Benefit Plan           2013           This form is required to be fild under sections 404 and 4065 of the Employee the Internal Revenue Code (the Code).           Paradem Harman Revenue Code (the Code).           Paradem Harman Revenue Code (the Code).           Paradem Harman Revenue Code (the Code).           Paradem Paraver 2013 of fiscal plan year beginning.           Descention Parameter 1 the fiss return/report is colspan="2">Image Section 104 and 2065 of the Employee plan information           B This return/report is colspan="2">Image Section 104 and 2065 of the Employee plan information           B This return/report is colspan="2">Image Section 104 and 2065 of the Employee plan information           B a single-employer plan information—enter all requested information           Image Section 105 metal plan year colspan="2">DEVC program           B Section 106 metal sections 104 and 2065 of the Employee plan information—enter all requested information           Image Section 106 metal sections 104 and 2065 of the Employee plan information—enteret all requested information <t< th=""><th>For</th><th>rm 5500-SF</th><th>Short Form Annual F</th><th>•</th><th>of Small Employ</th><th>/ee</th><th></th><th>OMB Nos. 1210-0110 1210-0089</th></t<>	For	rm 5500-SF	Short Form Annual F	•	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
Dependent of Labor         Environment counter         Environment count concentry         This Form is Open to Punch           Precess Benefit Sourch 4/Inneation         - Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Punch           Part         Annual Report Identification Information         - Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Punch           Part         Annual Report Identification Information         - an ending         12/31/2013         - an ending         - a ending<				9	2013			
Part I       Annual Report Identification Information         For calendar plan year 2013 or fiscal plan year beginning       01/01/2013       and ending       12/31/2013         A This return/report is for:       a single-employer plan       a nultiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a one-participant plan       a one-participant plan         C Check box if filing under:       promotion       promotion       promotion       promotion         Part II       Basic Plan Information – enter all requested information       1       The file file of the plan number       001         Part II       Basic Plan Information – enter all requested information       1       The enter all requested information         I a Name of plan       bJS ENTERPRISES, INC. 401 (K) PLAN       1       Three-digit plan number (P(N) >       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2       Employer Identification Number (EIN) >       0101/2004         2b Employer Identification and address is include room or suite number (employer, if for a single-employer plan)       2       2       Employer Identification Number (EIN) >         233 Plan administrator's name and address is include room or suite number (employer, if for a single-employer plan)       3       3       Administra				This Form				
For calendar plan year 2013 or fiscal plan year beginning       01/01/2013       and ending       12/31/2013         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a han emedder return/report       a one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part III       Basic Plan Information—enter all requested information       1       The reduction of plan         BJS ENTERPRISES, INC. 401 (K) PLAN       Ib Three-digit plan number (PN) ▶       001         IC Effective date of plan       01/01/2004       2b Employer Identification Numb (EN) ▶         BJS ENTERPRISES, INC. 401 (K) PLAN       Ib Three-digit plan number (PN) ▶       001         IC Effective date of plan       01/01/2004       2b Employer Identification Numb (EN) ▶       10 Employer Identification Numb (EN) ▶         BJS ENTERPRISES, INC       411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       2d Business code (see instructio 713200         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address JI-263699       3b Administrator's telephone number 713200         3b Administrator's name and address       Same as Plan Sponsor Name (Same as Plan Sponsor Address SIN Senser Stelephone num 263-962-04	Pension Be			rdance with the instruc	tions to the Form 550	D-SF.	In	spection
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         special extension (enter description)       Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN)         1a Name of plan       Burs ENTERPRISES, INC. 401 (K) PLAN       1b       Three-digit plan number (PN)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       EVE Employer Identification Number (PN)       01         LS ENTERPRISES, INC       411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       2c       Sponsor's telephone number 283-922-0430         3a Plan administrator's name and address       Same as Plan Sponsor Address       3b       Administrator's EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3a       Sa       5b       5c         5a       5b								
A Intertermineport is to: <ul> <li>the first return/report</li> <li>an amended return/report</li> <li>an amended return/report</li> <li>a short plan year return/report</li> <li>a short plan year return/report</li> <li>b This return/report</li> <li>an amended return/report</li> <li>a short plan year return/report</li> <li>a short plan year return/report</li> <li>b Shot plan year</li> </ul> C Check box if filing under:              Form 5558	For calenda	lar plan year 2013 or fisca		13	and ending 1	2/31/2	2013	
an amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558         gatomatic extension       DFVC program         special extension (enter description)       Ib         Part II       Basic Plan Information—enter all requested information         1a Name of plan       Ib         BJS ENTERPRISES, INC. 401 (K) PLAN       Ib         Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       Zb         EJS ENTERPRISES, INC       Zb         4411 PACIFIC HIGHWAY E       Zc         TACOMA, WA 98424-2611       Zc         3a Plan administrator's name and address       Same as Plan Sponsor Name         SJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E         TACOMA, WA 98424-2611       TACOMA, WA 98424-2611         3b       Administrator's ElN         SJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E         TACOMA, WA 98424-2611       TACOMA, WA 98424-2611         3b       Administrator's telephone number         SJS ENTERPRISES, INC       411 PACIFIC HIGHWAY E         TACOMA, WA 98424-2611       Sc         3c       Administrator's telephone num         SJS SENTERPRISES, INC       411 PACIFIC HIGHWAY E	A This ret	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	pant plan
