Fo	rm 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	This form is required to be filed	enefit Plan	nd 4065 of the Employe	e		2013
	Department of Labor Benefits Security Administration	Retirement Income Security Act of 1	1974 (ERISA), and see Revenue Code (the C	ctions 6057(b) and 6058	B(a) of		is Open to Public spection
	Benefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.		spection
Part I		Ientification Information		and an alter a	0 10 4 10		
	dar plan year 2013 or fisc	× · · · · □			2/31/2		
	eturn/report is for: eturn/report is:	- 2	a multiple-employer pl the final return/report	an (not multiemployer)		a one-partic	pant plan
DINSIE	aum/report is.	님 ' 님	•	n/report (less than 12 m	onths)		
C. Check	box if filing under:		automatic extension		ontrioj	DFVC progr	am
• Oneck	box in hining under.	special extension (enter description					
Part II	Basic Plan Inform	mation—enter all requested information	,				
1a Name		,			1b	Three-digit	
CENTERLI	NE SOLUTIONS, INC. 40	1(K) SAVINGS PLAN				plan number (PN) ▶	001
					1c	Effective date o	of plan //2007
	sponsor's name and addr NE SOLUTIONS, INC.	ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Ident	ification Number
CENTERE	NE 3010 HONS, INC.				2c	Sponsor's tele	
16360 TAB GOLDEN, (LE MOUNTAIN PARKWA CO 80403	ΑY			2d		3-3293 (see instructions)
						5415	
3a Plana	administrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN
					50		telephone number
		blan sponsor has changed since the la per from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN 84-1	562556
a Spons	sor's nameATECS, L.L.C				4c	PN	001
		t the beginning of the plan year			5a		74
		t the end of the plan year			5b		58
		count balances as of the end of the pl	•	•	5c		53
		during the plan year invested in eligible	,	,			🗙 Yes 🗌 No
		he annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No
		her line 6a or line 6b, the plan canno	,				
C If the	plan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ise is	established.	
Under per SB or Sch	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as wel	, I declare that I have	examined this return/rep	port, in	cluding, if appli	
SIGN	Filed with authorized/va	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sig	ning as employ	er or plan sponsor
		me, if applicable) and address; include	room or suite numbe				e number (optional)
PO BOX 1	278					303-74	4-6479
ELIZABET	H, CO 80107-1278						

7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
a Total plan assets	. 7a	88743					130017	6
b Total plan liabilities	7b		0					
C Net plan assets (subtract line 7b from line 7a)	7c	88743	6				130017	6
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:	• (1)	9214	0					
(1) Employers	8a(1)	83143 22099						
(2) Participants	8a(2)	22055	4					
(3) Others (including rollovers)	8a(3)	15904	0					
b Other income (loss)	8b	10004.	<u> </u>	-			46318	2
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	80						40310)
to provide benefits)	8d	34018	8					
e Certain deemed and/or corrective distributions (see instructions)	8e	(0					
f Administrative service providers (salaries, fees, commissions)	8f	16428	8					
g Other expenses	8g	(0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5044	6
i Net income (loss) (subtract line 8h from line 8c)	8i						41274	0
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
	eature codes	from the List of Plan Charac	cteristi	c Cod	es in ti		5113.	
Part V Compliance Questions	eature codes	from the List of Plan Charac	cteristi	c Cod Yes	es in ti			
Part V Compliance Questions	tions within th	ne time period described in	10a				Amount	
Part V Compliance Questions I0 During the plan year: a Was there a failure to transmit to the plan any participant contribution	tions within th uciary Correct ?? (Do not inc	ne time period described in tion Program) lude transactions reported			No			
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest	tions within th uciary Correct ? (Do not inc	ne time period described in tion Program) lude transactions reported	10a		No X			2000
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.).	tions within th uciary Correct ? (Do not inc fidelity bond,	he time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b	Yes	No X			2000
Part V Compliance Questions 0 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 Fidule) 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit	that was caused by fraud	10a 10b 10c 10d	Yes	No X X			
Part V Compliance Questions 0 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit	that was caused by fraud	10a 10b 10c 10d	Yes	No X X			
Part V Compliance Questions 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 Fidules) 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit	that was caused by fraud y an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10e 10f	Yes X X	No × × ×			5617
Part V Compliance Questions 0 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 Fide 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 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 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 a plan have any participant loans? (If "Yes," enter amount a plan have any participant loans?	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n?	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See	10a 10b 10c 10d	Yes	No × × ×			561
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n? 	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10a 10b 10c 10d 10e 10f	Yes X X	No × × ×			561
 Part V Compliance Questions 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 Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not	the time period described in tion Program)	10a 10b 10c 10d 10e 10f 10g	Yes X X X	No × × ×			561
 Part V Compliance Questions 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 Fidules 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 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 instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a plid the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10 	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefit n? is of year end (See instruction he required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X X	No X X X X			561
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X X Schecc	No X X X	(Form		561
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X X Schecc	No X X X	(Form	Amount	561
 Part V Compliance Questions 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 Fidth 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.). f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Year rom Schedule	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, is under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X X X X Schec	No X X X Iule SE	3 (Form	Amount	561 100
Part V Compliance Questions 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 Fide 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan have any participant loans? (If "Yes," enter amount a 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 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X X X X X X Schec	No X X X Iule SE	3 (Form	Amount	
Part V Compliance Questions 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 29 CFR 2510.3-102? (See instructions with any party-in-interest on line 10a.). 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 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 a 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 the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fit	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefit n? s of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule requirements , as applicabl ng amortized	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i e or se	Yes X X X X X Schecc	No X X X X Iule SE	3 (Form	Amount	5617 1000

