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

B 41				oo waan aho moa ao	tions to the Form 5	, , , , , , , , , , , , , , , , , , , 		
Part I	Annual Report lo	dentification Inforr	nation					
For calend	ar plan year 2013 or fisc	al plan year beginning	11/01/2013		and ending	10/31/	2014	
A This ref	turn/report is for:	x a single-employer pla	an an	nultiple-employer pl	an (not multiemploye	r)	a one-partici	pant plan
B This ref	turn/report is:	the first return/report	the	e final return/report				
		an amended return/re	eport a st	hort plan year return	/report (less than 12	months)	
C Check	box if filing under:	Form 5558	aut	tomatic extension			X DFVC progra	am
		special extension (en	ter description)				_	
Part II	Basic Plan Infor	mation—enter all requ	ested information	n				
1a Name		•				1b	Three-digit	
	POWER SOLUTIONS, II	NC RETIREMENT PLAN	AND TRUST				plan number	
							(PN) •	001
						1C	Effective date o	•
2a Plan s	ponsor's name and addr	ress: include room or sui	te number (empl	over if for a single-	employer plan)	2h		/2010
	POWER SOLUTIONS, I		te number (empr	oyer, ir for a sirigle-	employer plan	20	Employer Identi (EIN) 20-56	697319
						2c	Sponsor's telep	hone number
271 E. BEAG	CH ST.						352-42	
GROVELAN	ND, FL 34736					2d	Business code ((see instructions)
							44314	42
3a Plan a	idministrator's name and	l address XSame as Pla	an Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
								•
4 1511						-		
	name and/or EIN of the p e, EIN, and the plan num			return/report filed to	r this plan, enter the	4b	EIN	
	or's name	ber from the last return/	срогт.			4c	PN	
5a Total	number of participants -							
	number or participants a	t the beginning of the pla	an year			5a		5
b Total	number of participants a number of participants a		•			- Ou		5 5
C Numb	number of participants a per of participants with ac	t the end of the plan yea	re end of the plan	year (defined bene	fit plans do not	5b		
C Numb	number of participants a per of participants with a lete this item)	t the end of the plan yea	e end of the plan	year (defined bene	fit plans do not	5b		5
C Numb comp	number of participants a per of participants with a lete this item)	t the end of the plan year ecount balances as of the during the plan year inve	e end of the plan	year (defined bene	fit plans do not	5b 5c		
6a Were b Are younder	number of participants a per of participants with ac lete this item)	t the end of the plan year ecount balances as of the during the plan year invelous the annual examination at (See instructions on waits	e end of the plan ested in eligible and report of an inver eligibility and	year (defined bene ssets? (See instruct ndependent qualifie conditions.)	fit plans do not ions.)d public accountant (5b 5c		5
6a Were b Are younder	number of participants a per of participants with ac lete this item) a all of the plan's assets of ou claiming a waiver of t	t the end of the plan year ecount balances as of the during the plan year invelous the annual examination at (See instructions on waits	e end of the plan ested in eligible and report of an inver eligibility and	year (defined bene ssets? (See instruct ndependent qualifie conditions.)	fit plans do not ions.)d public accountant (5b 5c		X Yes No
c Numb comp 6a Were b Are younder If you	number of participants a per of participants with ac lete this item)	t the end of the plan year ecount balances as of the during the plan year inve the annual examination a (See instructions on waith	e end of the plan ested in eligible and and report of an inver eligibility and the plan cannot u	year (defined bene ssets? (See instruct ndependent qualifie conditions.)see Form 5500-SF	ions.)d public accountant (5b 5c	n 5500.	X Yes No
6a Were b Are younder If you C If the p	number of participants a per of participants with ad lete this item)e e all of the plan's assets ou ou claiming a waiver of to 29 CFR 2520.104-46? a answered "No" to eith plan is a defined benefit	t the end of the plan year ecount balances as of the during the plan year invelor he annual examination a (See instructions on waith her line 6a or line 6b, the plan, is it covered under	e end of the plan ested in eligible as and report of an inver eligibility and ne plan cannot u the PBGC insura	year (defined bene ssets? (See instruct ndependent qualifie conditions.)see Form 5500-SF ance program (see	ions.)d public accountant (and must instead use	5b 5c	n 5500.] Yes ⊠ No □	X Yes No X Yes No
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6a Were b Are younder If you c If the p Caution: A Under pens SB or Sche	number of participants and per of participants with addlete this item)	t the end of the plan year count balances as of the during the plan year inveloped annual examination a (See instructions on waiter line 6a or line 6b, the plan, is it covered under incomplete filing of the penalties set forth in the signed by an enrolled a	e end of the plan ested in eligible as and report of an inver eligibility and ne plan cannot u the PBGC insura- nis return/report ne instructions, I o	year (defined bene ssets? (See instruct independent qualifie conditions.)see Form 5500-SF ance program (see	fit plans do not ions.) d public accountant (and must instead use ERISA section 4021) unless reasonable coexamined this return/	5b 5c IQPA) se Form ? [ause is	n 5500. Yes No established. ncluding, if applic	
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6a Were b Are younder If you C If the p Caution: A Under pens SB or Sche belief, it is	number of participants and per of participants with addlete this item)	t the end of the plan year count balances as of the during the plan year inveloped annual examination a (See instructions on waiter line 6a or line 6b, the plan, is it covered under incomplete filing of the penalties set forth in the signed by an enrolled a	e end of the plan ested in eligible as and report of an inver eligibility and ne plan cannot u the PBGC insura- nis return/report ne instructions, I o	year (defined bene ssets? (See instruct independent qualifie conditions.)see Form 5500-SF ance program (see	fit plans do not ions.) d public accountant (and must instead use ERISA section 4021) unless reasonable coexamined this return/	5b 5c IQPA) se Form ? [ause is	n 5500. Yes No established. ncluding, if applic	
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Form 5500-SF 2013 Page **2**