C       C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       The Three-digit plan number (PN)       001         1a Name of plan       DJS ENTERPRISES, INC. 401 (K) PLAN       1       Three-digit plan number (PN)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN)       2b Employer Identification Number (25:942-0430         2d Han sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (25:942-0430         2d Business code (see instructio 713200       713200       713200         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's Elephone number (25:942-0430         3J Administrator's Elephone number from the last return/report.       3b Administrator's telephone num 25:9422-0430         3L Administrator's telephone number form the last return/report.       3c Administrator's telephone num 25:9422-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c Administrator's telephone num 25:9422-0430         4       If the name and/or EIN of the plan year	B This ret	turn/report is:	the first return/report	'				
gecial extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan       Ib Three-digit plan number (PN) ▶         BJS ENTERPRISES, INC. 401 (K) PLAN       1b Three-digit plan number (PN) ▶         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Numb (EIN) 91-1285969         2th TACOMA, WA 98424-2611       2c Sponsor's telephone number (2S-922-0430)         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN 91-1285969         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3b Administrator's EIN 91-1285969         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3b Administrator's telephone num 253-922-0430         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4c PN         5a Total number of participants at the end of the plan year       5a       5b       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5b       5b       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) </td <td></td> <td></td> <td>an amended return/report</td> <td>a short plan year return</td> <td>n/report (less than 12 mo</td> <td>onths)</td> <td>)</td> <td></td>			an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	)	
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number         BJS ENTERPRISES, INC. 401 (K) PLAN       01         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Numb (EIN) 91-1285969         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Numb (EIN) 91-1285969         2c Sponsor's telephone number       2d Business code (see instruction 713200         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN 91-1285969         BJS ENTERPRISES, INC       4111 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3c Administrator's EIN 91-1285969         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN 91-1285969       3c Administrator's EIN 91-1285969         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5b         5a Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a Were all of the plan's assets during the plan year invested in eligib	C Check k	box if filing under:	Form 5558	automatic extension			DFVC progra	am
1a Name of plan       1b Three-digit plan number         BJS ENTERPRISES, INC. 401 (K) PLAN       001         1c Effective date of plan of 01/01/2004       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 91-1285969         2411 PACIFIC HIGHWAY E       2b Employer Identification Number (Same as Plan Sponsor Name Same as Plan Sponsor Address       2c Sponsor's telephone number 253-922-0430         3a Plan administrator's name and address Same as Plan Sponsor Name TACOMA, WA 98424-2611       3b Administrator's EIN 91-1285969       3c Administrator's telephone num 253-922-0430         411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3c Administrator's telephone number 253-922-0430       3c Administrator's telephone num 253-922-0430         3a Plan administrator's name and address TACOMA, WA 98424-2611       3b Administrator's telephone num 253-922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3a Sonsor's name       3c Administrator's telephone num 253-922-0430         5       5a Total number of participants at the beginning of the plan year       5a       5b       5c         6 Number of participants at the end of the plan year       5b       5c       5c         6 Were all of the plan's assets during the plan year invested in eligible assets? (See in			special extension (enter descripti	ion)				
BJS ENTERPRISES, INC. 401 (K) PLAN       plan number (PN) ▶       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BJS ENTERPRISES, INC       2b Employer Identification Numb (EIN) 91-1285969         411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       2c Sponsor's talephone number 253-922-0430         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3b Administrator's telephone number 253-922-0430         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3b Administrator's telephone num 253-922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants at the end of the plan year       5b         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sh	Part II	Basic Plan Inform	nation—enter all requested inform	nation				1
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         24       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         34       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN (IT)         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN (IT)         3JS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3c       Administrator's telephone number (IT)         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c       Administrator's telephone num 253-922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4c       PN         5a       5a </td <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>1b</td> <td></td> <td></td>		•				1b		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Numb         Loss ENTERPRISES, INC       2b Employer Identification Number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN)         4411 PACIFIC HIGHWAY E       253-922-0430       2c Sponsor's telephone number (253-922-0430)         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3b Administrator's telephone number (253-922-0430)         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's telephone num 253-922-0430)         3b Administrator's telephone number from the last return/report.       Sa Total number of participants at the beginning of the plan year       4c PN         5a Total number of participants at the end of the plan year       5a       5a       5c         5a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	BJ'S ENTER	RPRISES, INC. 401 (K) P	LAN				•	001
