## 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

-						U-5F.		
_	art I	Annual Report	Identification Information	on				
For	calenda	lar plan year 2013 or fis	scal plan year beginning 10/	/01/2013	and ending	09/30/2	2014	
Α -	This ret	turn/report is for:	a single-employer plan	a multiple-emp	oloyer plan (not multiemployer)		a one-particip	oant plan
В	This ret	turn/report is:	the first return/report	the final return	/report			
			an amended return/report	a short plan ye	ar return/report (less than 12 m	onths)	)	
C	Check I	box if filing under:	Form 5558	automatic exte	ension		DFVC progra	ım
			special extension (enter de	escription)				
Pa	art II	Basic Plan Info	rmation—enter all requested	I information				
1a	Name	of plan				1b	Three-digit	
ESP F	PRODL	UCTIONS PROFIT SHA	ARING PLAN				plan number	001
						10	(PN) ▶ Effective date o	
						'	10/01/	
		ponsor's name and add	dress; include room or suite nur	mber (employer, if for a	single-employer plan)	2b	Employer Identii (EIN) 59-31	fication Number
4520	OCT L	CTDEET				2c	Sponsor's telep	
		STREET FL 32811-6527				2d	Business code (	
							71130	
3a	Plan a	administrator's name an	d address Same as Plan Sp	onsor Name Same	as Plan Sponsor Address	3b	Administrator's I	EIN
						3с	Administrator's t	telephone number
4	If the r	name and/or EIN of the	plan sponsor has changed sin	ice the last return/repor	t filed for this plan, enter the	4b	EIN	
	name	e, EIN, and the plan nur	nber from the last return/report.		, ,			
	•	sor's name				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year	ar		5a		2
		number of participants	at the end of the plan year			5b		
С	N I I .							2
			account balances as of the end	of the plan year (define	•	5c		2
	compl Were	e all of the plan's assets	during the plan year invested i	of the plan year (define	instructions.)			
	Were Are yo	e all of the plan's assets ou claiming a waiver of	during the plan year invested in the annual examination and re	of the plan year (defining the plan year (defining the plan year) of an independent	instructions.)qualified public accountant (IC	PA)		X Yes No
	Were Are you	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46?	during the plan year invested in the annual examination and recovered in the contractions on waiver elimination.	of the plan year (defining the plan year (defining the plan year) of an independent igibility and conditions.	instructions.)	PA)		2
b	Were Are you under If you	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 u answered "No" to ei	s during the plan year invested in the annual examination and re concept (See instructions on waiver eling the line 6a or line 6b, the plant	in eligible assets? (See eport of an independent igibility and conditions.	e instructions.) qualified public accountant (IC)	PA)	5500.	2  X Yes No  X Yes No
b c	Were Are you under If you If the p	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefi	s during the plan year invested in the annual examination and re concerning (See instructions on waiver eling ther line 6a or line 6b, the platification in the plan) it plan, is it covered under the F	of the plan year (defining the plan year (defining the port of an independent igibility and conditions. In cannot use Form 5:  PBGC insurance programmes.	e instructions.)	PA) Form	5500.   Yes   No	X Yes No
b C Cau	were Are you under If you If the p	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 u answered "No" to ei plan is a defined benefi	s during the plan year invested in the annual examination and re (See instructions on waiver eling ther line 6a or line 6b, the plant it plant, is it covered under the For incomplete filing of this ret	of the plan year (defining in eligible assets? (See port of an independent igibility and conditions.)  PBGC insurance prograturn/report will be assets?	e instructions.)	Form	5500. Yes No established.	Yes No Yes No Not determined
C Cau	Were Are younder If you If the pution: A der pena or Sche	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-467 a answered "No" to ei plan is a defined benefi A penalty for the late of alties of perjury and oth	s during the plan year invested in the annual examination and reconstructions on waiver elice ther line 6a or line 6b, the plant plant, is it covered under the For incomplete filing of this retoner penalties set forth in the instant signed by an enrolled actuar	in eligible assets? (See eport of an independent igibility and conditions. In cannot use Form 5: PBGC insurance prograturn/report will be assettructions, I declare that	e instructions.)	Form use is	5500.  Yes No established.  ncluding, if applic	Yes No Yes No Not determined  Able, a Schedule
C Cau Und SB c belief	compl Were Are younder If you If the p der pena or Scheef, it is t	e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei plan is a defined benefication of perjury and other of the late of the	s during the plan year invested in the annual examination and reconstructions on waiver elice ther line 6a or line 6b, the plant plant, is it covered under the For incomplete filing of this retoner penalties set forth in the instant signed by an enrolled actuar	in eligible assets? (See eport of an independent igibility and conditions. In cannot use Form 5: PBGC insurance prograturn/report will be assettructions, I declare that	e instructions.)	Form use is	5500.  Yes No established.  ncluding, if applic	Yes No Yes No Not determined  Able, a Schedule
