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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information											
For calend	lar plan year 2013 or fi	iscal plan year beginning 07	7/01/2013		and ending 0	06/30/2014					
A This re	turn/report is for:	X a single-employer plan	a m	ultiple-employer pla	an (not multiemployer)	ver) a one-participant plan					
B This re	turn/report is:	the first return/report	the	final return/report							
		an amended return/report	t a sho	ort plan year return	/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	auto	omatic extension		☐ DFVC program					
	· ·	special extension (enter of	description)				ш				
Part II	Basic Plan Info	ormation—enter all requeste	ed information								
1a Name						1b	Three-digit				
CATALANO	, LEIFER & BRUNO, F	P.C. PROFIT SHARING PLAN					plan number				
						10	(PN)	001			
						10	Effective date of 07/01	•			
2a Plan s	sponsor's name and ac	ddress; include room or suite nu	umber (emplo	over. if for a single-	emplover plan)	2h	Employer Identi				
), LEIFER & BRUNO,		(- -	, , , , , , , , , , , , , , , , , , , ,	- 1 - 3 - 1 - 7	~	(EIN) 14-16				
						2c	Sponsor's telep	hone number			
11 BOULEV							518-943	3-9090			
CATSKILL,	NY 12414					2d	Business code (
3 0 DI				По	0 11	26	62121				
3a Pian a	administrator's name a	nd address XSame as Plan S	ponsor Name	E Same as Plan	Sponsor Address	SD	Administrator's I	EIIN			
						3с	Administrator's t	telephone number			
4 If the	name and/or FIN of th	e plan sponsor has changed si	ince the last re	eturn/report filed fo	r this plan enter the	4h	FIN				
		imber from the last return/repor		otanii opott mod to	. une plan, enter une	4b EIN					
a Spons	sor's name					4c	PN				
5a Total	number of participants	s at the beginning of the plan ye	ear			5a		19			
b Total number of participants at the end of the plan year						5b					
		• •	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
C Numb	per of participants with	account balances as of the end		• •	•	5c		23			
C Numb	per of participants with plete this item)	account balances as of the end		·	·	5с		23			
c Number comp 6a Were b Are y	per of participants with olete this item)e all of the plan's asset ou claiming a waiver o	account balances as of the end	d in eligible as	sets? (See instruct	tions.)d public accountant (IQ	 PA)		× Yes No			
c Numb comp 6a Were b Are y under	per of participants with olete this item)e all of the plan's asset ou claiming a waiver of r 29 CFR 2520.104-46	account balances as of the ended	d in eligible as report of an inceligibility and c	sets? (See instruct dependent qualified conditions.)	tions.)d public accountant (IQ	PA)		23			
c Numb comp 6a Were b Are y under If you	per of participants with olete this item)e e all of the plan's asset ou claiming a waiver o r 29 CFR 2520.104-46 u answered "No" to e	account balances as of the ends during the plan year invested of the annual examination and reconstructions on waiver eather line 6a or line 6b, the plant of the	d in eligible as report of an inc eligibility and c	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF	d public accountant (IQ	PA) Form	n 5500.	23 ☐ Yes ☐ No ☐ Yes ☐ No			
c Numb comp 6a Were b Are y under If you	per of participants with olete this item)e e all of the plan's asset ou claiming a waiver o r 29 CFR 2520.104-46 u answered "No" to e	account balances as of the ended	d in eligible as report of an inc eligibility and c	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF	d public accountant (IQ	PA) Form	n 5500.	× Yes No			
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6a Were b Are y under lf you C If the Caution: A	per of participants with plete this item)	account balances as of the end is during the plan year invested of the annual examination and recomplete files (See instructions on waiver estither line 6a or line 6b, the plantifit plan, is it covered under the or incomplete filing of this retter penalties set forth in the incomplete files.	d in eligible as report of an incelligibility and collan cannot us PBGC insura	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF a lance program (see l will be assessed u	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	PA) Form	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule			