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Numb (EIN)         3b       Exployer Identification Number (EIN)       94:1285969         4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       2d       Business code (see instructio 713200         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3b       Administrator's EIN 91:1285969         3c       Administrator's telephone num 253:922-0430       3c       Administrator's telephone num 253:922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       5a       5b       5c         5a       5b       5c       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       Sc         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       Sc						1c	( )	
BJS ENTERPRISES, INC       Image: Comparison of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       2       Sponsor's telephone number 253-922-0430         2       Business code (see instruction 713200       2       Business code (see instruction 713200         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's telephone number 253-922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c Administrator's telephone num 253-922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year       5a       5b         5b       C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).       X Yes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes								•
4411 PACIFIC HIGHWAY E       253-922-0430         TACOMA, WA 98424-2611       2d Business code (see instructio 713200         3a Plan administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E         TACOMA, WA 98424-2611       3b Administrator's EIN 91-1285969         3c Administrator's telephone nur 253-922-0430         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).       X Yes [			ess; include room or suite number (	employer, if for a single-	employer plan)	2b		
TACOMA, WA 98424-2611       2d Business code (see instruction 713200         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN 91-1285969         BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       3c Administrator's telephone nur 253-922-0430         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5b         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X Yes [         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X Yes [						2c		
BJS ENTERPRISES, INC       4411 PACIFIC HIGHWAY E TACOMA, WA 98424-2611       91-1285969         3C       Administrator's telephone nur 253-922-0430         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a         b       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes [         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Participants (IQPA)						2d		
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       5a       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Complete the structure in th						3b		
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a       Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Complete the complete the complete the annual examination and report of an independent qualified public accountant (IQPA)	JS ENTERPI	RISES, INC				3c	Administrator's	telephone number
5a       Total number of participants at the beginning of the plan year       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	name,	e, EIN, and the plan numb		last return/report filed fo	or this plan, enter the			
b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	- <u> </u>		the beginning of the plan year					19
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			0 0 1 1					19
complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X						20		18
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)					•	5c		19
	6a Were	e all of the plan's assets d	luring the plan year invested in eligi	ble assets? (See instruct	tions.)			🗙 Yes 🗌 No
under 29 CFR 2520.104-46? (See instructions on waiver elidibility and conditions.)								X Yes 🗌 No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	•		· •			_		Not determined
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scheor SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.	Under pena SB or Sche	alties of perjury and other edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have e	examined this return/rep	ort, ir	ncluding, if applic	
SIGN Filed with authorized/valid electronic signature. 02/18/2014 JENYNNE DENOBLE	SIGN	Filed with authorized/va						
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator	HERE	Signature of plan adn						ministrator
Sign	SIGN			, <u> </u>				
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan spor		Signature of employe	Instruct of amployor/plan sponsor					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	Preparer's							
						·		,

Part III Financial Information								
7 Plan Assets and Liabilities	(a) Beginning of Year			(b) End of Year				
a Total plan assets	47664	476640			601273			
<b>b</b> Total plan liabilities	7b		0			)		
C Net plan assets (subtract line 7b from line 7a)	7c	47664	601273			3		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total		
a Contributions received or receivable from:								
(1) Employers	8a(1)	0 55234						
(2) Participants	8a(2)	55254						
(3) Others (including rollovers)	8a(3)	6030	0					
<b>b</b> Other income (loss)	8b	69399	9	_			10.100	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			124633	5
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	(	0					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							)
i Net income (loss) (subtract line 8h from line 8c)	8i						12463	3
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
2A       2F       2G       2J       2K       3D       2E       2T <b>b</b> If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	cterist	ic Cod	les in tl	he instructi	ons:	
b     If the plan provides welfare benefits, enter the applicable welfare for       Part V     Compliance Questions	eature codes	from the List of Plan Charac	cterist					
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:			cterist	ic Cod	No		ons: Amount	
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	the time period described in ction Program)	cterist					
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut	tions within t uciary Correc ? (Do not inc	the time period described in ction Program)		Yes	No			
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year:         <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul> </li> </ul>	tions within t uciary Correc ? (Do not inc	the time period described in ction Program) clude transactions reported	10a		No X		Amount	000000
