Form 5500-SF		Short Form Annual Re	/ee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			е	2013			
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form is Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate)-SF.	Inspection			
Part I		dentification Information							
For calend	ar plan year 2013 or fisc			and ending 1	2/31/2	2013			
	urn/report is for:			lan (not multiemployer)		a one-participant plan			
B This ret	urn/report is:		e final return/report	a ranget (lago than 10 m	ntha)				
C Chook	box if filing under:		utomatic extension	n/report (less than 12 mo	onuns)	DFVC program			
Check	Jox II IIIIIg under.	special extension (enter description)							
Part II	Basic Plan Infor	mation—enter all requested information	on						
1a Name					1b	Three-digit			
	N PERFUSION, INC. 40	01(K) PLAN				plan number			
					10	(PN) ▶ 001			
					IC	Effective date of plan 01/01/2000			
	oonsor's name and addr N PERFUSION, INC.	ress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1622369			
P.O. BOX 69	964				2c	Sponsor's telephone number 253-332-1856			
TACOMA, W					2d	Business code (see instructions) 621399			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
					3c Administrator's telephone number				
		plan sponsor has changed since the las ber from the last return/report.	t return/report filed fc	or this plan, enter the	4b	EIN			
	or's name	ber nom the last returnineport.			4c PN				
5a Total I	number of participants a	t the beginning of the plan year			5a	11			
		t the end of the plan year			5b	10			
		ccount balances as of the end of the pla			5c	10			
		during the plan year invested in eligible							
		he annual examination and report of an				X Yes No			
		(See instructions on waiver eligibility and ner line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu							
Caution: A	penalty for the late or	r incomplete filing of this return/repor	rt will be assessed	unless reasonable cau	se is	established.			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructions, I signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	ort, in	cluding, if applicable, a Schedule			
SIGN	Filed with authorized/va	alid electronic signature.	03/01/2014	DEBORA BLEY					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ividual signing as plan administrator				
SIGN									
HERE	Signature of employed		Date			ning as employer or plan sponsor			
Preparer's	name (including firm na	me, if applicable) and address; include i	room or suite numbe	r (optional)	Prep	arer's telephone number (optional)			

7 Plan Assets and Liabilities	(a) Beginning of Year		ar			(b) End of Year			
a Total plan assets		. 7a	126308	263081				1374758	}
b Total plan liabilities	7b		0	0					
C Net plan assets (subtract line 7b from line	7c	126308	1	1374758					
8 Income, Expenses, and Transfers for this	Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from:			2887	0					
(1) Employers		8a(1)	6310						
(2) Participants		8a(2)		0					
(3) Others (including rollovers)		8a(3)	6950	-					
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3) 		8b 8c	0000	<u> </u>				161470	
d Benefits paid (including direct rollovers an	, ,	. 00						101470	
to provide benefits)	•	8d	4979	3					
e Certain deemed and/or corrective distribu	tions (see instructions)	8e		0					
f Administrative service providers (salaries,	, fees, commissions)	8f		0					
g Other expenses		8g		0					
h Total expenses (add lines 8d, 8e, 8f, and	8g)	8h						49793	3
i Net income (loss) (subtract line 8h from lin	1							111677	·
j Transfers to (from) the plan (see instruction	ons)	8j							
b If the plan provides welfare benefits, enter	er the applicable welfare fe	eature codes	s from the List of Plan Chara	cterist	ic Cod	es in tl	he instructi	ons:	
Part V Compliance Questions									
Part V Compliance Questions 10 During the plan year:					Yes	No		Amount	
		tions within		10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the pla	and DOL's Voluntary Fidu with any party-in-interest	tions within uciary Corre ? (Do not in	ction Program) clude transactions reported	10a 10b	Yes			Amount	
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions 	and DOL's Voluntary Fidu with any party-in-interest	tions within uciary Corre ? (Do not in	ction Program) clude transactions reported		Yes	Х			12500
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) 	and DOL's Voluntary Fidu with any party-in-interest ? 	tions within uciary Corre ? (Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		Х			12500
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization 	and DOL's Voluntary Fidu with any party-in-interest ? reimbursed by the plan's any brokers, agents, or oth that provides some or all	tions within uciary Corre ? (Do not in fidelity bond her persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		× ×			12500
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) 	and DOL's Voluntary Fidu with any party-in-interest ? reimbursed by the plan's any brokers, agents, or oth that provides some or all	tions within uciary Corre- ? (Do not in fidelity bond ner persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e		x x x x			12500
