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

_	rt I		Identification Informa	ation					
For	calenda	ar plan year 2013 or f	iscal plan year beginning	10/01/2013		and ending (9/30/	2014	
A 1	Γhis ret	urn/report is for:	X a single-employer plan	а	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B 1	Γhis ret	urn/report is:	the first return/report	th	ne final return/report				
			an amended return/repo	ort a :	short plan year returr	n/report (less than 12 m	onths)	
C	Check b	oox if filing under:	X Form 5558	a	utomatic extension			DFVC progra	am
			special extension (enter	r description)				_	
Pa	rt II	Basic Plan Info	ormation—enter all reques	ted information	on				
	Name						1b	Three-digit	
KEY V	VEST \	ACHT CLUB, INC. 4	I01(K) PLAN					plan number (PN) ▶	001
							10	Effective date of	
								04/01/	
		oonsor's name and ad YACHT CLUB, INC.	ddress; include room or suite	number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 59-07	fication Number 50742
0045	NODTI	L DOOGEVELT DLVI					2c	Sponsor's telep	
		H ROOSEVELT BLVI FL 33040	J				2d	Business code (
								71390	
3a	Plan ad	dministrator's name a	ind address XSame as Plan	Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
							3с	Administrator's t	telephone number
4	If the n	ame and/or EIN of th	ne plan sponsor has changed	since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
_		•	umber from the last return/rep	ort.			4-	5	
	•	or's name	at the heatinging of the plan				-	PN	
_			s at the beginning of the plan	•			5a		21
			s at the end of the plan year account balances as of the e				5b		21
С	comple	ete this item)		······································	······	·	5c		8
6a			ts during the plan year investe	•	•	•			X Yes No
b	,	•	of the annual examination and 6? (See instructions on waiver				,		X Yes No
			either line 6a or line 6b, the						
С	If the p	lan is a defined bene	efit plan, is it covered under th	e PBGC insu	ırance program (see	ERISA section 4021)?	[Yes No	Not determined
Cau	tion: A	penalty for the late	or incomplete filing of this	return/repoi	rt will be assessed o	unless reasonable cau	ıse is	established.	
			ther penalties set forth in the						able, a Schedule
		dule MB completed a rue, correct, and com	and signed by an enrolled acti aplete.	uary, as well	as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
SIGI		Filed with authorized	I/valid electronic signature.		07/01/2015	W.SAM HOLLAND, JF	₹.		
HEN	, E	Signature of plan	administrator		Date	Enter name of individ	ual siç	gning as plan adn	ninistrator
SIGI									
HER		Signature of emplo			Date	Enter name of individ			
Prep	arer's i	name (including firm	name, if applicable) and addr	ess; include i	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2013 Page **2**

Da	rt III Financial Information									
_ <u> </u>			(a) Denimina of Ven				/b\ F.:	-1 - £ V	·	
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Yea				(b) Er	a or Y	ear 95190)
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	20200	•				00100	,	
	Net plan assets (subtract line 7b from line 7a)	76 7c	25263	7 95			95190)		
8	Income, Expenses, and Transfers for this Plan Year	70		-			(h) Total			
	Contributions received or receivable from:		(a) Amount		(b) Total					
	(1) Employers	8a(1)	343	5						
	(2) Participants	8a(2)	789	0						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	1717	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28500	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18586	2						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	8	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							185947	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	157447	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 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uction	S:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	Part 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		Х				
	Was the plan covered by a fidelity bond?			10c	X				1	000000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X			•	000000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					13552
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)								Yes	☐ No
11a	Enter the unpaid minimum required contribution for current year for					11a			_	
12	Is this a defined contribution plan subject to the minimum funding				•		FRISA?	Τг	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. OI 00	54011	00 <u>2</u> 01		··		ш
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date d	of the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Lay				
	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	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