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year:         <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> </ul> </li> </ul>	tions within t uciary Correct ? (Do not inc fidelity bond	the time period described in ction Program) Clude transactions reported	10a 10b	Yes	No X		Amount	000000
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul> </li> </ul>	tions within t uciary Correct ? (Do not inc fidelity bond her persons to of the benefi	the time period described in stion Program) clude transactions reported 	10a 10b 10c	Yes	No X X		Amount	
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul> </li> </ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benef	the time period described in ction Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X		Amount	
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the plan	tions within t uciary Correct ? (Do not ind fidelity bond her persons to of the benefinn?	the time period described in tion Program) clude transactions reported 	10a 10b 10c 10d 10e 10f	Yes	No           X           X           X		Amount	
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> </ul> </li> </ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benefi n? 	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d	Yes	No X X X X		Amount	
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons h of the benefinn? s of year end (See instruct he required r	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g	Yes	No           X           X           X           X           X           X           X		Amount	
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> </ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons h of the benefinn? s of year end (See instruct he required r	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No           X           X           X           X           X           X           X		Amount	
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year:         <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a</li> <li>h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> </ul>	tions within t uciary Correct ? (Do not inc fidelity bond ner persons l of the benefinn?  (See instruct he required r 1-3 nents? (If "Ye	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Scheo	No X X X X X Automotion		Amount	622
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for</li> <li>Part V Compliance Questions</li> <li>10 During the plan year:         <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>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</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons to of the benefit n? (See instruct he required r 1-3	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Schec	No X X X X X Automotion		Amount 1	622
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons b of the benefinn? s of year end (See instruct he required r 1-3	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Schec	No X X X X Aule SB	6 (Form	Amount 1	622
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a 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 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year fr         12       Is this a defined contribution plan subject to the minimum funding	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benefi n? 	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X X Schec	No X X X X Aule SB	6 (Form	Amount	622
<ul> <li>b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul></li></ul>	tions within t uciary Correct ? (Do not ind fidelity bond ner persons t of the benefi n? s of year end (See instruct he required r 1-3	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Schection :	No X X X X X Aule SB 11a 302 of	3 (Form ERISA?	Amount	622
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b         b       Were there any nonexempt transactions with any party-in-interest on line 10a.).         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a h         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 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year fr         12       Is this a defined contribution plan subject to the minimum funding (If "Yes," complete	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benefi n? is of year end (See instruct he required r 1-3 nents? (If "Ye rom Schedulu requirement , as applicab ng amortized	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com e SB (Form 5500) line 39 ts of section 412 of the Code le.) l in this plan year, see instructions and com	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Schection :	No X X X X X Aule SB 11a 302 of enter the	3 (Form ERISA?	Amount	X No
b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t uciary Correct ? (Do not ind fidelity bond ner persons l of the benefit n? s of year end (See instruct he required r 1-3 tents? (If "Year rom Schedulu requirement , as applicab ng amortized e MB (Form	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10f 10g 10h 10i 10i e or see	Yes X X Schec cection : , and e	No X X X X X X Aule SB 11a 302 of enter the	3 (Form ERISA?	Amount	62

C	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?	Ye	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 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		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

Form 5500-	SF	Sho	rt Form Annı			-	f Small E	mploy	/ee		OMB Nos. 121 121	0-0110 0-0089
Department of the Treat Internal Revenue Serv		Thi	s form is required to			<b>t Plan</b> ections 104 ar	d 4065 of the	Employee	e	2013		
Department of Labo Employee Benefits Security Adr	ninistration		nent Income Security	y Act of 197	4 (ER		tions 6057(b)		(a) of This Form is Open to Pub Inspection			ublic
Pension Benefit Guaranty Co			nplete all entries In		e wlt	h the instruc	tions to the F	orm 5500	)-SF.		-,	
			ation Informatio	on 01/0:	1/20	110	and end	ling		12/31/201	2	
For calendar plan year 2	F		e-employer plan						1	_		
A This return/report is f	or: Ŀ	-			-		an (not multier	npioyer)	l	a one-partic	ipani pian	
<b>B</b> This return/report is:	l	=	t return/report	님		return/report		han 10 ma				
	l	4	ended return/report	님			/report (less tl	nan 12 mo	mms) I			
C Check box if filing un	der: [	Form 5			omati	c extension			l	DFVC progr	am	
Dest II Desis Di	un lunfa m	<u></u>	l extension (enter de		_						_	
Part II Basic Pla 1a Name of plan	an intorr	nation-	-enter all requested	Information					1b	Three-digit		
BJ'S ENTERPRIS	ES, ING	<b>C.</b> 401	(K) PLAN							plan number	0.01	
										(PN)	001	
										Effective date		
2a Plan sponsor's nam	e and addr	ess: inclu	de room or suite pu	mber (empl	wer i	f for a single-	employer plan	<b>`</b>		Employer Iden		her
Bjs Enterprise		000, 11010		mbor (ompic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i tor a origio	sinpleyer plan	, 		(EIN) 91-12		
									2c	Sponsor's tele	phone numbe	r
