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

	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	ctions to the Form 5500)-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)	_	
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
- · · ·		special extension (enter descript	,				
Part II	I	mation—enter all requested inforr	mation				
1a Name	•				1b	Three-digit	
SOUNDVIEV	V INSURANCE 401(K)	PLAN				plan number (PN) ▶	001
					10	Effective date o	
					10	01/01	
	ponsor's name and add	ress; include room or suite number ((employer, if for a single-	employer plan)	2b	Employer Identi	
					2c	Sponsor's telep	hone number
	D AVE. W., SUITE C D, WA 98036				2d	425-672	(see instructions)
					Zu	52421	,
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
4							
		plan sponsor has changed since the	e last return/report filed for	or this plan, enter the	4b	EIN	
a Sponse		ber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		10
_		. ,					
	•	it the chu of the plan year			5h		
		ccount balances as of the end of the	e plan year (defined bene	•	5b		9
compl	ete this item)		e plan year (defined bene	fit plans do not	5c		
6a Were	ete this item)all of the plan's assets	ccount balances as of the end of the	e plan year (defined bene ble assets? (See instruc	fit plans do not	5c		9 7 No
6a Were b Are younder	ete this item)all of the plan's assets ou claiming a waiver of the 29 CFR 2520.104-46?	during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility	e plan year (defined bene- bible assets? (See instruction of an independent qualifier and conditions.)	fit plans do not tions.)d public accountant (IQF	5c		9
6a Were b Are younder	ete this item)all of the plan's assets ou claiming a waiver of the 29 CFR 2520.104-46?	during the plan year invested in eligithe annual examination and report o	e plan year (defined bene- bible assets? (See instruction of an independent qualifier and conditions.)	fit plans do not tions.)d public accountant (IQF	5c		9 7 No
6a Were b Are younder If you	ete this item)all of the plan's assets bu claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eith	during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility	ible assets? (See instruction independent qualifier and conditions.)	tions.)d public accountant (IQI	5c ⊃A) Form	5500.	9 7 No
6a Were b Are younder If you C If the p	ete this item)all of the plan's assets bu claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eithe plan is a defined benefit	during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility her line 6a or line 6b, the plan can plan, is it covered under the PBGC	e plan year (defined bene- bible assets? (See instruct f an independent qualifier y and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)?	5c PA) Form	5500. Yes No	9 7 X Yes No X Yes No
6a Were b Are younder If you C If the p	ete this item)all of the plan's assets ou claiming a waiver of t 29 CFR 2520.104-46? answered "No" to eith plan is a defined benefit a penalty for the late or	during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC r incomplete filing of this return/re	e plan year (defined bene- bible assets? (See instruction of an independent qualifier yand conditions.)	tions.)d public accountant (IQF and must instead use ERISA section 4021)?	5c PA) Form se is	5500. Yes No cestablished.	7 X Yes No X Yes No Not determined
complement of the process of the pro	ete this item)	during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC rincomplete filing of this return/reter penalties set forth in the instruction disigned by an enrolled actuary, as well as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the plan can be reco	e plan year (defined bene- ble assets? (See instruction of an independent qualifier yand conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	5c PA) Form se is	5500. Yes No established.	7 X Yes No X Yes No Not determined
complement of the policy of th	ete this item)	during the plan year invested in eligithe annual examination and report o (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC rincomplete filing of this return/reter penalties set forth in the instruction disigned by an enrolled actuary, as well as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the content of the plan can be recompleted as the plan can be reco	e plan year (defined bene- ble assets? (See instruction of an independent qualifier yand conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	5c PA) Form se is	5500. Yes No established.	7 X Yes No X Yes No Not determined
compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	ete this item)	during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction disigned by an enrolled actuary, as wete.	e plan year (defined bene- bible assets? (See instruc- f an independent qualifier y and conditions.)	tions.)	Form se is port, in and t	5500. Yes No established. cluding, if applic to the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
complement of the policy of th	ete this item)	during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction disigned by an enrolled actuary, as wete.	e plan year (defined bene- ible assets? (See instruction of an independent qualifier and conditions.)	tions.)	Form se is port, in and t	5500. Yes No established. cluding, if applic to the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
complement of the policy of th	ete this item)	during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction disigned by an enrolled actuary, as vete. alid electronic signature.	e plan year (defined bene- ible assets? (See instruct of an independent qualifier of and conditions.) Inot use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver 02/07/2014 Date	tions.)	Form se is sort, in and i	5500. Yes No established. Including, if applicate the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and
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complement of the part of the	ete this item)	during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction disigned by an enrolled actuary, as wete. Alid electronic signature. Iministrator	e plan year (defined bene- ible assets? (See instruct f an independent qualifier y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver 02/07/2014 Date Date	tions.)	Form se is sort, in and the state signal sig	5500. Yes No established. Including, if application the best of my ening as plan admining as employed.	7 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor
complement of the part of the	ete this item)	during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction disigned by an enrolled actuary, as wete. Alid electronic signature. Iministrator	e plan year (defined bene- ible assets? (See instruct f an independent qualifier y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver 02/07/2014 Date Date	tions.)	Form se is sort, in and the state signal sig	5500. Yes No established. Including, if application the best of my ening as plan admining as employed.	7 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor
complement of the part of the	ete this item)	during the plan year invested in eligithe annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan can plan, is it covered under the PBGC or incomplete filing of this return/refer penalties set forth in the instruction disigned by an enrolled actuary, as wete. Alid electronic signature. Iministrator	e plan year (defined bene- ible assets? (See instruct f an independent qualifier y and conditions.) not use Form 5500-SF insurance program (see eport will be assessed ons, I declare that I have well as the electronic ver 02/07/2014 Date Date	tions.)	Form se is sort, in and the state signal sig	5500. Yes No established. Including, if application the best of my ening as plan admining as employed.	7 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		1		(b) End	of Vo	ar.		
	Total plan assets	7a	(a) Beginning of Tea		+	594330					
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	50421	7				59	94330		
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(6) 1	lai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	552	25							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	9098	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	6511		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	564	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e	75	1							
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6398		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						(90113		
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 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
a				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
	·				X					00	000
C				10c						20	000
d	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										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	X					24	431
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X					101
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								.,	_	
	5500) and line 11a below)										
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X	No
	(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 beir granting the waiver.		Mon	ıth	, and (enter th Day		ne lett Year		ng	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		I				
h	Enter the minimum required contribution for this plan year					12b	I				