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 Information				
For calend		01/2013	and ending	09/30/2014	
A This ref	turn/report is for: a single-employer plan a	multiple-employer pl	lan (not multiemployer)	a one-participant plan	
B This ref		ne final return/report			
	an amended return/report as	short plan year returr	n/report (less than 12 mo	onths)	
C Check	box if filing under:	utomatic extension		DFVC program	
	special extension (enter description)				
Part II	Basic Plan Information—enter all requested information	on			
1a Name	ofplan ST YACHT CLUB, INC. 401(K) PLAN		I	1b Three-digit plan number	
VET "	ST YACHT CLUB, INC. 401(K) FLAM			(PN) P 001	
				1c Effective date of plan 04/01/1999	
2a Plans KEY WE	ponsor's name and address; include room or suite number (emp ST YACHT CLUB, INC.	ployer, if for a single-	employer plan)	2b Employer Identification N (EIN) 59-0750742	umber
2315 N	ORTH ROOSEVELT BLVD			2c Sponsor's telephone num 305-296-5389	nber
- -	VAII ACODE LEE E			2d Business code (see instru	ictions)
KEY WE	ST FL 33040			713900	
3a Plan a	dministrator's name and address XSame as Plan Sponsor Nar	ne XSame as Plan	Sponsor Address	3b Administrator's EIN	
				3c Administrator's telephone	number
					<u> </u>
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b EIN	
I Irat	, EIN, and the plan number from the last return/report.				
_	or's name			4c PN	
a Spons	or's name number of participants at the beginning of the plan year				21
a Spons 5a Total					21 21
a Spons 5a Total : b Total : c Numb	number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the pla	n year (defined bene	fit plans do not	5a	
a Spons 5a Total : b Total : C Numb compl	number of participants at the beginning of the plan year number of participants at the end of the plan year	n year (defined bene	fit plans do not	5a 5b 5c	21 8
a Spons 5a Total i b Total i c Numb compl 6a Were b Are yo	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie	efit plans do not tions.)d public accountant (IQI	5a 5b 5c X Ye	21 8 es No
a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)	efit plans do not tions.)d public accountant (IQI	5a 5b 5c X Ye	21 8 es No
a Spons 5a Total : b Total : c Numb compt 6a Were b Are you under if you	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)	tions.)d public accountant (IQI	5a 5b 5c X Ye PA) X Ye Form 5500.	8 No
a Spons 5a Total i b Total i c Numb compl 6a Were b Are you under if you c If the p	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF trance program (see	efit plans do not tions.)d public accountant (IQI and must instead use ERISA section 4021)?	5a 5b 5c X Ye PA) X Ye Form 5500. Not dete	8 No
a Spons 5a Total i b Total i c Numb compt 6a Were b Are you under if you C If the p	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF trance program (see	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?	5a 5b 5c X Ye PA) X Ye Form 5500. Not dete	8 No No emined
a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder if you c if the p Caution: A Under pens SB or Sche	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF irance program (see rt will be assessed to declare that I have	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not dete	8 No No emined
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 pens SB or Sche belief, it is t	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF irance program (see rt will be assessed to declare that I have	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not determined by the series established. Fort, including, if applicable, a Social and to the best of my knowledge.	8 No No emined
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 pens SB or Sche belief, it is t	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualifie d conditions.) use Form 5500-SF urance program (see rt will be assessed it declare that I have d as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not determined by the series established. Fort, including, if applicable, a Social and to the best of my knowledge.	8 No No No es No chedule ge and
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 t SIGN HERE SIGN	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified conditions.) use Form 5500-SF irance program (see at will be assessed if declare that I have a as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. Not dete	8 No No No es No chedule ge and
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 pens SB or Sche belief, it is t SIGN HERE SIGN HERE	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF arance program (see at will be assessed at declare that I have a as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not determined in the best of my knowledged, and to the best of my knowledged, Jr. ual signing as plan administrator unal signing as employer or plans.	8 No No es No No ermined chedule ge and
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 pens SB or Sche belief, it is t SIGN HERE SIGN HERE	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF arance program (see at will be assessed at declare that I have a as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not dete	8 No No es No No ermined chedule ge and
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 pens SB or Sche belief, it is t SIGN HERE SIGN HERE	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF arance program (see at will be assessed at declare that I have a as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not determined in the best of my knowledged, and to the best of my knowledged, Jr. ual signing as plan administrator unal signing as employer or plans.	8 No No es No No ermined chedule ge and
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 pens SB or Sche belief, it is t SIGN HERE SIGN HERE	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF arance program (see at will be assessed at declare that I have a as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not determined in the best of my knowledged, and to the best of my knowledged, Jr. ual signing as plan administrator unal signing as employer or plans.	8 No No es No No ermined chedule ge and
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 pens SB or Sche belief, it is t SIGN HERE SIGN HERE	number of participants at the beginning of the plan year	n year (defined bene assets? (See instruct independent qualified d conditions.)use Form 5500-SF arance program (see at will be assessed at declare that I have a as the electronic vers	efit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, W. Sam Holland, Enter name of individu	5a 5b 5c X Ye PA) X Ye Form 5500. X Ye No Not determined in the best of my knowledged, and to the best of my knowledged, Jr. ual signing as plan administrator unal signing as employer or plans.	8 No Ses No No Permined Chedule ge and Seponsor