6a Were b Are y under lf you C If the Caution: A Under pen SB or School	per of participants with plete this item)	account balances as of the endition is during the plan year invested of the annual examination and respective in the interpretation of this return or incomplete filing of this return of the penalties set forth in the interpretation of the set ther penalties set forth in the interpretation of the set there penalties are forth in the interpretation of the set there penalties are forth in the interpretation of the set there penalties are forth in the interpretation of the set there is a set forth in the interpretation of the set there is a set forth in the interpretation of the set of the s	d in eligible as report of an incelligibility and collan cannot us PBGC insura	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF a lance program (see l will be assessed u	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau	PA) Form	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule			
6a Were b Are y under If you c If the Caution: A Under pen SB or Schbelief, it is	per of participants with plete this item)	account balances as of the endition is during the plan year invested of the annual examination and respective in the interpretation of this restriction is it covered under the covered incomplete filing of this restriction is it covered in the interpretation of the interpretation in the interpretation is incompleted actual plete.	d in eligible as report of an ineligibility and olan cannot us PBGC insura return/report vastructions, I dary, as well as	ssets? (See instruct dependent qualifier conditions.)see Form 5500-SF ance program (see will be assessed used as the electronic vers	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	PA) Form	n 5500. Yes No established. ncluding, if applic	X Yes No X Yes No Not determined able, a Schedule			
6a Were b Are y under lf you C If the Caution: A Under pen SB or Schebelief, it is	per of participants with plete this item)	account balances as of the ending the plan year invested of the annual examination and recommendation (See instructions on waiver exither line 6a or line 6b, the plantifit plan, is it covered under the cor incomplete filing of this recommendation and signed by an enrolled actual polete.	d in eligible as report of an ineligibility and olan cannot us PBGC insura eturn/report vistructions, I dary, as well as	ssets? (See instruct dependent qualifier conditions.)see Form 5500-SF ance program (see will be assessed under that I have a the electronic versions.	d public accountant (IQ and must instead use ERISA section 4021)?	Form	n 5500. Yes No established. Including, if applic to the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and			
6a Were b Are y under lf you C If the Caution: A Under pen SB or Schobelief, it is	per of participants with plete this item)	account balances as of the ending the plan year invested of the annual examination and recommendation (See instructions on waiver exither line 6a or line 6b, the plantifit plan, is it covered under the cor incomplete filing of this recommendation and signed by an enrolled actual polete.	d in eligible as report of an ineligibility and olan cannot us PBGC insura eturn/report vistructions, I dary, as well as	ssets? (See instruct dependent qualifier conditions.)see Form 5500-SF ance program (see will be assessed used as the electronic vers	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	Form	n 5500. Yes No established. Including, if applic to the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and			
6a Were b Are y under If you C If the Caution: A Under pen SB or Schebelief, it is	per of participants with plete this item)	account balances as of the ending the plan year invested of the annual examination and recommendation (See instructions on waiver exither line 6a or line 6b, the plantifit plan, is it covered under the cor incomplete filing of this recommendation and signed by an enrolled actual polete.	d in eligible as report of an ineligibility and olan cannot us PBGC insura eturn/report vistructions, I dary, as well as	ssets? (See instruct dependent qualifier conditions.)see Form 5500-SF ance program (see will be assessed under that I have a the electronic versions.	d public accountant (IQ and must instead use ERISA section 4021)?	Form	n 5500. Yes No established. Including, if applic to the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and			
