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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	 Complete all entries in accord 	dance with the instru	ctions to the Form 550	0-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 10/01/201	3	and ending 0	9/30/20	014	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part II	Basic Plan Infor	mation—enter all requested information	ation				
1a Name					1b	Three-digit	
THE PEASL	EY TRANSFER AND S	TORAGE COMPANY PROFIT SHAR	ING AND RETIREMEN	NT SAVINGS PLAN		plan number	
						(PN) ▶	003
					1c	Effective date o	
							/1986
	ponsor's name and add RANSFER AND STOR	dress; include room or suite number (e AGE COMPANY	mployer, if for a single-	-employer plan)			fication Number 86507
					2c	Sponsor's telep	
111 NORTH BOISE, ID 8	CURTIS ROAD 3706-1433				2d		(see instructions)
						48412	` ,
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b /	Administrator's	EIN
					3c /	Administrator's	telephone number
		plan sponsor has changed since the I	ast return/report filed for	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the			
name	, EIN, and the plan num or's name	nber from the last return/report.			4c		200
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		30
a Spons 5a Total r b Total r	, EIN, and the plan num or's name number of participants a number of participants a	nber from the last return/report.			4c 5a 5b		30 25
name, a Spons 5a Total r b Total r c Numb compl	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	25
name, a Spons 5a Total r b Total r C Numb compl 6a Were	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene le assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	25
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene le assets? (See instruc an independent qualifie	efit plans do not	4c 5a 5b 5c	PN	25 25 X Yes No
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	olan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	efit plans do not ctions.)	4c 5a 5b 5c	PN	25 25 X Yes No
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated be	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	25 25 X Yes No X Yes No
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualifier and conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c Form !	PN 5500. Yes No established. Cluding, if applic	25 25 X Yes No X Yes No Not determined
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is for	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction in the pendent qualifier and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form 9 see is eport, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my	Z5 X Yes No X Yes No Not determined Cable, a Schedule knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualification and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c 5a 5b 5c Form 9 see is eport, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my	Z5 X Yes No X Yes No Not determined Cable, a Schedule knowledge and
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated an independent qualification and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c 5a 5b 5c PA) Form 9 see is eport, inc, and to	PN 5500. Yes No established. Cluding, if applice the best of my	25 X Yes No X Yes No Not determined Cable, a Schedule or knowledge and
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	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	f Year		
a	Total plan assets	0074					(2) 2.14	1141		
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	98748	5				1141	088	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
	Contributions received or receivable from:		(4) 7 4110 4111				(3) 10			
	(1) Employers	8a(1)	2002	5						
	(2) Participants	8a(2)	3551	6						
	(3) Others (including rollovers)	8a(3)	505	3						
b	Other income (loss)	8b	10365	9						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						164	253	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	495	9						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	569	1						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	650	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						153	603	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	les from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Plan Chara	cterist	ic Coc	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		mour		
	Was there a failure to transmit to the plan any participant contribu	tions within	the time period described in		. 55		 '	anoui	-	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corre	ection Program)	10a		Х				
~	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c	Χ				500	0000
d				100					300	7000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner persons	by an insurance carrier,							
	insurance service, or other organization that provides some or all		C1 1 11 1 0 /0							1067
	•		. `	10e	X				1	
f	instructions.)				X	X			1	
	instructions.)	n?		10f	X				1	
f g	instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	n?s of year er	nd.)	10f 10g	X	X			1	
g	instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? (2520.101-3.)	n?s of year er	nd.)	10f	X				1	
9	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.)	n?s of year er	nd.)	10f 10g	X	X			1	
g	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	n?s of year er	nd.)	10f 10g 10h	X	X			1	
g h	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	n?s of year er (See instruction of required 1-3	notice or one of the es," see instructions and com	10f 10g 10h 10i	Scheo	X X				No
i Part	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	n?s of year er (See instruction of the required 1-3ents? (If "Y	nd.) notice or one of the es," see instructions and com	10f 10g 10h 10i	Scheo	X X				No
i Part	Instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the plan subject to minimum for current year from the plan subject to minimum for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the unpaid minimum required contribution for current year from the plan subject to minimum funding requirem for the plan subject to minimum funding for the plan subject to minimum funding for the plan subject to minimum funding funding for the plan subject to minimum funding f	n?s of year er (See instruction re required 1-3	notice or one of the es," see instructions and com	10f 10g 10h 10i	Schec	X X dule Si				No No
9 h	instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding	n?	notice or one of the es," see instructions and comple SB (Form 5500) line 39	10f 10g 10h 10i	Schec	X X dule Si			′es X	
9 h	Instructions.) Has the plan failed to provide any benefit when due under the plan but the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 lift VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for lis this a defined contribution plan subject to the minimum funding (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 bein	s of year er (See instruc- ne required 1-3 ents? (If "Y com Schedu requirement as applica ng amortize	nd.) notice or one of the es," see instructions and com lle SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instru	10f 10g 10h 10i nplete	Schec	X X dule Si 11a 302 of	ERISA?	Y	′es X	No
9 h i Part 11 11a 12	Instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	s of year er (See instruc- ne required 1-3 ents? (If "Y om Schedu requiremel as applica ng amortize	nd.) notice or one of the es," see instructions and com lle SB (Form 5500) line 39 nts of section 412 of the Code ble.) d in this plan year, see instru	10f 10g 10h 10i nplete	Schec	X X dule SB 11a 302 of	ERISA?	Ye lette	′es X	No