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)						
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	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.)					
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	lar plan year 2013 or fi	scal plan year beginning 01/01	1/2013	and ending	12/31/2013	
A This re	lurn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)) \prod a one-part	licipant plan
B This re	turn/report is:	he first return/report	the final return/report	a managed and an arrangement with	,	aopera pari
		an amended return/report	= '	n/report (less than 12 n	months)	
C Check	box if filing under:	Form 5558	automatic extension		C SOL AND ALL OF S	2000
		special extension (enter desc			☐ DFVC pro	gram
Part II	Basic Plan Info	rmation—enter all requested in				
1a Name			Official	Townson, we have	1b Three-digit	T
SOUNDVIE	W INSURANCE 401(k	:) PLAN			plan number	
					(PN) ▶	001
					1c Effective date 01/0	of plan 1/1997
2a Plan s SOUNDVIE	ponsor's name and ad W INSURANCE AGEN	dress; include room or suite numb NCY, INC.	er (employer, if for a single-	employer plan)	2b Employer Ide	ntification Number 160628
					(EIN) 91-1 2c Sponsor's tel	
	RD AVE. W., SUITE C					e (see instructions)
THE RESIDENCE OF THE PARTY OF T	D, WA 98036 administrator's name ar	nd address XSame as Plan Spon	sor Name Same as Blar	n Sponsor Address	5242	:10
		- accioso	Soft Name Doante as Plai	Sponsor Address	3b Administrator	
					3c Administrator	s telephone number
4 If the	name and/or FIN of the	nian sponger has changed since	Alex best and the second			
name	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
a Spons	or's name				4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	10
b Total	number of participants	at the end of the plan year		***************************************	5b	9
C Numb	er of participants with	account balances as of the end of	the plan year (defined bene	fit plans do not	-	7
6a Were	all of the plan's assets	s during the plan year invested in e	eligible assets? (See instruc	tions)	. 36	
D Are vo	ou claiming a waiver of	the annual examination and report	d of an independent qualific	d public coccurte-1 (10	\D.A.\	X Yes No
unaer	29 CFR 2520.104-46	(See instructions on waiver eligib	ility and conditions.)	E1 (85) 7	N N N N N N N N N N N N N N N N N N N	Yes No
ii you	i answered No to ei	uner line ba or line bb, the plan o	annot use Form 5500-SF	and must instead use	Form 5500	
C II tile	pian is a delined benefi	it plan, is it covered under the PBC	3C insurance program (see	ERISA section 4021)?	Yes No	Not determined
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	uniess reasonable car	use is established	
Under pena SB or Sche	alties of perjury and oth edule MB completed ar	ner penalties set forth in the instructed actuary, a	ctions I dealers that I have			icable, a Schedule
belief, it is t	true, correct, and comp	plete.		1.5.	y and to the book of th	ly knowledge and
SIGN HERE	x Untho	mylante	12-5-14	×1 ANTHON.	4 CONTI	
Marian	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan a	dministrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Dale	Enter name of individ	lual signing as employ	or or plan spensor
Preparer's	name (including firm n	ame, if applicable) and address; ir	clude room or suite numbe	r (optional)	Preparer's telephon	e number (optional)
					2000 (2000) 10 (
						1
						The Variable Control of

