## 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	ctions to the Form 5500	)-SF.			
Part I	Annual Report lo	dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/2	.013		
A This ret	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	oant plan	
<b>B</b> This ret	turn/report is:	the first return/report	the final return/report					
		an amended return/report		n/report (less than 12 mo	onths)	_		
C Check I	box if filing under:	Form 5558  special extension (enter description)	automatic extension			DFVC progra	am	
Dort II	Pacia Blan Infor	mation—enter all requested inform						
Part II		mation—enter all requested inform	ation		1 h	There is all all		
1a Name	of pian ES USA INC. 401(K) PL	ANI			ID	Three-digit plan number		
WISC CRUSE	_3 03A INC. 401(K) FL	AN				(PN) ▶	001	
					1c	Effective date o	f plan	
						09/01		
2a Plan sp MSC CRUIS		ress; include room or suite number (e	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 52-24	fication Number 42243	
6750 NODTI	H ANDREWS AVENUE				2c	Sponsor's telep		
SUITE 100			2d	d Business code (see instructions)				
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	48700 Administrator's		
					3c	Administrator's	telephone number	
1 If the n	and/or FINI of the	nlan anappar has shanged since the	last raturn/rapart filed fo	or this plan, optor the	415	- L		
		plan sponsor has changed since the liber from the last return/report.	last return/report filed to	or this plan, enter the	4b	EIN		
	or's name	ber frem the lact retains report.			4c	PN		
		at the beginning of the plan year			5a		58	
<b>b</b> Total r	number of participants a	at the end of the plan year			5b		86	
		ccount balances as of the end of the	, , ,	•	5c		41	
	,	during the plan year invested in eligib					X Yes No	
		the annual examination and report of						
		(See instructions on waiver eligibility	and conditions.)				V V	
	answered "No" to eith	` !' O !' Ob - (b l				FF00	X Yes No	
		her line 6a or line 6b, the plan cann		and must instead use	Form_		, <u> </u>	
C If the p		her line 6a or line 6b, the plan cann plan, is it covered under the PBGC in		and must instead use	Form_		X Yes No Not determined	
	plan is a defined benefit	plan, is it covered under the PBGC in	nsurance program (see	and must instead use ERISA section 4021)?	Form	Yes No	, <u> </u>	
Caution: A	plan is a defined benefit A penalty for the late or	•	nsurance program (see	and must instead use ERISA section 4021)? unless reasonable cau	Form	Yes No established.	Not determined	
Caution: A Under pena	plan is a defined benefit  A penalty for the late or alties of perjury and other	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction d signed by an enrolled actuary, as w	nsurance program (see port will be assessed is, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form  se is ort, in	Yes No cestablished.	Not determined  able, a Schedule	
Caution: A Under pena SB or Sche belief, it is t	plan is a defined benefit  A penalty for the late or alties of perjury and other edule MB completed and true, correct, and completed	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction d signed by an enrolled actuary, as w	nsurance program (see port will be assessed is, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form  se is ort, in	Yes No cestablished.	Not determined  able, a Schedule	
Caution: A Under pena SB or Sche belief, it is t	plan is a defined benefit  A penalty for the late or alties of perjury and other edule MB completed and true, correct, and completed	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction d signed by an enrolled actuary, as wete.  alid electronic signature.	nsurance program (see port will be assessed is, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	se is port, in , and t	Yes No established. cluding, if applic o the best of my	Not determined  able, a Schedule knowledge and	