4411 Pacific H	ighway	Ε						ļ		253-922-0		
<b>m</b>		<b>1.1 N</b>	00404 0	C11						Business code	(see instructi	ons)
Tacoma <b>3a</b> Plan administrator's	nomo and	WA	98424-2 Same as Plan Sp		. П	Samo as Dian	Sponsor Add	1000		713200 Administrator's	FIN	
BJS ENTERPRISE		audress				Same as Fian		1000	05	91-128596		
D00 BNIBNIKIDD	0, INC									Administrator's		mber
4411 PACIFIC H	IGHWAY	Е								253-922-0	430	
TACOMA		WA	98424-2611									
4 If the name and/or E					eturn	/report filed fo	r this plan, en	ter the	4b	EIN		
	plan numl	ber from t	he last return/report						4c	DN		
a Sponsor's name 5a Total number of par	ticinants a	t the heat	nning of the plan ve	ar				_	5a			19
<b>b</b> Total number of par		•	•						5a 5b			19
C Number of participa	•								50			19
									5c			19
6a Were all of the plan											X Yes	No
<b>b</b> Are you claiming a			l examination and re uctions on waiver el								X Yes	Π Νο
			a or line 6b, the pla									
c If the plan is a defin	ed benefit	plan, is it	covered under the F	PBGC insura	ance j	program (see	ERISA section	n 4021)? .		Yes No	Not detern	nined
Caution: A penalty for	the late or	incompl	ete filing of this re	turn/report	will F	heasease or	inless reaso	nahle cau	ieo ie	established		
Under penalties of perju											cable, a Sche	dule
SB or Schedule MB com belief, it is true, correct,	pleted and	l signed b	y an enrolled actuar	ry, as well a	s the	electronic ver	sion of this ret	urn/report	, and t	to the best of m	y knowledge	and
SIGN Que	Linn	D	realile		ב	114/14	JENYNNE	DENOBI	LE			
HERE Signature	of plan ad	ministrat	or		Date		Enter name	of individu	ual sig	ning as plan ac	Iministrator	
SIGN												
HERE Signature					Date			of individ		ining as employ		
Preparer's name (includ	ing firm na	me, if app	licable) and address	s; include ro	om o	r suite numbe	r (optional)		Prep	arer's telephon	e number (op	tional)
										1.4.2.1		1
For Paperwork Reduction	Act Notice	and OMB	Control Numbers, se	e the instruc	tions	for Form 5500-	SF.				Form 5500-SI	= (2013)

a Total plan assets       7a       476640         b Total plan liabilities       7b       0         C Net plan assets (subtract line 7b from line 7a)       7c       476640         C norm, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       0         (2) Participants       8a(2)       55234         (3) Other (none (loss)       8a(2)       55234         (4) Total dimes 8a(1), 8a(2), 8a(3), and 8b)       8c       632395         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       632395         c Total income (add lines 6a(1), 8a(2), 8a(3), and 8b)       8c       6         G Derein (none (loss)       8a(1)       8d       0         g Other expenses       8g       0       1         g Other expenses       8g       1       1         Transfers (or high plan plan (se instructions))       8i       1       1         j Transfers (or high plan plan (se instructions))       8g       1       1         g Other expenses       8g       1       1       1         j Transfers (or high plan year:       8g       1       1       1         g Other expenses       8g	(a) Beginning of Year (b) End of Year	Plan Assets and Liabilities (a) Beginning of			
C       Net plan assets (subtract line 7b from line 7a)	476640 601	7a		otal plan assets	
Total accord grant accord grant and the provides form:       (a) Amount       (b) Total         Contributions received or receivable form:       (b) Total         (c) Employers       8a(1)       (c)         (c) Participants       8a(2)       55234         (c) Dothers (including rollowers)       8a(3)       (c)         (c) Participants       8a(2)       55234         (c) Others (including rollowers)       8a(3)       (c)         (c) Total income (loss)       8b       69395         C Total income (loss)       8c       (c)         (c) Total expenses (add lines 8d,1), 8a(2), 8a(3), and 8b)       8c       (c)         (c) Total expenses (add lines 8d, 4e, 6f, and 8g)       8d       (c)       (c)         (c) Chara deemed and/ro corrective distributions (see instructions)       8e       (c)       (c)         (c) Transfers to (from) the pian (see instructions)       8g       (c)       (c)       (c)         (c) Transfers to (from) the pian (see instructions)       (c)       (c)       (c)       (c)       (c)         (c) Transfers to (from) the pian (see instructions)       (c)	0	7b		otal plan liabilities	
a       Contributions received or receivable from:       Ba(1)       0         (1)       Employers       Ba(1)       0         (2)       Participants       Ba(2)       55234         (3)       Others (including rollovers).       Ba(3)       55234         b       Others (including rollovers).       Ba(3)       55234         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).       8c       69399         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).       8c       6         d       Benefits paid (including direct rollovers and insurance prenulums to provide benefits).       8d       6         g       Other sequences       8g       6       6         d       Denefits paid (including direct rollovers and insurance prenulums to provide benefits).       8d       6         f       Administrative service providers (salaries, fees, commissions).       8d       6       6         f       Administrative service providers (salaries, fees, commissions).       8d       6       6         f       Intername (ios) (subtrat line 8h from line 8c).       8l       1       1         f       Intername (ios) (subtrat line 8h from line 8c).       8l       1       1         g       If the plan provides s	476640 601	7c	e 7b from line 7a)	let plan assets (subtra	
(1)       Employers       9         (2)       Participants       84(2)       55234         (3)       Others (including rollowers)       84(2)       55234         (4)       Others (including rollowers)       85       6         (5)       Others (including rollowers)       85       6         (7)       Total income (add lines 84(1), 84(2), 84(2), 84(3), and 8b)       8c       0         (7)       Dereffs paid (including direct rollowers and insurance permiting to provide banefits)       8d       0       0         (7)       Dereffs paid (including direct rollowers and insurance permiting to provide banefits)       8d       0       0         (7)       Dereffs paid (including direct rollowers and insurance permiting to provide banefits)       8d       0       0         (7)       Dereffs paid (including direct rollowers and insurance permiting to provide banefits)       8d       0       0         (7)       Dereffs paid (including direct rollowers and insurance permiting to provide banefits)       8d       0       0         (7)       Dereffs paid (including direct rollowers and 8g)       8h       0       0       0         (8)       If the plan provides parsion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       24 2 F 2G 2G 2	(a) Amount (b) Total		sfers for this Plan Year	ncome, Expenses, and	