C Cau Und SB of belief	compl Were Are younder If you If the p der pena or Scheef, it is t	e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei plan is a defined benefication of perjury and other of the late of the	s during the plan year invested in the annual examination and reconstructions on waiver elicither line 6a or line 6b, the plantit plan, is it covered under the For incomplete filing of this retoner penalties set forth in the instance of the plantite set for the plantite set for the penalties set for the interpenalties set for the interpenalties set for the instance of the plantite set for the instance of the plantite set for the plantite set for the instance of the plantite set for the p	in eligible assets? (See eport of an independent igibility and conditions. In cannot use Form 5: PBGC insurance prograturn/report will be assettructions, I declare that	e instructions.)	Form use is port, irt, and	5500.  Yes No established.  Including, if applicate the best of my	Yes No  Yes No  Not determined  Able, a Schedule knowledge and
C Cau Und SB c belief	compl Were Are you under If you If the p ution: A der pena or Sche ef, it is t	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? I answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and other due, correct, and completed are true, correct, and completed with authorized/	s during the plan year invested in the annual examination and reconstructions on waiver elicither line 6a or line 6b, the plantit plan, is it covered under the For incomplete filing of this retoner penalties set forth in the instance of the plantite set for the plantite set for the penalties set for the interpenalties set for the interpenalties set for the instance of the plantite set for the instance of the plantite set for the plantite set for the instance of the plantite set for the p	in eligible assets? (See eport of an independent igibility and conditions.) In cannot use Form 5: PBGC insurance prograturn/report will be asset tructions, I declare that y, as well as the electrons.	e instructions.)	Form use is port, irt, and	5500.  Yes No established.  Including, if applicate the best of my	Yes No  Yes No  Not determined  Able, a Schedule knowledge and
C Cau Und SB c belief	compl Were Are you under If you If the p attion: A der pena or Sche ef, it is t	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and other dule MB completed ar true, correct, and completed with authorized.  Signature of plan and the plan is a defined benefication of penalty for the late of alties of perjury and other benefications.	s during the plan year invested if the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity plantity is it covered under the For incomplete filing of this retorner penalties set forth in the instance of the properties of the properties of the penalties of the penalti	in eligible assets? (See eport of an independent igibility and conditions.) In cannot use Form 5: PBGC insurance prograturn/report will be asset tructions, I declare that y, as well as the electrons.	e instructions.)	Form  use is port, ir t, and	5500.  Yes No established.  Including, if applicate to the best of my	Yes No Yes No Not determined  Able, a Schedule knowledge and
C Cau Und SB c belie SIGHER	compl Were Are younder If you If the p Ition: A Ider pena or Sche ef, it is t IRE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and othedule MB completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	s during the plan year invested if the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantity plantity is it covered under the For incomplete filing of this retorner penalties set forth in the instance of the properties of the properties of the penalties of the penalti	in eligible assets? (See eport of an independent igibility and conditions.) In cannot use Form 5: PBGC insurance prograturn/report will be asset tructions, I declare that by, as well as the electrons.  Date  Date	e instructions.)	Form  Jse is port, irt, and ual sigual sigua	5500.  Yes No established.  Including, if applicate to the best of my gring as plan admigning as employed.	Yes No Yes No Not determined  Able, a Schedule knowledge and
C Cau Und SB c belie SIGHER	compl Were Are younder If you If the p Ition: A Ider pena or Sche ef, it is t IRE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and othedule MB completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	s during the plan year invested if the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantit plan, is it covered under the For incomplete filing of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of the plan	in eligible assets? (See eport of an independent igibility and conditions.) In cannot use Form 5: PBGC insurance prograturn/report will be asset tructions, I declare that by, as well as the electrons.  Date  Date	e instructions.)	Form  Jse is port, irt, and ual sigual sigua	5500.  Yes No established.  Including, if applicate to the best of my gring as plan admigning as employed.	Yes No  Yes No  Not determined  Able, a Schedule knowledge and  ninistrator