Caution: A Under pena SB or Sche belief, it is t SIGN HERE	A penalty for the late or alties of perjury and other and completed and true, correct, and completed with authorized/value.	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction d signed by an enrolled actuary, as wete.  alid electronic signature.	port will be assessed is, I declare that I have ell as the electronic ver	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report.	se is port, in , and t	Yes No established. cluding, if applic o the best of my	Not determined  able, a Schedule knowledge and	
Caution: A Under pena SB or Sche belief, it is t	A penalty for the late or alties of perjury and other and completed and true, correct, and completed with authorized/value Signature of plan ad	plan, is it covered under the PBGC ir r incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as welte.  alid electronic signature.	port will be assessed is, I declare that I have ell as the electronic ver	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report.  Enter name of individu	se is port, in and t	Yes No established. cluding, if applic to the best of my	Not determined able, a Schedule knowledge and	
Caution: A Under pena SB or Sche belief, it is t  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/valsignature of plan ad	plan, is it covered under the PBGC ir r incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as welte.  alid electronic signature.	port will be assessed us, I declare that I have ell as the electronic ver  Date  Date	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report.  Enter name of individu Enter name of individu	se is port, in and t	Yes No established. cluding, if applic to the best of my	Not determined able, a Schedule knowledge and	
Caution: A Under pena SB or Sche belief, it is t  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/valsignature of plan ad	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as welte.  alid electronic signature.	port will be assessed us, I declare that I have ell as the electronic ver  Date  Date	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report.  Enter name of individu Enter name of individu	se is port, in and t	Yes No established. cluding, if applic to the best of my	Not determined  able, a Schedule knowledge and  ninistrator	
Caution: A Under pena SB or Sche belief, it is t  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/valsignature of plan ad	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as welte.  alid electronic signature.	port will be assessed us, I declare that I have ell as the electronic ver  Date  Date	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report.  Enter name of individu Enter name of individu	se is port, in and t	Yes No established. cluding, if applic to the best of my	Not determined able, a Schedule knowledge and ninistrator	
Caution: A Under pena SB or Sche belief, it is t  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/valsignature of plan ad	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as welte.  alid electronic signature.	port will be assessed us, I declare that I have ell as the electronic ver  Date  Date	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report.  Enter name of individu Enter name of individu	se is port, in and t	Yes No established. cluding, if applic to the best of my	Not determined able, a Schedule knowledge and ninistrator	
Caution: A Under pena SB or Sche belief, it is t  SIGN HERE  SIGN HERE	A penalty for the late or alties of perjury and othe edule MB completed and true, correct, and completed with authorized/valsignature of plan ad	plan, is it covered under the PBGC in r incomplete filing of this return/reper penalties set forth in the instruction disigned by an enrolled actuary, as welte.  alid electronic signature.	port will be assessed us, I declare that I have ell as the electronic ver  Date  Date	and must instead use ERISA section 4021)?  unless reasonable cau examined this return/rep sion of this return/report.  Enter name of individu Enter name of individu	se is port, in and t	Yes No established. cluding, if applic to the best of my	Not determined able, a Schedule knowledge and ninistrator	