Dar	rt III Financial Information									
_			(a) Basinning of Vas		Т		(b) End	s Va		
	Plan Assets and Liabilities Total plan spects	7-	(a) Beginning of Yea		+		(b) End		ear 63807	1
	Total plan liabilities	7a		0	+			- '	03007	
	Total plan liabilities	7b	15956		+			1	63807	
_	Net plan assets (subtract line 7b from line 7a)	7c		1	+				03007	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	424	6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4246	
	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0)
i	Net income (loss) (subtract line 8h from line 8c)	8i							4246	
j	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics	٥,								
9a	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruct	ions	:	
	1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Coc	des in t	he instruction	ons:		
Part	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
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	tions within	n the time period described in ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
						X				
С	, ,			10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all of instructions.)			10e	X					650
f	Has the plan failed to provide any benefit when due under the plan					Χ				
				10f		X				
g			,	10g						
11	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h						
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			10i						
Part				101						
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	onto 2 (If II)	Vac " and instructions and som	nloto	Cabas	dula CE) /Form			
	5500) and line 11a below)	······			<u>.</u>				Yes	× No
	Enter the unpaid minimum required contribution for current year from	om Sched	ule 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	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	ne date of th	ne let Year		ing ——
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

Page	3	-	1	
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			1		
C Enter the amount contributed by the employer to the plan for this plan year					
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)					
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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

5500-SF Electronic Filing Authorization

Plan Name: Creative Power Solutions, Inc Retirement Plan and Trust

EIN/PN:

20-5697369/001

Plan Year: 11/01/2013 - 10/31/2014

I hereby authorize The Lafayette Life Insurance Company to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

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

Plan Administrator/ trostee	Plan Sponsor
Marianne Blake	
(sign)	(sign)
5/24/2016	·
(date)	(date)