6a Were b Are y under If you C If the Caution: A Under pen SB or Schobelief, it is SIGN HERE	per of participants with plete this item)	account balances as of the endition of the annual examination and respectively. (See instructions on waiver exither line 6a or line 6b, the plantific plantific plantific towered under the correct or incomplete filing of this result in the interpenalties set forth in the interpenalties. Invalid electronic signature.	d in eligible as report of an incelligibility and collan cannot us PBGC insura return/report vistructions, I dary, as well as	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF ance program (see will be assessed uleclare that I have as the electronic version out of the condition of	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report THOMAS BRUNO Enter name of individual	Form see is oort, ii	n 5500. Yes No sestablished. Including, if applic to the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and			
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C Number comp 6a Were b Are y under lf you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE Preparer's PATTISON 502 UNION	per of participants with olete this item)	account balances as of the endition of the annual examination and respective to the annual examination and respective the line 6a or line 6b, the plantification of this respective to the penalties set forth in the interpenalties set forth in the interpen	d in eligible as report of an incelligibility and collan cannot us PBGC insura return/report vistructions, I dary, as well as	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF ance program (see will be assessed uleclare that I have as the electronic version out of the condition of	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report THOMAS BRUNO Enter name of individual	Form see is oort, ii	established. ncluding, if applic to the best of my gning as plan adn gning as employed parer's telephone	X Yes No X Yes No Not determined Able, a Schedule knowledge and Ininistrator Per or plan sponsor number (optional)			
C Number comp 6a Were b Are y under If you c If the Caution: A Under pen SB or Schebelief, it is SIGN HERE SIGN HERE Preparer's PATTISON	per of participants with olete this item)	account balances as of the endition of the annual examination and respective to the annual examination and respective the line 6a or line 6b, the plantification of this respective to the penalties set forth in the interpenalties set forth in the interpen	d in eligible as report of an incelligibility and collan cannot us PBGC insura return/report vistructions, I dary, as well as	sets? (See instruct dependent qualifier conditions.)se Form 5500-SF ance program (see will be assessed uleclare that I have as the electronic version out of the condition of	d public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report THOMAS BRUNO Enter name of individual	Form see is oort, ii	established. ncluding, if applic to the best of my gning as plan adn gning as employed parer's telephone	X Yes No X Yes No Not determined Able, a Schedule knowledge and Ininistrator Per or plan sponsor number (optional)			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
a	Total plan assets	7a	` , •	4443651			(2) 2		939527	7
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	4443651				5939527			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(w) r and and				(-)			
	(1) Employers	8a(1)	13025	0						
	(2) Participants	8a(2)	11712	20						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	140803	9						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						16	655409)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15953	3						
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15953	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						1	495876	3
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 2A 2E 2G 2J 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uction	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
					X					40000
				10c						40000
	or dishonesty?			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 	•								
	instructions.)		' '	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q		X				
h		(See instru	ctions and 29 CFR	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	ne required	I notice or one of the	10i		X				
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	X No
114	5500) and line 11a below)							· _	163	INO
	Enter the unpaid minimum required contribution for current year fr					11a	EDIC::	TF	1 V	V NI-
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ection	302 of	ERISA?	. <u> </u>	Yes	× No
a	(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 being	ng amortize	ed in this plan year, see instru		, and e	_	l ne date o			ling
	granting the waiver.					Day		Yea	ar	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b				
h	Enter the minimum required contribution for this plan year					120				