C Cau Und SB c belie SIGHER	compl Were Are younder If you If the p Ition: A Ider pena or Sche ef, it is t IRE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and othedule MB completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	s during the plan year invested if the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantit plan, is it covered under the For incomplete filing of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of the plan	in eligible assets? (See eport of an independent igibility and conditions.) In cannot use Form 5: PBGC insurance prograturn/report will be asset tructions, I declare that by, as well as the electrons.  Date  Date	e instructions.)	Form  Jse is port, irt, and ual sigual sigua	5500.  Yes No established.  Including, if applicate to the best of my gring as plan admigning as employed.	Yes No  Yes No  Not determined  Able, a Schedule knowledge and  ninistrator
C Cau Und SB c belie SIGHER	compl Were Are younder If you If the p Ition: A Ider pena or Sche ef, it is t IRE	e all of the plan's assets ou claiming a waiver of r 29 CFR 2520.104-46? a answered "No" to ei plan is a defined benefication of penalty for the late of alties of perjury and othedule MB completed ar true, correct, and completed with authorized.  Signature of plan and Signature of emplo	s during the plan year invested if the annual examination and reconstructions on waiver elicated in the line 6a or line 6b, the plantit plan, is it covered under the For incomplete filing of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of this retorner penalties set forth in the instantial signed by an enrolled actuary elete.  In the plantity of the plan	in eligible assets? (See eport of an independent igibility and conditions.) In cannot use Form 5: PBGC insurance prograturn/report will be asset tructions, I declare that by, as well as the electrons.  Date  Date	e instructions.)	Form  Jse is port, irt, and ual sigual sigua	5500.  Yes No established.  Including, if applicate to the best of my gring as plan admigning as employed.	Yes No  Yes No  Not determined  Able, a Schedule knowledge and  ninistrator

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Por	rt III   Financial Information									
Pa			()5 : : ()				4 > =			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) Ei	nd of Y	ear 640477	7
<u>а</u> b	Total plan assets  Total plan liabilities	7a 7b	00210						040477	
	Net plan assets (subtract line 7b from line 7a)		60218	30					640477	7
8	Income, Expenses, and Transfers for this Plan Year	7c					//-			
	Contributions received or receivable from:		(a) Amount				a)	) Total		
	(1) Employers	8a(1)	3400	0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	553	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							39536	i
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	123	9						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1239	}
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							38297	7
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the inst	ruction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	les in t	he instru	uctions		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					75000
d	<u> </u>	fidelity box	nd, that was caused by fraud	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	of the ben	efits under the plan? (See			X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g	Did the plan have any participant loans? (If "Yes," enter amount as	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)							Г	Yes	X No
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA?	Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>	-	
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th Day	ne date d	of the le		ling
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 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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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 section 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

P	art l	Annual Report	Identification Information							
For	calenda	ar plan year 2013 or fis	scal plan year beginning	10/01/2013	and ending	09,	/30/2014			
A	This ret	urn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
B	This ret	urn/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 l	oox if filing under:	Form 5558	automatic extension		DFVC program				
			special extension (enter descrip	otion)		_	•			
P:	art II	Rasic Plan Info	prmation enter all requested in	vermation		-				
$\overline{}$		of plan	ormacion enter an requested in	IIOIIII AUGU		1b T	hree-digit			
		,	seit Chasins Dlas			р	lan number			
ESP Productions Profit Sha			oric Sharing Plan			<del></del>	PN) ► 001 Effective date of plan			
							L0/01/1993			
2a Plan sponsor's name and address; include room or suite number (employer, if for					e-employer plan)	2b	Employer Identification Number			
Entertainment Special Productions, Inc.			ial Productions, Inc.			(1	EIN) 59-3146411			
							Sponsor's telephone number			
	4539	36th Street					(407) 649-8884			
	01-	- a-	77 20011 6507				Business code (see instructions) 711300			
	Orla Plan a		FL 32811-6527 and address X Same as Plan Spor	nsor Name  Same as i	Plan Sponsor Address		Administrator's EIN			
			and address [Earl Same as I lan spec		Tan opened radiood	, ,,,	TOTAL COLOR OF LINE			
						3c Administrator's telephone number				
						00 /	diministrator s telephone number			