Form 5500-SF 2013 Page **2** 

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	· ·	T		(b) End	of V	nar.	
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea				(D) EIIC		70524	<u> </u>
	Total plan liabilities	7b							. 002	
	Net plan assets (subtract line 7b from line 7a)	76 7c	114221	0				13	70524	ļ.
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) '	Total		
	Contributions received or receivable from:		(a) Amount				(b)	IOLAI		
	(1) Employers	8a(1)	5755	3						
	(2) Participants	8a(2)	9847	4						
	(3) Others (including rollovers)	8a(3)	10355	5						
b	Other income (loss)	8b	19803	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	57621	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	22904	5						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	26	2						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	29307	7
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	28314	1
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 2A 2E 2F 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Cod	les in t	he instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	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	•	•		Χ					
	instructions.)			10e	^					14194
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					29525
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	Χ					
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
112	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding						EDISA?	Ιп	Yes	X No
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			UI 58	CUUII	JUZ UI	LNISA!		, 03	
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		and e	_	ne date of			ling
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			u1		Day		Yea	'	
	Enter the minimum required contribution for this plan year	•			T	12b				

Page	3 -	1
------	-----	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> 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		The state of the s	ovor.		
For calen	idar plan year 2013 or fiscal plan year beginning 01/01/2013	3	and ending	12/31/20	112	
-	☑	a multiple employer	plan (not multiemployer)	The state of the s	7	W 988
	H	the final return/report		-	a one-partici	pant plan
		**************************************				
C Check	2		m/report (less than 12 n	nonths)	1061	
O Crieci		automatic extension			DFVC progra	am
Dort II	special extension (enter description	1)				
Part II	Basic Plan Information—enter all requested informa	tion				
1a Name				1b T	Three-digit	
WOO ONO	SES USA INC. 401(K) PLAN				olan number	001
				Delivery of the last of the la	PN) >	
20.01				1C E	ffective date of 09/01/2	
MSC CRU	sponsor's name and address; include room or suite number (en ISES USA	aployer, if for a single	-employer plan)	2b E	mployer Identif	fication Number
					EIN) 52-244	
CZES NOS				2c S	ponsor's telepi	
SUITE 100	TH ANDREWS AVENUE			-	(954) 772	
FT LAUDE	RDALE, FL 33309			2d B	usiness code (: 487000	see instructions)
3a Plan	administrator's name and address X Same as Plan Sponsor Na	me Same as Pla	n Sponsor Address	3b A	dministrator's E	EIN
				20.4		
				SC A	oministrators to	elephone number
				1		
A 15 tha	manna and/a PIM - / M					
4 If the name	name and/or EIN of the plan sponsor has changed since the last	st return/report filed for	or this plan, enter the	4b E	IN	
11611116	name and/or EIN of the plan sponsor has changed since the last, e, EIN, and the plan number from the last return/report. sor's name	st return/report filed fo	or this plan, enter the		- μ <sub>+</sub>	
a Spons	sor's name			10 D	- μ <sub>+</sub>	
a Spons 5a Total	number of participants at the beginning of the plan year	***************************************		4c Pi	- μ <sub>+</sub>	58
a Spons 5a Total b Total c Numb	number of participants at the beginning of the plan year  per of participants at the end of the plan year			4c Pi 5a 5b	- μ <sub>+</sub>	58 86
a Spons 5a Total b Total c Numb	number of participants at the beginning of the plan year  per of participants at the end of the plan year			4c Pi 5a 5b	- μ <sub>+</sub>	
a Spons 5a Total b Total c Numb	number of participants at the beginning of the plan year	In year (defined bene	fit plans do not	4c Pi 5a 5b 5c	N	86
a Spons 5a Total b Total c Numb comp 6a Were b Are yo	number of participants at the beginning of the plan year	in year (defined bene assets? (See instruc	fit plans do not	4c Pi 5a 5b 5c	N	86
a Spons 5a Total b Total c Numb comp 6a Were b Are younder	number of participants at the beginning of the plan year	an year (defined bene assets? (See instruc	fit plans do not tions.)d public accountant (IQI	4c Pi 5a   5b   5c	N	86
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI	4c Pi 5a 5b 5c 5c	N	86 41 Yes No