(2) Participants	0	80(4)			
(a) Other income (des)       8a(3)         b) Other income (des)       8b         c) Total income (des)       8b         c) Total income (des)       8c         c) Total income (des)       8c         c) Other income (des)       8c         d) Denetits paid (including direct rollowers and insurance perimiums detore and/or corrective distributions (see instructions).       8c         c) Certain devered and/or corrective distributions (see instructions).       8d       0         g) Other expenses       8g       0         f) Administrative service providers (salaries, fees, commissions).       8f       0         g) Other expenses (add lines 8d, 8e, 6f, and 8g)       8h       0         f) Transfers to (from) the plan (see Instructions).       8g       0         g) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A 2 F 2G 2J 2K 3D 2E 2T       0         b) If the plan provides pension benefits, enter the applicable wefare feature codes from the List of Plan Characteristic Codes in the instructions:         2A 2F 2G 2J 2K 3D 2E 2T       0         b) Uring the plan year:       10a         29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fluciary Correction Program).       10a         29 CFR 2610.3-102? (See instructions and DOL's Volun				all sections to the	
b       Other income (loss)       8b       69399         c       Total income (loss)       8c, 0       8c         c       Total income (loss)       8c, 0       0         e       C       Control income (loss)       8c, 0       0         e       Control income (loss)       8c, 0       0       0         e       Certain deemed and/or corrective distributions (see instructions)       8e       0       0         g       Other expenses       8g       0       0       0         g       Other expenses       8g       0       0       0         j       Transfers to (mon) the plan (see instructions)       8i       0       0       0         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2F 2G 2J 2X 3D 2B 2T       V       No       Am         g       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2       No       Am         g       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       2       No       Am         g       Was there a failure to transmit to the plan any					
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d       Benefits paid (including direct rollovers and insurance premiums to provide henefits)       8d       0         e       Certain deemed and/or corrective distributions (see instructions)       8d       0         g       Other expenses       8g       1         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8f         i       Net Income (loss) (subtract line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8g         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2F       2G       2K       3D       2E       2T         b       If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions:       2a       2F       2G       2K       3D       2E       2T         b       If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions:       2a       2F       2G       2K       3D       2E       2T       4m <t< td=""><td></td><td>1</td><td></td><td>19 19 19 19 19 19 19 19 19 19 19 19 19 1</td></t<>		1		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	124				
e       Certain deemed and/or corrective distributions (see instructions)			t rollovers and insurance premiums	Benefits paid (including	
f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         j       Transfers to (from) the plan (see instructions)       8i         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2F 2G 2J 2K 3D 2E 2T         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       x         c       Was there a nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10c       x         c       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)       10c       x         c       Was the plan acce with the plan side to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization th					
g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         l       Net income (loss) (subtract line 8h from line 8c)       8l         j       Transfers to (from) the plan (see instructions)       gj         Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2h       2F       2G       2U       X       3D       2E         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       Ves       No       Am         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on include transactions reported on line 10a.       X       10a       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         c       Was the plan new a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?       10d       X       10d       X         c       Was the plan have any participant loans? (if "Yes," enter amount as of year end.)       10g       X       10d					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c)       8l         j       Transfers to (from) the plan (see instructions).       8j         Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2F       2G       2J       X 3D       2E       2T         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       V       Compliance Questions         10       During the plan year:       Yes       No       Am         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 10a       X       X         c       Was there a failure to transmit on the instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c       Was there a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty?       10d       X         c       Was the plan have a loss, whether or not reimbursed by the of the benefits under the plan? (See instructions.)       10d       X         <		· · · · · · · · · · · · · · · · · · ·			
i       Net income (loss) (subtract line 8h from line 8c)			1 10-2 S2 104	the second se	
J       Transfers to (from) the plan (see instructions)	104			a sector and a sector fit the sector	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2F       2G       2J       2K       3D       2E       2T         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       Yes       No       Am         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c       Was there a nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10c       X       10c       X         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       2         d       Did the plan have a loss, whether or not reimbursed by the plan?       10d       X       2         d       Did the plan have any participant loans? (if "Yes," enter amount as of year end.)       10g       X       2         d       Did the plan have any participant loans? (if "Yes," enter amount as of year end.)       10d       X	124				