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	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

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2013

E	mployee B	lenefits Security Administration	the In	iternal Reve	nue Code (the C	ode).	-(-, -,		is Open to Public spection
	Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	ccordance	with the instruc	tions to the Form 550	0-SF.	1118	spection
	art I		entification information					· · · · · · · · · · · · · · · · · · ·	
For	calend	ar plan year 2013 or fisca		10/01	/2013	and ending		09/30/20	14
Α	This ref	turn/report is for:	a single-employer plan	a mult	iple-employer pl	an (not multiemployer)		a one-partici	pant plan
В	This ref	turn/report is:	the first return/report	the fin	al return/report				
			an amended return/report	a short	plan year return	n/report (less than 12 m	onths)	
С	Check	box if filing under:	Form 5558	autom	atic extension			☐ DFVC progra	am
_			special extension (enter desc	cription)					
P	art II	Basic Plan Inform	nation enter all requested in						
	Name		nation enter an requested in	HOITHAUGH			1b	Three-digit	
		•	er and Storage Comp	anv				plan number	
			Retirement Savings					(PN) Þ	003
							1c	Effective date o	
-2-	Di			/	. 15.5		01-	10/01/198	
Za		ponsors name and addre ley Transfer an	ess; include room or suite numb d Storage	er (employe	r, it for a single⊣	employer plan)	ZD	Employer Identi (EIN) 82-018	
	Comp						20	Sponsor's telep	· ·
							20	(208) 375-	
	111	North Curtis Ro	ad				2d		(see instructions)
	Bois	e			ID	83706-1433		484120	
3a	Plan a	dministrator's name and	address XSame as Plan Spon	sor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
					_		<u> </u>		
							3C	Administrator's	telephone number
4	If the r	name and/or EIN of the p	lan sponsor has changed since	the last retu	rn/report filed fo	r this plan, enter the	4h	EIN	
-			er from the last return/report			and prain, emer are	72	LIN	
		or's name					4c	PN	
5a	Total ı	number of participants at	the beginning of the plan year.				5a		3(
b	Total r	number of participants at	the end of the plan year				5b		25
C			count balances as of the end of		•				
									25
_			uring the plan year invested in						⊠ Yes ∐ No
b			e annual examination and repo						X Yes ☐ No
			See instructions on waiver eligil er line 6a or line 6b, the plan						E .55 [] .16
c			lan, is it covered under the PB				_		Not determined
			•		<u> </u>				1 Hot dotorrimod
Ca	ıtion: A	penalty for the late or	incomplete filing of this retur	n/report wil	i be assessed u	uniess reasonable cau	ıse is	established.	
			penalties set forth in the instru						
		true, correct, and comple	signed by an enrolled actuary, : te.	as well as u		sion of this returningport	, and	to the best of my	Knowledge and
		- VV.11		Lio	$\frac{12a}{4}$	L ,			
SIG		and April	nh-	119	130/14	Emmet Herndon			
HE	KE	Signature of plan adm	ninistrator	Da	ite	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIG									
HE	RE	Signature of employe	r/olan sponsor	Da	ite	Enter name of individe	ual sid	ning as employe	r or plan sponsor
Pre	parer's		ne, if applicable) and address; in						number (optional)
		-				·	·	-	
Į.									