Part III Financial Information						· · · · · · · · · · · · · · · · · · ·	
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
a Total plan assets	7a		5263	7			95190
b Total plan liabilities	7b			丁			
C Net plan assets (subtract line 7b from line 7a)	7c	25	5263	7			95190
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:			242				
(1) Employers	8a(1)		343				
(2) Participants	8a(2)		789	9	-		
(3) Others (including rollovers)	8a(3)			┷			
b Other income (loss)	8b		1717	5			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					· · · · · · · · · · · · · · · · · · ·	28500
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18	3586	2			
e Certain deemed and/or corrective distributions (see instructions)	8e			_		·	
f Administrative service providers (salaries, fees, commissions)	8f		8	5			
g Other expenses	8g			-			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					_,	185947
Net income (loss) (subtract line 8h from line 8c)	81						-157447
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	the instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
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		х	74	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х		
C Was the plan covered by a fidelity bond?			10c	х			000000
d Did the plan have a loss, whether or not reimbursed by the plan's			100				
or dishonesty?			10d		Х		
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		х		
					_		
f Has the plan failed to provide any benefit when due under the plan	1:		10f		Х		
			10f	Y	X	-	13552
g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (s of year e	nd.)	10g	х	x		13552
g Did the plan have any participant loans? (If "Yes," enter amount as 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	s of year e	nd.)	10g 10h	х		4.01S.	13552
g Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101	s of year e	nd.)	10g	X		1.202 11.20	13552
g Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements	s of year e See instru- ne required 1-3	nd.)	10g 10h 10i	Sched	X		
Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 Part VI Pension Funding Compliance	See instru See instru e required 1-3ents? (If "	nd.)	10g 10h 10i plete	Scheo	X		
Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	s of year e See instru e required 1-3 ents? (If "	nd.)	10g 10h 10i plete	Scheo	X tule SE	Ye	
g Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year for the state of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	s of year e See instru e required 1-3 ents? (If " om Sched requireme as applica	rictions and 29 CFR In notice or one of the Inverse instructions and com I	10h 10i plete	Scheo	X dule SE	ERISA? Ye	s No
Did the plan have any participant loans? (If "Yes," enter amount as have in 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 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and tine 11a below) 11a Enter the unpaid minimum required contribution for current year from the state of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as If a waiver of the minimum funding standard for a prior year is being granting the waiver.	s of year e See instru e required 1-3 ents? (If " om Sched requireme as applica g amortize	rictions and 29 CFR In notice or one of the Investigation of the second	10g 10h 10i plete	Scheo	X dule SE	ERISA? Ye	s No
Did the plan have any participant loans? (If "Yes," enter amount as have 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 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and tine 11a below) 11a Enter the unpaid minimum required contribution for current year from the subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as If a waiver of the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding the subject to the minimum funding the subject to the minimum funding the subject to the subject to the minimum funding the subject to the subject t	s of year e See instru e required ents? (If " om Sched requireme as applica g amortize	retions and 29 CFR I notice or one of the I notice or one or	10g 10h 10i plete	Scheo	X dule SE 11a 302 of	ERISA? Ye	s No

C Enter the amount contributed by the employer to the plan for this plan year		Form 5500-SF 2013	F	Page 3 -				
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)								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	С	Enter the amount contributed by the employer to the	plan for this plan year			12c		·
Part VIII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	d					12d		
13a Has a resolution to terminate the plan been adopted in any plan year?	е	Will the minimum funding amount reported on line 12	2d be met by the funding de	adline?			Yes	No N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part	VII Plan Terminations and Transfers	of Assets					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional)	13a	Has a resolution to terminate the plan been adopted in a	any plan year?				Yes X No)
of the PBGC?		If "Yes," enter the amount of any plan assets that re-	verted to the employer this y	/ear		13a		
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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional)	b	Were all the plan assets distributed to participants or of the PBGC?	r beneficiaries, transferred to	another plan, o	r brought under the	control		Yes X No
Part VIII Trust Information (optional)	С	If during this plan year, any assets or liabilities were	transferred from this plan to					-
	1	I3c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3) PN(s)
								
								<u> </u>
14a Name of trust 14b Trust's EIN	Part	VIII Trust Information (optional)						<u>I</u>
	14a	Name of trust				14b T	rust's EIN	