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p	number of participants at the beginning of the plan year	assets? (See instruction independent qualified d conditions.)	ifit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)?	4c Pi 5a 5b 5c 5c FA)	N	86 41 Yes No
a Spons 5a Total b Total c Numb comp 6a Were b Are y under if you c If the	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	tions.)d public accountant (IQI and must instead use	4c Pi 5a 5b 5c 5c PA) 7e	N	86 41 Yes No Yes No Not determined
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the p	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	tions.)	4c Pi 5a 5b 5c 5c PA) Ye se is est	N  000. es [ No [ ]  tablished.	86 41 Yes No Yes No Not determined
a Spons 5a Total b Total c Numb comp 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	assets? (See instruction independent qualified conditions.)	tions.)	4c Pi 5a 5b 5c 5c PA) Ye se is est	N  000. es [ No [ ]  tablished.	86 41 Yes No Yes No Not determined
a Spons 5a Total b Total c Numb comp 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	assets? (See instruction independent qualified conditions.)	tions.)	4c Pi 5a 5b 5c 5c PA) Ye se is est	N  000. es [ No [ ]  tablished.	86 41 Yes No Yes No Not determined
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the point Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	tions.)	4c Pi 5a 5b 5c 5c PA) Ye se is est	N  000. es [ No [ ]  tablished.	86 41 Yes No Yes No Not determined
a Spons 5a Total b Total c Numb comp 6a Were b Are younder if you c If the j  Caution: A  Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	tions.)	4c Pi 5a 5b 5c Form 55 Yes es is estiont, inclu-	N  OO. es No tablished. ding, if applical	86 41 Yes No Yes No Not determined ble, a Schedule knowledge and
a Spons 5a Total b Total c Numt comp 6a Were b Are you under if you C If the   Caution: A Under pena. SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	ifit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cause examined this return/report,	4c Pi 5a 5b 5c Form 55 Yes es is estiont, inclu-	N  OO. es No tablished. ding, if applical	86 41 Yes No Yes No Not determined ble, a Schedule knowledge and
a Spons 5a Total b Total c Number comp 6a Were b Are younder If you c If the   Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Oren Gulasa Enter name of individu	4c Pl 5a 5b 5c PA) Form 55 Se is est ort, inclu and to ti	N  OO. es No tablished. ding, if applical he best of my k	86  41  Yes No  Yes No  Not determined  ble, a Schedule knowledge and
a Spons 5a Total b Total c Number comp 6a Were b Are younder If you c If the   Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cause examined this return/report, Oren Gulasa Enter name of individu	4c Pl 5a 5b 5c PA) Form 55 Ye se is est ort, inclu and to ti	N  OO.  es No tablished.  Iding, if applical he best of my kees to	86  41  Yes No  Yes No  Not determined  ble, a Schedule knowledge and  nistrator  or plan sponsor
a Spons 5a Total b Total c Number comp 6a Were b Are younder If you c If the   Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cause examined this return/report, Oren Gulasa Enter name of individu	4c Pl 5a 5b 5c PA) Form 55 Ye se is est ort, inclu and to ti	N  OO.  es No tablished.  Iding, if applical he best of my kees to	86  41  Yes No  Yes No  Not determined  ble, a Schedule knowledge and
a Spons 5a Total b Total c Number comp 6a Were b Are younder If you c If the   Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cause examined this return/report, Oren Gulasa Enter name of individu	4c Pl 5a 5b 5c PA) Form 55 Ye se is est ort, inclu and to ti	N  OO.  es No tablished.  Iding, if applical he best of my kees to	86  41  Yes No  Yes No  Not determined  ble, a Schedule knowledge and  nistrator  or plan sponsor
a Spons 5a Total b Total c Number comp 6a Were b Are younder If you c If the   Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cause examined this return/report, Oren Gulasa Enter name of individu	4c Pl 5a 5b 5c PA) Form 55 Ye se is est ort, inclu and to ti	N  OO.  es No tablished.  Iding, if applical he best of my kees to	86  41  Yes No  Yes No  Not determined  ble, a Schedule knowledge and  nistrator  or plan sponsor
a Spons 5a Total b Total c Number comp 6a Were b Are younder If you c If the   Caution: A Under pens SB or Sche belief, it is to	number of participants at the beginning of the plan year	assets? (See instruction independent qualified conditions.)	efit plans do not  tions.) d public accountant (IQI and must instead use ERISA section 4021)?  unless reasonable cause examined this return/report, Oren Gulasa Enter name of individu	4c Pl 5a 5b 5c PA) Form 55 Ye se is est ort, inclu and to ti	N  OO.  es No tablished.  Iding, if applical he best of my kees to	86  41  Yes No  Yes No  Not determined  ble, a Schedule knowledge and  nistrator  or plan sponsor