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 🗙 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): 1	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

Pa	art I Identification							
A	Name of filer, plan administrator, or p Centerline Solutions, Inc	1 ()	В		, ,	ee instructions) r (EIN)(9 digits X		
	Number, street, and room or suite no	. (If a P.O. box, see instructions)		45-3064505				
	16360 Table Mountain Park		Social security number (SSN) (9 digits XXX-XX-XXXX)					
	City or town, state, and ZIP code							
	Golden	CO 80403						
С		Plan name		Plan	Pla	n year endin	g	
				number	ММ	DD	ΥΥΥΥ	
	Centerline Solutions, Inc	. 401(k) Savings Plan	C	0 0 1	12	31	2013	

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

- 2 I request an extension of time until <u>10 / 15 / 2014</u> to file Form 5500 series (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until <u>10 / 15 / 2014</u> to file Form 8955-SSA (see instructions). Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4	I request an extension of time until / / / to file Form 5330. You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
а	Enter the Code section(s) imposing the tax
b	Enter the payment amount attached
с 5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

5500-SF Electronic Filing Authorization

 Plan Name:
 Centerline Solutions, Inc. 401(k) Savings Plan

 EIN/PN:
 45-3064505/001

 Plan Year:
 01/01/2013 - 12/31/2013

I hereby authorize Benefits Integrity LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrato Un (sign)

Plan Sponson (sigh

15-14

10.15.14 (date)

9	Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Employ	yee	OMB Nos. 1210-011 1210-008
	Internal Revenue Service	This form is required to be file	d under sections 104	and 4065 of the Employ	ee	2013
(2.00%)	Department of Labor yee Benefits Security Administration	-	al Revenue Code (the	e Code).		This Form is Open to Public Inspection
(manifestation)	ision Benefit Guaranty Corporation	 Complete all entries in accord 	dance with the instr	uctions to the Form 550	00-SF.	hispection
Par		Identification Information				
	llendar plan year 2013 or fis		01/01/2013	and ending	12	/31/2013
	is return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	L	a one-participant plan
B Th	is return/report is:	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)	
C Cł	eck box if filing under:	x Form 5558	automatic extension			DFVC program
		special extension (enter descriptio	n)			
Par	t II Basic Plan Info	rmation enter all requested infor	mation			
1a N	lame of plan					Three-digit
C	Centerline Solution	s, Inc. 401(k) Savings Pl	an			olan number (PN) ► 001
						Effective date of plan
-					100000000000000000000000000000000000000	01/01/2007
2a F	lan sponsor's name and ad enterline Solution	dress; include room or suite number (e	employer, if for a sing	e-employer plan)		Employer Identification Number
	Senteriine Solution	s, me.			(EIN) 45-3064505
					1	Sponsor's telephone number
1	.6360 Table Mountai	n Parkway			1000 00	(303) 993-3293
ບຣເ	olden	CO 80403				Business code (see instructions) 541512
		id address X Same as Plan Sponso	r Name Same as	Plan Sponsor Address		Administrator's EIN
					0	
		plan sponsor has changed since the l	ast return/report filed	for this plan, enter the	4b E	EIN 84-1562556
		ber from the last return/report.				Anna an
	ponsor's name Atecs,					PN 001
		at the beginning of the plan year			5a	74
		at the end of the plan year			5b	58
	omplete this item)	count balances as of the end of the p	ian year (denned ber	ent plans do not	5c	53
		during the plan year invested in eligible				X Yes No
		the annual examination and report of a (See instructions on waiver eligibility a		ed public accountant (IQ	<u>í</u>	X Yes No
		her line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form 5	500.
c If	the plan is a defined benefit	plan, is it covered under the PBGC in	surance program (se	e ERISA section 4021)?		Yes No Not determined
Cauti	on: A penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is e	stablished
Under	penalties of perjury and oth	ner penalties set forth in the instruction	s, I declare that I hav	e examined this return/re	port. ind	luding, if applicable, a Schedule
SB or	Schedule MB completed ar it is true, correct, and comp	nd signed by an enrolled actuary, as we	ell as the electronic v	ersion of this return/repor	t, and to	the best of my knowledge and
SIGN	1 Mul Mi	m		DAVID KLO	OS	
HER		nistrator	Date 10.15.14	Enter name of individua		as plan administrator
0101	I TAN I A	n		-		
SIGN	2632	nlan snonsor	Date 10-15-14	No. of the second s		as employer or plan sponsor
	- granne er empregen	ame, if applicable) and address; includ	1	er (optional)		er's telephone number (optional)
	Benefits Integrity			7-F,		03) 744-6479
	PO Box 1278					
	US Elizabeth	CO 80107-1278				
For Pa	aperwork Reduction Act N	otice and OMB Control Numbers, se	e the instructions f	or Form 5500-SF.		Form 5500-SF (2013)