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 X N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes 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 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) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

AUTHORIZED E-SIGNATURE AFFIDAVIT

As Plan Administrator/Sponsor, I authorize the office of Pattison, Koskey, Howe and Bucci, CPAs, P.C. ("PKHB") to electronically submit the IRS Form 5500 or 5500-SF.

In addition to any other required schedules or attachments, the electronic filing includes a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF bearing my manual signature as plan administrator/employer under penalty of perjury. I certify that PKHB has advised me, as plan administrator/plan sponsor, that by selecting this electronic signature option, the image of my manual signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

PKHB will communicate to me, the plan administrator/employer, any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report. A record of this written authorization will be maintained by PKHB.

Plan Administrator/Sponsor/Employer Signature

Date

Print Name

Form 5500-SF

Department of the Treasury Internal Ravenue 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).

➤ 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

Part I	Annual Report Identification Inform	ation		0.6 (0.0 /0.01 4
For cal	endar plan year 2013 or fiscal plan year beginning			06/30/2014
	s return/report is for: X a single-employer pt	an	a multiple-employer plan (not multier	mployer) a one-participant plan
	s return/report is: the first return/repo	rt .	the final return/report	
	an amended return/	report	a short plan year return/report (less	than 12 months)
C Ch	eck box if filling under: X Form 5558		automatic extension	DFVC program
Q 011	special extension (e	enter description)		
Part II	Basic Plan Information - enter all reque	sted information		Note that the second se
	ame of plan	As a second control of the second control of		1b Three-digit
	ALANO, LEIFER & BRUNO, P	. C .		plan number 001
	FIT SHARING PLAN			1c Effective date of plan
2 110	indie de hogel ein de de 19 - valle de 19 - vagel de mateuré de de de 19			07/01/1980
2a P	an sponsor's name and address; include room o	r suite number (e	mployer, if for a single-employer plan)	2b Employer Identification Number
	LANO, LEIFER & BRUNO, P.C.	,		(EIN)
	OULEVARD AVE.			14-1619291
	KILL	12414		2c Sponsor's telephone number
02320	Section Color States			518-943-9090
				2d Business code (see instructions)
				621210
	V .			
3 a P	lan administrator's name and address $oxtime X$ Same	as Plan Sponsor	Name L Same as Plan Sponsor Address	S Car / Carranto Catal C Ent
				3c Administrator's telephone numb
				ACTURE ACTURE TO THE TOTAL OF T
announcement of the second		-		4b EIN
	the name and/or EIN of the plan sponsor has o			wig 8.5 had 1 V
	nter the name, EIN, and the plan number from the	ie iast return/repu	OF C.	4c PN
**************	ponsor's name		A STATE OF THE PROPERTY OF THE	1.0
5а Т	otal number of participants at the beginning of the	ie plan year	2 2 3 0 0 4 0 2 2 2 2 0 0 0 0 0 0 0 0	0.3
b T	otal number of participants at the end of the plan	year		* International Control of the Contr
	lumber of participants with account balances as			
	omplete this item)			X Yes No
	vere all or the plan's assets during the plan year are you claiming a waiver of the annual examinal			The second second
				X Yes No
U	nder 29 CFR 2520.104-46? (See instructions of you answered "No" to either line 6a or line 6b	n waiver engining	at use Form 5500.SF and must inste	
				Yes No Not determined
C II	the plan is a defined benefit plan, is it covered under the on: A penalty for the late or incomplete filing o	f this enteraless	ort will be accessed unless reasonable	The state of the s
Cautik	penalties of perjury and other negralties set forth in the	instructions I decl	are that I have examined this return/report in	ncluding if applicable, a Schedule
SB or :	penames of penjury and other harrates set for it the Schedule MB completed and signed by an enrolled ac it is true, correct, and complete.	tuary, as well as the	e electronic version of this return/report, and	to the best of my knowledge and
Constitution of the Consti	1611	4/15/15		
SIGN	10/3	17713	THOMAS BRUNO	
HERE				A STATE OF THE STA
русоричногомического приставления	Signature of plan auministrator	Date	Enter name of individual s	signing as plan administrator
CICH	156			
SIGN		11/6/11		### 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
HERE	Signature of employer/plan sponsor	Date 1/5/16	Enter name of individual s	signing as employer or plan sponsor
Prener	er's name (including firm name, if applicable) ar		e room or suite number (optional)	Preparer's telephone number (options
	TISON KOSKEY HOWE BUCCI		, ,	518-758-6776
	UNION STREET	war 166**		
1		12534		
1101				Contract and Special S
A CONTRACTOR OF THE CONTRACTOR				
TOTAL PROPERTY.				