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2F       2G       2J       2K       3D       2E       2T         If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         Yes       No       Am         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 199 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		8j			
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			stions	V Compliance	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10d       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10d       X       X       Image: Secon 101-3         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Secon 101-3         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       <	Yes No Amount			<b>D</b> 1 1	
on line 10a.)       10b       A         c       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 bond, that was caused by fraud or dishonesty?       10c       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10h       X       X         ii       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10h       X       X         iii to have any participant loans c       If was there a blackout period? (Fer, "see instructions and complete Schedule SB (Form 5500) and line 11a below)       11				During the plan year:	
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Was there a failure to	
or dishonesty?       10d       A         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       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 of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10l       X         vart VI       Pension Funding Compliance       10l       10l       10l         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       11a		iciary Correction Pro ? (Do not include trai	instructions and DOL's Voluntary Fid t transactions with any party-in-interes	Was there a failure to 29 CFR 2510.3-102? Were there any none	
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       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 of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10l       X         vart VI       Pension Funding Compliance       10l       11a         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39.       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	1000	iciary Correction Pro ? (Do not include trai	instructions and DOL's Voluntary Fid t transactions with any party-in-interes	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.)	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	bond, that was caused by fraud	iciary Correction Pro ? (Do not include tran fidelity bond, that wa	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's	Was there a failure to 29 CFR 2510.3-102? Were there any nones on line 10a.) Was the plan covered Did the plan have a lo	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3       10l       X         Part VI       Pension Funding Compliance       10l       10l       10l         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [fi "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10c     X     1000       bond, that was caused by fraud     10d     X       sons by an insurance carrier, penefits under the plan? (See     X	iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's tions paid to any brokers, agents, or ot organization that provides some or al	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com insurance service, or	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10l       X         Part VI       Pension Funding Compliance       10l       10l       10l         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [fi "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X       sons by an insurance carrier, penefits under the plan? (See     10e	iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? hether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com insurance service, or instructions.)	
exceptions to providing the notice applied under 29 CFR 2520.101-3       101         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X     1000       sons by an insurance carrier, penefits under the plan? (See     10e     X       10e     X     10f	iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n?	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the pla	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com insurance service, or instructions.)	
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39         11a       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X       sons by an insurance carrier, penefits under the plan? (See     10e     X       10e     X       10e     X       10f     X       ar end.)     10g     X       structions and 29 CFR     X	iciary Correction Pro ? (Do not include tran fidelity bond, that wa ner persons by an ins of the benefits under n? s of year end.)	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? hether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the pla cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period?	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com insurance service, or instructions.) Has the plan failed to Did the plan have any If this is an individual	
5500) and line 11a below)       11a         11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39       11a         12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       [         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       [	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X     X       sons by an insurance carrier, penefits under the plan? (See     10e     X       10e     X     X       10f     X       ar end.)     10g     X       structions and 29 CFR     10h     X	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? s of year end.)	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the pla cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? " check the box if you either provided to	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com insurance service, or instructions.) Has the plan failed to Did the plan have any If this is an individual 2520.101-3.)	