n assets n liabilities assets (subtract line 7b from line 7a) Expenses, and Transfers for this Plan Year tions received or receivable from: loyers cipants rs (including rollovers)	7a 7b 7c 8a(1) 8a(2)	887 , 4 887 , 4 (a) Amount	0		аналык аралык		1,300,176
assets (subtract line 7b from line 7a) Expenses, and Transfers for this Plan Year tions received or receivable from: loyers cipants rs (including rollovers)	7c 8a(1)	887,4	0				
Expenses, and Transfers for this Plan Year lions received or receivable from: loyers cipants rs (including rollovers)	8a(1)	The second s	36				
tions received or receivable from: loyers cipants rs (including rollovers)		(a) Amount				20000	1,300,176
loyers cipants rs (including rollovers)						(b) T	
cipants rs (including rollovers)		00 1	12				
rs (including rollovers)	1 88(2)	83,1					
		220,9	94		and Albert		Chill Provide
	8a(3) 8b	150.0	10				
ome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	159,0	49				
paid (including direct rollovers and insurance premiums e benefits)	8d	34,0	18				463,186
	8e		0				
		16,4	28				
			0				
enses (add lines 8d, 8e, 8f, and 8g)	8h						50,446
	8i						412,740
to (from) the plan (see instructions)	8j						
Plan Characteristics							
	ature codes fr	om the List of Plan Characte	eristic	Code	s in the ins	tructio	ns:
				Vos	No	7	Amount
ere a failure to transmit to the plan any participant contribut	tions within th	e time period described in n Program)	10a	103	x		anount
here any nonexempt transactions with any party-in-interest?	? (Do not inclu	ude transactions reported	10b		x		
plan covered by a fidelity bond?			10c	x			20,00
			10d		x		
ce service, or other organization that provides some or all o	of the benefits	under the plan? (See				8-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
		and the second	10e	x			5,61
plan failed to provide any benefit when due under the plan	?		10f		x		
plan have any participant loans? (If "Yes," enter amount as	s of year end.)	10g	x			1,00
an individual account plan, was there a blackout period? (\$ /1-3.)	See instructio	ns and 29 CFR	10h	x			
as answered "Yes," check the box if you either provided the ons to providing the notice applied under 29 CFR 2520.101-	e required no -3	tice or one of the	10i	x			
ension Funding Compliance			Lanna		L CONTRACTOR		
defined benefit plan subject to minimum funding requirement	ents? (If "Yes	," see instructions and comp	olete	Sched	ule SB (Fo	rm	Yes X N
					1		
						A?	Yes X N
complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applicable	.)					
er of the minimum funding standard for a prior year is being	g amortized i	n this plan year, see instruct	ions, th	and e	nter the da	te of th	ne letter ruling Year
					, , , , , , , , , , , , , , , , , , , ,		
	eemed and/or corrective distributions (see instructions) rative service providers (salaries, fees, commissions) penses eenses (add lines 8d, 8e, 8f, and 8g)	eemed and/or corrective distributions (see instructions) 8e rative service providers (salaries, fees, commissions) 8f penses 8g penses (add lines 8d, 8e, 8f, and 8g) 8h me (loss) (subtract line 8h from line 8c) 8i penses (add lines 8d, 8e, 8f, and 8g) 8i penses (add lines 8d, 8e, 8f, and 8g) 8i a to (from) the plan (see instructions) 8j Plan Characteristics 8j n provides pension benefits, enter the applicable pension feature codes from provides welfare benefits, enter the applicable welfare feature codes from provides welfare benefits, enter the applicable welfare feature codes from provides welfare benefits, enter the applicable welfare feature codes from provides welfare benefits, enter the applicable welfare feature codes from provides welfare benefits, enter the applicable welfare feature codes from provides welfare benefits, enter the applicable welfare feature codes from provides welfare benefits, enter and DCL's Voluntary Fiduciary Corrections and DCL's Voluntary Fiduciary Corrections are any nonexempt transactions with any party-in-interest? (Do not inclu 10a.) a plan covered by a fidelity bond? 10a.) plan have a loss, whether or not reimbursed by the plan's fidelity bond, the provide any benefit when due under the plan? plan have a loss, whether or not reimbursed by the plan? 10a.) an individual account plan, was there a blackout perioi? (See instructions).) 