return/report	(Continue of the continue of		J a originarija	haut hiati
ar tine tetalitate beta to	an amended refurn/report		m/report (less than 12 m	onihs)		
C Check box if tiling under:	Porm 5008	automatic extension	, ,	Ī	DFVC progre	am .
	Special extension (enter dosor	iption)			-	
Basic Plan Info	rmation enter all requested	kriemation				
Ta Name of plan					Three-digit plan number	
Denver Sanitary Com	Pany, inc. Profit Bea r	ING PLAN			(PN) >	001
					Effiscive date 0 01/01/1991	
2n Pkin sponaor's name and ad	frees, include room or cuite numb	er (employer, if for a single	e-employer plan)			Mostlon Number
DENVIR SANITARY COM	Fani, ing.				(EIN) 84-01	69210
		•		20	Sponsore telep (303) 295~	
3161 WALKUT STREET				2d		(see instructions)
US DELIVER	CO 80205				562000	(and most appropriate
32 Plan administrators name ar	d address 🗶 Some as Plan Spr	en emp\$ 🔲 emeN toenc	Pian Sponsor Address	3b	Administrator o	EIN .
					· ,·•	
				30	Administrators	telephone number
				ŀ		
4 If the name and/or EIN of the	plan aponeor has changed since	the last roturn/report filed	for this plan, onler the	45	₫N	
a Sponsor's name	ber from the last return/report.	•		4c	bk	
53 Total number of participants	at the beginning of the olan year			5a		8
	et the and of the plan year			5b		7
	coount balances as of the end of			Бu		7
GS Were all of the plan's assaus	during the plan year invested to el		tinne)		Propher per prof State Gift	▼Yes Mo
b Are you ciziming a waiver of	the annual examination and repor	t of an independent qualific	ed public accountant (IQ	PA		
	(See instructions on walver eligibi					ON Sev EX
	her line 62 or line 66, the plan o					
~ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I plan, la il covered under the PBC					O L I NOT GREETINGS
The state of the s	o <u>r incomplete filling of this retur</u> her pensides sel forth in the instru					Facility of California
Se or Schedule MB completed a belief, it is true, correct, and com	nd signed by an enrolled solvery,	es wed se the electronic v	erelon of this return/repo	rt, end	to the best of n	ry knowledge and
Wing a	- amithe	13 Oct 14	Jane Smith			
Signature of plen adm	Inistrator	Date	Enter name of Individu	al signi	ng as plan adm	unietrator
Sana d	- Smith	130014	Jane Smith			
HERE Signature of employer	/plan sponsor	Date	Enter name of Individu			
Preparer's name (including firm r	iums, if applicable) and eddress; i	notude room of suite numb	oer (estiphel)	Prep	erers telephone	number (optional)
				ł		
	•			L		
				88	Walley B	1 - 1 A A A A A A A A A A A A A A A A A
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Form 8500-SF (2013) V.130118

Pε	rtili. Financial Information	<u> </u>			-			
7	Plan Assets and Liabilities		(a) Beginning of Year	,	T		(b) End of Year	
а	Total plan assets	7a	339,5		- 		255,167	
b	Total plan liabilities	7b		<u> </u>	-		250/101	
C	Net plan assets (subtract line 7b from line 7a)	7c	339,5	 57	<u> </u>		255,167	
8	Income, Expenses, and Transfers for this Plan Year	78W	(a) Amount	<u> </u>	 		(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)	25,0	00	(d)			
	(2) Participants	8a(2)	······································	0	(31)	33.	NATIONAL PROPERTY.	
	(3) Others (including rollovers)	8a(3)	·		13.00	16		
b	Other Income (loss)	8b	3,2	77	· 8:3:11	W.W.		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	30174 No. 100 St. W. 100			y , s . , y		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	112,6			28,277		
е	Certain deemed and/or corrective distributions (see instructions)	8e			新华	44.5		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	M		Water Contract	
g	Other expenses	8g		0		11 19	Profit a like yant dayan o	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	the second second	4.50	À.		112,677	
i	Net Income (loss) (subtract line 8h from line 8c)	81			3	-	(84,400)	
j.	Transfers to (from) the plan (see instructions)	8]					SAN TENERAL SAN	
Pa	rt IV Plan Characteristics						the second of the second secon	
	2E 2F 2G 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduc	llons within lary Corre	the time period described in ction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest; on line 10a.)	? (Do not i	nclude transactions reported	10b		х		
C	Was the plan covered by a fidelity bond?		*******************	10c	х		50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
е		er persons of the bene	s by an insurance carrier, ofits under the plan? (See	10e	x		1,412	
f	Has the plan falled to provide any benefit when due under the plan			101		х		
				-	 -			
_ <u>g</u>				10g	<u> </u>	Х	Military Market William Street	
h 	2520.101-3.)	***********	*********************************	10h		x		
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	notice or one of the	101				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes,* see instructions and com	plete	Sched	lule S	B (Form	
118	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction 3	02 of	ERISA7 Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
	granting the waiver		Moi	tions, ith	and e	nter t De	he date of the letter ruling	
!f	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 6500), and skip to line 13.					
<u>b</u>	Enter the minimum required contribution for this plan year	****************	*********************			12b		

	·
14a Name of trust	14b Trust's EIN
Part VIII Trust Information (optional)	
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
C If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.)	
b Were all the plan assets distributed to participants or beneficiaries of the PBGC?	Yes X No
If "Yes," enter the amount of any plan assets that reverted to the	500000000000000000000000000000000000000
13a Has a resolution to terminate the plan been adopted in any plan y	
e Will the minimum funding amount reported on line 12d be met by Plan Terminations and Transfers of Assets	The state of the s
negative amount)	жания приняти — 12d
C Enter the amount contributed by the employer to the plan for this d Subtract the amount in line 12c from the amount in line 12b. Enter	
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