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X     X       sons by an insurance carrier, penefits under the plan? (See     10e     X       10e     X     X       10f     X       ar end.)     10g     X       structions and 29 CFR     10h     X	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? s of year end.)	instructions and DOL's Voluntary Fid transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the pla cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? ' check the box if you either provided to notice applied under 29 CFR 2520.10	Was there a failure to 29 CFR 2510.3-102? Were there any noney on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com instructions.) Has the plan failed to Did the plan have any If this is an individual 2520.101-3.) If 10h was answered f exceptions to providin	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X     X       sons by an insurance carrier, benefits under the plan? (See     10e     X       10e     X     X       10f     X       ar end.)	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? s of year end.)	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the plan cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? ' check the box if you either provided to notice applied under 29 CFR 2520.10 J Compliance n subject to minimum funding requirer	Was there a failure to 29 CFR 2510.3-102?         Were there any nonex on line 10a.)         Was the plan covered         Did the plan have a lo or dishonesty?         Were any fees or com- insurance service, or instructions.)         Has the plan failed to         Did the plan have any lf this is an individual 2520.101-3.)         If 10h was answered exceptions to providing         VI       Pension Fun Is this a defined benefit	
	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X     10d       sons by an insurance carrier, benefits under the plan? (See     10e     X       10e     X     10f       10f     X     10g       ar end.)	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? s of year end.)	instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the pla cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? ' check the box if you either provided to notice applied under 29 CFR 2520.10 J Compliance n subject to minimum funding requirer	Was there a failure to 29 CFR 2510.3-102?         Were there any nonex on line 10a.)         Was the plan covered         Did the plan have a lo or dishonesty?         Were any fees or com- insurance service, or instructions.)         Has the plan failed to         Did the plan have any lf this is an individual 2520.101-3.)         If 10h was answered exceptions to providin         VI       Pension Fun Is this a defined benefic 5500) and line 11a be	
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 la	10c     X     1000       bond, that was caused by fraud     10d     X       10d     X     10d       sons by an insurance carrier, penefits under the plan? (See     10e     X       10e     X     10f       ar end.)	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? s of year end.)	instructions and DOL's Voluntary Fid transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's tions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the plan cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? " check the box if you either provided to notice applied under 29 CFR 2520.10 <b>J Compliance</b> In subject to minimum funding requirer required contribution for current year f	Was there a failure to 29 CFR 2510.3-102? Were there any noney on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com instructions.) Has the plan failed to Did the plan have any If this is an individual 2520.101-3.) If 10h was answered exceptions to providin <b>VI Pension Fun</b> Is this a defined benef 5500) and line 11a be Enter the unpaid minist	
	10c       X       1000         bond, that was caused by fraud       10d       X         10d       X       X         sons by an insurance carrier, benefits under the plan? (See       10e       X         10f       X       X         ar end.)	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? (See instructions and he required notice or 1-3 ents? (If "Yes," see i om Schedule SB (For requirements of sec	instructions and DOL's Voluntary Fid transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's tions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the plan cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? ' check the box if you either provided to notice applied under 29 CFR 2520.10 <b>J Compliance</b> In subject to minimum funding requirer required contribution for current year for on plan subject to the minimum funding	Was there a failure to 29 CFR 2510.3-102?         Were there any nonex on line 10a.)         Was the plan covered         Did the plan have a lo or dishonesty?         Were any fees or com instructions.)         Has the plan failed to         Did the plan have a lo or dishonesty?         Were any fees or com instructions.)         Has the plan failed to         Did the plan have any lf this is an individual 2520.101-3.)         If 10h was answered exceptions to providin         VI       Pension Fun 1s this a defined benef 5500) and line 11a be         Enter the unpaid minin         Is this a defined control	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10c       X       1000         bond, that was caused by fraud       10d       X         10d       X       X         sons by an insurance carrier, benefits under the plan? (See       10e       X         10e       X       10d       X         ar end.)	Iciary Correction Pro ? (Do not include tran fidelity bond, that wa her persons by an ins of the benefits under n? s of year end.)	a instructions and DOL's Voluntary Fid t transactions with any party-in-interes a fidelity bond? thether or not reimbursed by the plan's ions paid to any brokers, agents, or ot organization that provides some or al de any benefit when due under the pla- cipant loans? (If "Yes," enter amount a unt plan, was there a blackout period? ' check the box if you either provided f notice applied under 29 CFR 2520.10 <b>J Compliance</b> In subject to minimum funding requirer required contribution for current year f on plan subject to the minimum funding or lines 12b, 12c, 12d, and 12e below funding standard for a prior year is bei	Was there a failure to 29 CFR 2510.3-102? Were there any nonex on line 10a.) Was the plan covered Did the plan have a lo or dishonesty? Were any fees or com insurance service, or instructions.) Has the plan failed to Did the plan have any If this is an individual 2520.101-3.) If 10h was answered exceptions to providin <b>VI Pension Fun</b> Is this a defined benef 5500) and line 11a be Enter the unpaid minin Is this a defined contri (If "Yes," complete line If a waiver of the minin	

Page **3 -**

C 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 legative amount).		12d		
e 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 N	lo
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?				Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s) t	0		
13c(1) Name of plan(s):	1:	3c(2) El	N(s)	13c(3) PN(s)
	-	_		-
				_
Part VIII Trust Information (optional)	•			
14a Name of trust		<b>14b</b> ⊺r		