10a	leemed and/or corrective distributions (see instructions) 8e rative service providers (salaries, fees, commissions) 8f 16,4 penses 8g enses (add lines 8d, 8e, 8f, and 8g) 8h me (loss) (subtract line 8h from line 8c) 8i to (from) the plan (see instructions) 8j Plan Characteristics 8j n provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact 2E 2F 2G 2J 2T 3D 3H n provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact Compliance Questions the plan year: ere a failure to transmit to the plan any participant contributions within the time period described in (2510, 3-102?) (See instructions and DOL's Voluntary Fiduciary Correction Program)	leemed and/or corrective distributions (see instructions) 8e 0 rative service providers (salaries, fees, commissions) 8f 16,428 penses 8g 0 enses (add lines 8d, 8e, 8f, and 8g) 8h 16 en (loss) (subtract line 8h from line 8c) 8i 16 et o (from) the plan (see instructions) 8j 16 Plan Characteristics 8j 16 n provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 2E Compliance Questions 10a 10a the plan year: 10a 10a ere any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10a.) 10b a plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10a 10b ny fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ccc service, or other organization that provides some or all of the benefits under the plan? (See instructions and DOL's Voluntary Fiduciary Corrections and 29 CFR 10a ny fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, cc service, or other organization that provides some or all of the benefits under the plan? (See instructions and 29 CFR 10a n'1-3) 10a	eemed and/or corrective distributions (see instructions) 8e 0 rative service providers (salaries, fees, commissions) 8f 16,428 penses 8g 0 eneses (add lines 8d, 8e, 8f, and 8g) 8h me (loss) (subtract line 8h from line 8c) 8i at to (from) the plan (see instructions) 8i provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code Compliance Questions Yes the plan vear: Yes ere a failure to transmit to the plan any participant contributions within the time period described in 10a 10a applance Questions 10b the plan vear: Yes ere a nonexempt transactions with any parti-in-interest? 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(If "Yes," enter amount as of year end.) 1	eemed and/or corrective distributions (see instructions) Be 0 rative service providers (salaries, fees, commissions) Bf 1.6,428 penses 8g 0 eneses (add lines 8d, 8e, 8f, and 8g) 8h me (loss) (subtract line 8h from line 8c) 8i > to (from) the plan (see instructions) 8j Plan Characteristics si provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions within the gran (see instructions) 2E 2F 2G 2J 2T 3D n provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions and DOL's Voluntary Fiducary Correction Program) 10a x ere any nonexempt transactions with any part/-in-interest? 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(If "Yes," enter amount as of year end.) 10g x 10d</td>	eemed and/or corrective distributions (see instructions) 8e 0 rative service providers (salaries, fees, commissions) 8f 16,428 penses 8g 0 enses (add lines 8d, 8e, 8f, and 8g) 8h enc (loss) (subtract line 8h from line 8c) 8i a to (from) the plan (see instructions) 8j Plan Characteristics nprovides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2E 2F 2G 2J 2T 3D 3H n provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 226 2F 12G 2J 2T 3D 3H n provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction 2210.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a x 210.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a x a plan covered by a fidelity bond? 10c x 10a x plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud nesty? 10d x nesty? 10d x 10d x plan have any participant loans? (If "Yes," enter amount as of year end.) 10g x 10d

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c	Enter the amount contributed by the employer to the plan for this plan year	12c		2
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	
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		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 co of the PBGC?	ontrol		Yes X No
C	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): 13c	(2) EIN(s)	13c(3) PN(s)
Part '	VIII Trust Information (optional)			
14a N		14b Tr	ust's FI	N