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Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year
a Total plan assets	7 a	987,4	85		1,141,088
b Total plan liabilities					
C Net plan assets (subtract line 7b from line 7a)		987,4	85		1,141,088
	Income, Expenses, and Transfers for this Plan Year (a) Amount				(b) Total
a Contributions received or receivable from:		20,0	25		
(1) Employers		35,5			
(2) Participents	1	5,0			
(3) Others (including rollovers)		103,6			
b Other income (loss)		103,6	J 9		164,253
C Total income (add lines 8a(1), 8a(2), 8a(3), and					104,233
d Benefits paid (including direct rollovers and insu- to provide benefits)		4,9	59		
Certain deemed and/or corrective distributions (s					
f Administrative service providers (salaries, fees,		5,6	91		
g Other expenses					
h Total expenses (add lines 8d, 8e, 8f, and 8g)					10,650
					153,603
i Net income (toss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)					
Part IV Plan Characteristics	8		<u> </u>		
b if the plan provides welfare benefits, enter the a Part V Compliance Questions	pplicable welfare feature codes	from the List of Plan Characteri	stic Cod	les in the	e instructions:
10 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any page 29 CFR 2510.3-102? (See instructions and DC				Х	Amount
b Were there any nonexempt transactions with a on line 10a.)	ny party-in-interest? (Do not inc	lude transactions reported		Х	
C Was the plan covered by a fidelity bond?			Х		500,000
d Did the plan have a loss, whether or not reimbour dishonesty?	• •			Х	
Were any fees or commissions paid to any bro insurance service or other organization that pro instructions.)	kers, agents, or other persons bovides some or all of the benefit	by an insurance carrier, s under the plan? (See	Х		1,067
f Has the plan failed to provide any benefit when	due under the plan?		\perp	Х	
g Did the plan have any participant loans? (If "Ye	s," enter amount as of year en	1.) 100		Х	
h If this is an individual account plan, was there a 2520.101-3.)	•			Х	
i If 10h was answered "Yes," check the box if yo exceptions to providing the notice applied under					
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimur 5500) and line 11a below)	• •	•			'
11a Enter the unpaid minimum required contribution	n for current year from Schedul	e SB (Form 5500) line 39		11a	
12 Is this a defined contribution plan subject to the	e minimum funding requirement	s of section 412 of the Code or	ection	302 of E	RISA? Yes 🛚 No
(If "Yes," complete line 12s or lines 12b, 12c, 1					
If a weiver of the minimum funding standard for granting the waiver.	a prior year is being amortized	in this plan year, see instruction Month	s, and e	onter the Day	date of the letter ruling Year
If you completed line 12s, complete lines 3, 9, s	and 10 of Schedule MB (Form	5500), and skip to line 13.			
b Enter the minimum required contribution for this	s plan year		<u></u>	12b	

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Enter the amount contributed by the employer to the plan	for this plan year				12c	Τ	:		
		•			12d				
Will the minimum funding amount reported on line 12d be	met by the funding	deadline?					Yes [No	□ N/A
VW Plan Terminations and Transfers of A	ssets						•		
Has a resolution to terminate the plan been adopted in any p	lan year?					Yes	X No)	
If "Yes," enter the amount of any plan assets that reverte	d to the employer th	nis year	***************************************	•••••	13a				
	·	•	_					Yes	s 🛛 No
	•	in to another plan(s), identify the p	lan(s)	to				
13c(1) Name of plan(s):				1:	3c(2) [IN(s)		13c(3) PN(s)
Trust Information (optional)		······································						<u> </u>	
Name of trust					14b	Trust's	s EIN		
	Enter the amount contributed by the employer to the plan Subtract the amount in line 12c from the amount in line 1 negative amount). Will the minimum funding amount reported on line 12d be the plan Terminations and Transfers of At Has a resolution to terminate the plan been adopted in any pif "Yes," enter the amount of any plan assets that reverte Were all the plan assets distributed to participants or ben of the PBGC?	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount). Will the minimum funding amount reported on line 12d be met by the funding to the plan Terminations and Transfers of Assets. Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer the Were all the plan assets distributed to perficients or beneficiaries, transferred of the PBGC?. If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.) 13o(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year