Part			(a) Beginning of Year			(b) En	d of Year
7	Plan Assets and Liabilities	mp	4443651	1		, , , , , , , , , , , , , , , , , , ,	5939527
	Total plan assets	7a	335007	+-	anna constante e en el mano		0303027
b	Total plan liabilities	7b	4443651	1			5939527
	Net plan assets (subtract line 7b from line 7a)	76	(a) Amount	+		(h)	Total
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	and other representations	(~)	O MALENANT OF
а	Contributions received or receivable from:		130250	Meta Charrie			
	(1) Employers	8a(1)	117120			2227-1	
	(2) Participants	8a(2)	111120	-	and the state of t		**************************************
-	(3) Others (including rollovers)	8a(3)	1408039				
	Other income (loss)	8b	1400033	-		······································	1655409
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	159533		***********		2000103
	Benef ts paid (including direct rollovers and insurance premiums to provide benef ts)	8d	133333	-	more about the residence		
	Certain deemed and/or corrective distributions (see instructions)	8e 8f			p/mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm		The second section of the second
	Administrative service providers (salaries, fees, commissions)			-		No. of Particular Street, Name of Particular Str	na narrawa na managanga nga nga nga kalaka (APA) ^{arrawa} na managa nga nga na manga nga nga nga nga nga nga nga
	Other expenses	8g					159533
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i		-			1495876
	Net income (loss) (subtract line 8h from line 8c)	81		+			
Pari		<u> </u>					ner versenmen der 2003 grift 2000 grift 200 germann verb in der Berkelten belände der Stellen bestehnt eine bestehnt ein der stelle der Stellen bestehnt der
9a	If the plan provides pension benefits, enter the applicable pen	sion fea	ture codes from the List of Plan Char	acteri	stic C	Codes in I	the instructions:
Ja	2A2E2G2J2R3D						
	If the plan provides welfare benefits, enter the applicable welf.	aun fonts	rea padeo from the Liet of Pien Chara	rtarie	tic Cr	viac in th	in instructions
b	If the plan provides welfare benefits, enter the applicable well	are reau	ne codes from the fist of Flat Ghala	ULGIIG	40 01	MIGG II I G	io mod dodo ro.
Par	t V Compliance Questions	MEMORIAL PROPERTY AND ADMINISTRATION OF THE PARTY OF THE	- 100 A CO 10 CO 100 CO		***************************************		nn o o o o o o o o o o o o o o o o o o
10	During the plan year:	to an experience	A.A. (1986)		Yes	No	Amount
	Was there a failure to transmit to the plan any participant con	tribution	s within the time period described in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary C	orrection Program)	10a		X	
	Were there any nonexempt transactions with any party-in-inte					Processor San	
	on line 10a.)			10b		X	
	Was the plan covered by a fidelity bond?			10c	X		40000
	Did the plan have a loss, whether or not reimbursed by the plan				appellined date		
	or dishonesty?			10d	and the second	X	
(Were any fees or commissions paid to any brokers, agents, or			o de management	COL-LAND	444444	
	insurance service or other organization that provides some or	all of the	benefits under the plan? (See	THE PERSON NAMED IN COLUMN TO PERSON NAMED I		- Comments	
	instructions.)			10e		X	CONTRACTOR OF THE PROPERTY OF
	f Has the plan failed to provide any benefit when due under the	plan?	1 4 4 4 4 4 1 H W M I I V F H B 9	101		X	
	Did the plan have any participant loans? (If "Yes," enter amount	t as of ye	ear end.)	10g		X	And the second s
	h If this is an individual account plan, was there a blackout perior	d? (See i	nstructions and 29 CFR	100000000000000000000000000000000000000			
	2520.101-3.)			10h	<u> </u>	X	and a second
	If 10h was answered "Yes," check the box if you either provid	ted the re	equired notice or one of the		1.000		
	exceptions to providing the notice applied under 29 CFR 2520).101-3 .		10i	<u></u>		
Pai	t VI Pension Funding Compliance		200 mm				
4 4	Is this a defined benefit plan subject to minimum funding requ	uirement	s? (It "Yes," see instructions and com	ipiete	Sone	edine 20	1 1 2 2
	(Form 5500) and line 11a below)						. Yes X No
11							
12	Is this a defined contribution plan subject to the minimum funding requ			ofER	ISA?		. Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be			. condition		d aptor t	ha data of the latter
8	a If a waiver of the minimum funding standard for a prior year i			uctior		nu enter t	
	ruling granting the waiver			Marie Ma	Day	and the second s	Year
	f you completed line 12a, complete lines 3, 9, and 10 of Sche				14.	2 h	
	b Enter the minimum required contribution for this plan year	u el 19 %	u		1 14	2b	AND A STATE OF THE

	Form 5500-SF 2013	Page 3 -	industrial and the second seco	
	Enter the amount contributed by the employer to the pl	lan for this plan year	12c	P8199
d	Subtract the amount in line 12c from the amount in lin negative amount)	ne 12b. Enter the result (enter a minus sign to the lef	t of a 12d	
е	Will the minimum funding amount reported on line 12c	d be met by the funding deadline?	Yes _	No X N/A
Par	VII Plan Terminations and Transfers of As	ssets		ng annonnessan and agree of the Announce Announc
13a	Has a resolution to terminate the plan been adopted in	any plan year?	Yes	X No
	If "Yes," enter the amount of any plan assets that revert			
b	Were all the plan assets distributed to participants or beneficial of the PBGC?	aries, transferred to another plan, or brought under the contr	ol	Yes X No
С	If during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instructions)	ransferred from this plan to another plan(s), identify t	he plan(s) to	
	3c(1) Name of plan(s):	,	13c(2) EIN(s)	13c(3) PN(s)
Par	VIII Trust Information (optional)			
14a	Name of trust	14	b Trust's EIN	