v. 130118

Pa	rt III Financial Information			***************************************			
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		(b) End of Year
a	Total plan assets	7a	11422	and the state of t			1370524
	Total plan liabilities	7b			$\top$	Market Committee	
C	Net plan assets (subtract line 7b from line 7a)	7c	11422	10	$\neg$		1370524
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	575	53	$\top$		
	(2) Participants	Control or the second second second second	984	-	+		
	(3) Others (including rollovers)		1035		+		
b	Other income (loss)	8b	1980	-	$\dashv$		
	그				+		457621
d	Benefits paid (including direct rollovers and insurance premiums				$\dashv$		43/021
	to provide benefits)	8d	2290-	45			
-	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	26	52	T		
<u>g</u>		8g					
<u>h</u>		8h			T		229307
	Net income (loss) (subtract line 8h from line 8c)	81				21198	228314
<u></u>	Transfers to (from) the plan (see instructions)	8j					
Name and Address of the Owner, where	rt IV Plan Characteristics	- The same of the	Control of the second s				
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2K 2T 3D	feature code	s from the List of Plan Cha	racteri	stic C	odes i	n the instructions:
b							
U	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cteris	tic Co	des in	the instructions:
Par	t V Compliance Questions					-	
10	During the plan year:	****			_	_	
-	Was there a failure to transmit to the plan any participant contribut	iono within th	an Aliana was alian da la mana da la		Yes	No	Amount
No.	29 Of N 2310.3-1027 (See Instructions and DOL's Voluntary Fide	Ciany Correct	ion Program)	10a		х	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		***********	10b		х	
C	Was the plan covered by a fidelity bond?	***************		10c		х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	idelity band	that was savered by for it				
е	Were any fees or commissions naid to any brokers agents or ath-			10d		X	
	insurance service, or other organization that provides some or all of instructions.)	of the home Et.	a remalandle - to man		х		
f	Has the plan failed to provide any benefit when due under the plan	2	***************************************	10e	^	-	14194
g	Did the plan have any participant loans? (If "Yes," enter amount as	-6		10f		X	
	If this is an individual account plan, was there a blackout period? (\$	or year end.	)	10g	Х		29525
- :	2500 404 0	see instruction	ons and 29 CFR				
	2020.101-0.)		**********************	10h	Х		
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	**************************************	At				
Part	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	tice or one of the	10i	х		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum 6 and increases.	required no	tice or one of the	10i	х	lule SE	3 (Form
11 11a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from	required no -3	" see instructions and com	10i plete	X	110	Yes X No
11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from	required no -3	" see instructions and com	10i plete	X	110	Yes X No
11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from the string and the string in the str	nts? (If "Yes	" see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10i plete	X Sched	11a 302 of	
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 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 manufacture (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a lif a waiver of the minimum funding standard for a prior year is being granting the waiver.	e required no 3	" see instructions and com SB (Form 5500) line 39 of section 412 of the Code ) of this plan year, see instruc	10i plete	X Sched	11a 302 of inter th	ERISA? Yes X No
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from this a defined contribution plan subject to the minimum funding management of the minimum funding management of the minimum funding standard for a prior year is being granting the waiver.	nts? (If "Yes, m Schedule equirements as applicable amortized ir	" see instructions and com SB (Form 5500) line 39 of section 412 of the Code .) of this plan year, see instruc	plete :	X Sched	11a 302 of	
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding requireme 1s this a defined contribution plan subject to the minimum funding requirements of the minimum funding standard for a prior year is below, as the waiver of the minimum funding standard for a prior year is below.	nts? (If "Yes, m Schedule equirements as applicable amortized ir	" see instructions and com SB (Form 5500) line 39 of section 412 of the Code .) of this plan year, see instruc	plete :	X Sched	11a 302 of inter th	ERISA? Yes X No

	Form 5500-SF 2013 Page 3 -	1]					
Water and the second							
¢	Enter the amount contributed by the employer to the plan for this plan year	12	2c			V-111602000	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	sign to the left of a	2d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		JΠ	Yes [	No	П	N/A
Part '							
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						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another pl of the PBGC?		rol		Пу	es D	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)	an(s), identify the plan(s) to					
	3c(1) Name of plan(s):	13c/2	) EIN(s	)	130	(3) P	N/e)

13c(2) EIN(s)

13c(3) PN(s)

Part VIII Trust Information (optional)		
14a Name of trust	14b Trust's EIN	