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

			t Identification Information				
For	calend	dar plan year 2013 or fi	iscal plan year beginning	11/01/2013	and ending	10/	31/2014
Α	This re	eturn/report is for:	🕱 a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan
В	This re	eturn/report is:	the first return/report	the final return/report			
			an amended return/report	a short plan year retur	n/report (less than 12 me	onths)	
С	Check	box if filing under:	Form 5558	automatic extension		x	DFVC program
		ŭ	special extension (enter descri	ption)			
D	art II	Rasic Plan Info	ormation enter all requested in	nformation			
		e of plan	omation enter an requested in	mormation	VA THE		nree-digit
			utions, Inc Retirement E	Olan and Trust			an number PN) ► 001
	Cre	active rower 301	delons, inc Recifement i	Tail and IIIabe			ffective date of plan
						1	1/01/2010
2a	Plan	sponsor's name and a	address; include room or suite numbe	er (employer, if for a single	-employer plan)		mployer Identification Number
	Cre	ative Power Sol	utions, Inc				EIN) 20-5697319
							ponsor's telephone number 352) 429-5086
	271	E. Beach St.					usiness code (see instructions)
	_		77 24726				43120
		veland	and address X Same as Plan Spo	onsor Name Same as F	Plan Sponsor Address	3b A	dministrator's EIN
ou	1 1011	administrator o namo	and danses [2] come as a manage		Statement of Control of the Statement of		
						3c A	dministrator's telephone number
4	If the	name and/or EIN of t	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b E	IN
а		e, EIN, and the plan hi nsor's name	umber from the last return/report.			4c P	N
_			ts at the beginning of the plan year			5a	5
b			ts at the end of the plan year			5b	5
С	Num	ber of participants with	n account balances as of the end of	the plan year (defined ben	efit plans do not	F	
			4- during the plantage in rested in al			5c	X Yes No
			ts during the plan year invested in el of the annual examination and repor			 PA)	
b			6? (See instructions on waiver eligibi				X Yes No
			either line 6a or line 6b, the plan c				
С	If the	e plan is a defined ben	efit plan, is it covered under the PBC	GC insurance program (see	ERISA section 4021)?		Yes X No Not determined
С	aution	: A penalty for the lat	te or incomplete filing of this retur	n/report will be assessed	d unless reasonable ca	use is e	stablished.
11	nder n	enalties of periury and	other penalties set forth in the instru	ctions. I declare that I hav	e examined this return/re	eport, ind	cluding, if applicable, a Schedule
S	B or S	chedule MB completed	I and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/repo	rt, and to	the best of my knowledge and
D6	eller, it	is true, correct, and co	omplete.	Le-laudeni	m '	D	1-1-0
	SIGN	Manar		5/24/2016	Marianne		
	HERE	Signature of plan ad	Iministrator 1 trostee	Date	Enter name of individua	ai signin	g as plan administrator
	SIGN	O'ment of complete	· · · · · · · · · · · · · · · · · · ·	Date	Enter name of individua	al signin	g as employer or plan sponsor
	renare	Signature of employ	n name, if applicable) and address; i				er's telephone number (optional)
1	icpaie	1 3 hame (moldding littl	in tighto, it applicable) and address, i		we was a Carte Color of		,