				######################################			10-20-			
4			e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b E	EIN			
а		, EIN, and the pian nu sor's name	mber from the last return/report.			4c F	DNI			
_			at the beginning of the plan year			5a	2			
b			at the end of the plan year			5b	2			
C			account balances as of the end of the				7,77,00			
_			***************************************			5c	2			
_			s during the plan year invested in elig	•	* *************************************		X Yes No			
b		-	f the annual examination and report ? (See instructions on waiver eligibili		•	•	X Yes ☐ No			
			ither line 6a or line 6b, the plan ca	- ,	and must instead use					
c	_		fit plan, is it covered under the PBG							
			***************************************							
			or incomplete filing of this return	•		•				
			other penalties set forth in the instruction and signed by an enrolled actuary, a							
		true, correct, and cor					o we need on my two weeds and			
S	IGN _		144/14	12-9-14	Bruce Hart					
200	entro entro	Signature of plan adr	ninistratør	Date	Enter name of individua	al signin	g as plan administrator			
	ICN	Zu	ies Hert	12-9-14	Bruce Hart	<u>_</u>				
1000						al sionin	g as employer or plan sponsor			
Pr			name, if applicable) and address; in	clude room or suite numb			rer's telephone number (optional)			
							,			
						#459469000   150967000	20 MARTIN TO 10 MAR			

Pa	Part III Financial Information									
7	Plan Assets and Liabilities	2015	(a) Beginning of Year	(a) Beginning of Year			(b) End of Year			
а	Total plan assets	7a	602,18	30	- 112			640,477		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	602,18	30				640,477		
8	Income, Expenses, and Transfers for this Plan Year	\$1000	(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	34,00	00	85,255					
	(2) Participants	8a(2)		0	10/2004	deschiptor	2 (2 (2) (2)			
	(3) Others (including rollovers)	8a(3)			B 350					
b	Other income (loss)	8b	5,5	36	STATESCUL		195 BUELDS			
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70 S				39,536		
	to provide benefits)	8d								
_	Certain deemed and/or corrective distributions (see instructions)	8e	1 0		C In					
	Administrative service providers (salaries, fees, commissions)	8f	1,2							
<u>g</u>	Other expenses	8g		0				1 000		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			). A			1,239		
	Net income (loss) (subtract line 8h from line 8c)	81			6. 1988-1980	is genige		38,297		
- 1,744 T	Transfers to (from) the plan (see instructions)	8j			ing years	lag Perse yes				
$\overline{}$	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension for 2E 3D	eature cod	es from the List of Plan Charac	teristi	c Code	es in t	he instruction	ins:		
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instruction	s:		
Pa	rt V Compliance Questions									
10	During the plan year:		,		Yes	No	Λ.	mount		
a				100		х		mount		
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	10a 10b		x				
	on line 10a.)			-	*			75 000		
d				10c	<u> </u>			75,000		
	or dishonesty?			10d		х				
0	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?	***************************************	10f		х				
g				10g		х				
h	If this is an individual account plan, was there a blackout period?	(See instru	ictions and 29 CFR			, nit.				
i	If 10h was answered "Yes," check the box if you either provided to	ne required	I notice or one of the	10h		х				
Da	exceptions to providing the notice applied under 29 CFR 2520.10 rt.VI Pension Funding Compliance	1-3	1004441577777444474007777777777777777777	10i		L				
			NZ II	1 .			_ ,_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	**************	***************************************	• • • • • • • • • • • • • • • • • • • •	********	dule S	B (Form	Yes X No		
11	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	tion 3	02 of	ERISA?	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		***************************************							
a	If a walver of the minimum funding standard for a prior year is beligranting the waiver						he date of th	e letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	********	***************************************		*****	12b				

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					r				
C	Enter the amount contributed by the employer to the plan for thi	is plan year	****	***********	12c		404,000		
d	Subtract the amount in line 12c from the amount in line 12b. En negative amount)				12d				
е	Will the minimum funding amount reported on line 12d be met b	by the funding deadlir	те?	***************************************		Yes [	□ No □ N/A		
Part	VII Plan Terminations and Transfers of Asset	ts							
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan	ı year?	******************	***************************************	☐ Ye	es X N	10		
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year	40000114000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a		, , , , , , , , , , , , , , , , , , , ,		
b	Were all the plan assets distributed to participants or beneficiari				ontrol		Yes X No		
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)	I from this plan to and	other plan(s), ider	itify the plan(s) to	0				
1	3c(1) Name of plan(s):			130	(2) EIN(	s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)								
14a Name of trust						14b Trust's EIN			