Pa	rt III Financial Information				-			-	-		_
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	1		/h) ==	J - 6 \			-
а	Total plan assets	7a	50421	-	+	.000	(b) En	u or	ear 59433		_
b	Total plan liabilities	7b			-			-	03400	-	-
С	Net plan assets (subtract line 7b from line 7a)	7c	50421	17	Ť			3	59433	n	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(6)	Tota			_
а	Contributions received or receivable from:		(-//		307	11/25	STOWN STREET	TOTA	ALESSA A	Un Line	t ac
	(1) Employers	8a(1)			35						
-	(2) Participants	8a(2)	552	25			1.16分配	133			變
The state of the s	(3) Others (including rollovers)	8a(3)				The		HE			
	Other income (loss)	8b	9098	16	100						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			M.				96511		
u	to provide benefits)	8d	564	7	17						H
е	Certain deemed and/or corrective distributions (see instructions)	8e	75		100		OF THE PERSON	agaras Ngjara	2 No. 8 (1974)	1, gila	311
f	Administrative service providers (salaries, fees, commissions)	8f			100 100 100			Sunt.	Statut.	n House	
g	Other expenses	8g			124					Egiligan) Latelyin	_
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		i Tr			-IVH-MAKK	Corties.	000	Mariae V	1572
i	Net income (loss) (subtract line 8h from line 8c)	8i			en ER	1133			639	-	
j	Transfers to (from) the plan (see instructions)	8j	Mark Company of the C		S-1	e True		alkarar Alkarar	9011	3 Tarihansan	dis el
Pai	t IV Plan Characteristics	oj		SALE.	14.5	i garfi	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	e pui le	A.		
A 05.0	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ction	3:		_
				V 0.7	S. 1887 1	207					_
-	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in l	the instruc	tions			
Par	V Compliance Questions							e s			-
10	During the plan year:				Yes	No	T		- (- () () () ()		_
а	Was there a failure to transmit to the plan any participant contribul 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within	n the time period described in	10a		х		AIII	ount		_
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х		-			_
С				10c	Х		5.00	-		10 15 15 15 10 15 15 15 15	900
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud					-		20000	<u>}</u>
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d		Х					_
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		X					_
g	Did the plan have any participant loans? (If "Yes," enter amount as				х						_
h	AND THE SECOND STATE OF TH	See instru	ctions and 29 CFR	10g	^	X				24431	
— i	If 10h was answered "Yes," check the box if you either provided the	e required	notice or one of the	10h		^					
Part	exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	es," see instructions and com	plete	Sched	lule SE	3 (Form	Tr	Yes	Пмс	_
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applica	able.)								_
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.		100						
b	Enter the minimum required contribution for this plan year				•••	12b	ASV				_

Form	5500	-SF	20	13

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C	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		***************************************	1.22	1.0
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		[X]	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		☐ Yes ☒ 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		T tes M NO
•	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
2.5	Nemo of trust	14b Tr	usl's EIN	