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Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of	Year
a	Total plan assets	7a	159,56					163,807
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	159,56	51				163,807
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	tal
а	Contributions received or receivable from:	0 (4)		0				
	(1) Employers	8a(1)		0	-	***************************************		
	(2) Participants	8a(2)		0	+			
- h	(3) Others (including rollovers)	8a(3) 8b	4,24		-			
b	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3,2,		+			4,246
	Benefits paid (including direct rollovers and insurance premiums	- 00			1			4,240
	to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			0
i	Net income (loss) (subtract line 8h from line 8c)	8i			-			4,246
ئے	Transfers to (from) the plan (see instructions)	8j		0				
	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	eristi	c Code	es in th	ne instructio	ons:
	1A 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	ristic	Codes	s in the	e instruction	is:
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	Α	mount
а		tions within	the time period described in ction Program)	10a		х		
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				
C						х		
	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?		nd, that was caused by fraud	10d		x		
e		er person	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10d 10e	х			650
- e	or dishonesty?	er person of the ben	s by an insurance carrier, efits under the plan? (See		х			650
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan	er person of the ben	s by an insurance carrier, efits under the plan? (See	10e	х	х		650
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all organizations.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (er person of the ben n? s of year e	s by an insurance carrier, efits under the plan? (See	10e 10f	х	x		650
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan 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	er person: of the ben ? s of year e See instru	s by an insurance carrier, efits under the plan? (See	10e 10f 10g	х	x		650
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan 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	er person: of the ben ? s of year e See instru	s by an insurance carrier, efits under the plan? (See	10e 10f 10g 10h	x	x		650
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or 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 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	er person: of the ben ? s of year e See instru ne required 1-3	s by an insurance carrier, efits under the plan? (See and.) and.) dictions and 29 CFR dinotice or one of the	10e 10f 10g 10h 10i	Sched	x x x		650
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or 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 as 1 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 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	er person of the ben n? s of year e See instru ne required 1-3	and, that was caused by fraud as by an insurance carrier, efits under the plan? (See and.) actions and 29 CFR d notice or one of the Yes," see instructions and com	10e 10f 10g 10h 10i	Sched	x x x		
f g h	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or 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 as 1 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 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	er person of the ben of year e See instru- ne required 1-3	s by an insurance carrier, efits under the plan? (See and.) and.) citions and 29 CFR d notice or one of the Yes," see instructions and comule SB (Form 5500) line 39	10e 10f 10g 10h 10i	Sched	x x x lule SE		
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or 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 as 1 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 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) La Enter the unpaid minimum required contribution for current year from 1 is this a defined contribution plan subject to the minimum funding	er person of the ben s of year e See instru ne required 1-3 om Sched	and, that was caused by fraud so by an insurance carrier, efits under the plan? (See and.) and.) arctions and 29 CFR and notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 nts of section 412 of the Code	10e 10f 10g 10h 10i	Sched	x x x lule SE		☐ Yes ☒ No
f c c r r r r r r r r r r r r r r r r r	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or 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 as 1 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 Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	er person- of the ben n?	and, that was caused by fraud so by an insurance carrier, efits under the plan? (See and.) and.) arctions and 29 CFR and notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 nts of section 412 of the Code able.) ed in this plan year, see instructions	10e 10f 10g 10h 10i	Sched	x x x x 11a 02 of t	ERISA?	Yes X No
Fa 11 12 2 2 2 2 2 2 2	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or 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 as 1 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 art VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) La Enter the unpaid minimum required contribution for current year from 1 Is this a defined contribution plan 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 standard for a prio	er person of the ben of the ben on? s of year of See instru- ne required in a sepolic manufacture of the second of the second of the second of the ben of	and, that was caused by fraud so by an insurance carrier, efits under the plan? (See and.) Indications and 29 CFR If notice or one of the and computer of section 412 of the Code able.) Indications and carrier of the code able.)	10e 10f 10g 10h 10i	Sched	x x x x 11a 02 of t	ERISA?	Yes X No Yes X No
f	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 1 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 (art VI) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) La Enter the unpaid minimum required contribution for current year from 15 this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, 15 a waiver of the minimum funding standard for a prior year is being granting the waiver	er personiof the ben in?	and, that was caused by fraud so by an insurance carrier, efits under the plan? (See and.) and.) arctions and 29 CFR and notice or one of the Yes," see instructions and com ule SB (Form 5500) line 39 ants of section 412 of the Code able.) ed in this plan year, see instructions and skip to line 13.	10e 10f 10g 10h 10i toplete	Sched	x x x x 11a 02 of t	ERISA?	Yes X No Yes X No

	Fo	m 5500-SF 2013 Page 3-		
			<u></u>	
С	Enter	he amount contributed by the employer to the plan for this plan year	12c	
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a /e amount)	12d	
е	Will th	e 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?	X	res No
	If "Yes	" enter the amount of any plan assets that reverted to the employer this year	13a	0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t PBGC?		Yes X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	s) to	
1	3c(1) N	ame of plan(s):	13c(2) EIN	13c(3) PN(s)
Part	VIII	Trust Information (optional)		
14a I	Name o	ftrust	14b	Trust's EIN
14a Name of trust				Trust's EIN