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan failed to provide any beneficial to the plan failed to plan the plan to the plan	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's my brokers, agents, or oth that provides some or all it when due under the pla	tions within uciary Corre ? (Do not in fidelity bond her persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	x	x x x			
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan have any participant loans? 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the pla ? (If "Yes," enter amount a	tions within uciary Corre- ? (Do not in fidelity bond her persons of the benef n? s of year en	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.)	10b 10c 10d 10e		x x x x			
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan failed to provide any benefing g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the pla ? (If "Yes," enter amount a there a blackout period?	tions within uciary Corre- ? (Do not in fidelity bond ner persons of the benef n? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR	10b 10c 10d 10e 10f	x	x x x x			
 During the plan year: Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions Were there any nonexempt transactions on line 10a.) Was the plan covered by a fidelity bond Did the plan have a loss, whether or not or dishonesty? Were any fees or commissions paid to a insurance service, or other organization instructions.) Has the plan failed to provide any benef Did the plan have any participant loans? If this is an individual account plan, was 2520.101-3.) If 10h was answered "Yes," check the be exceptions to providing the notice applied 	and DOL's Voluntary Fidu with any party-in-interest with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the pla ? (If "Yes," enter amount a there a blackout period? there a blackout period? the dunder 29 CFR 2520.10	tions within uciary Corre- ? (Do not in fidelity bond ner persons of the benef n? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g	x	x x x x x			
 10 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan failed to provide any benef g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the be exceptions to providing the notice applie Part VI Pension Funding Compliant 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the pla ? (If "Yes," enter amount a there a blackout period? ox if you either provided th ed under 29 CFR 2520.10 nce	tions within uciary Corre- ? (Do not in fidelity bond her persons of the benef n? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h	×	x x x x x			2108
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan failed to provide any benef g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the be exceptions to providing the notice applie Part VI Pension Funding Compliant Is this a defined benefit plan subject to m 5500) and line 11a below) 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the plan ? (If "Yes," enter amount a there a blackout period? there a blackout period? ox if you either provided the dunder 29 CFR 2520.10 nce	tions within uciary Corre- ? (Do not in fidelity bond her persons of the benef n? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE	(Form		
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the be exceptions to providing the notice applie Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the plan ? (If "Yes," enter amount a there a blackout period? there a blackout period? ox if you either provided the dunder 29 CFR 2520.10 nce	tions within uciary Corre- ? (Do not in fidelity bond her persons of the benef n? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE	(Form		2108
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the be exceptions to providing the notice applie Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the pla ? (If "Yes," enter amount a there a blackout period? ox if you either provided the under 29 CFR 2520.10 nce ninimum funding requirem	tions within uciary Corre- ? (Do not in fidelity bond ner persons of the benef n? s of year en (See instruc he required f 1-3 nents? (If "Ye	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and corr le SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Iule SE	3 (Form		2108
 10 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan failed to provide any benef g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the be exceptions to providing the notice applie Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to m 5500) and line 11a below)	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the plan ? (If "Yes," enter amount a there a blackout period? there a blackout period? the under 29 CFR 2520.10 nce ninimum funding requirem tribution for current year fr ct to the minimum funding 12c, 12d, and 12e below,	tions within uciary Corre- ? (Do not in fidelity bond ner persons of the benef n? 	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and corr le SB (Form 5500) line 39 tts of section 412 of the Code ole.)	10b 10c 10d 10e 10f 10g 10h 10i e or se	X X Schec	X X X X X Iule SE	3 (Form ERISA?	Yes	2108 N
 During the plan year: a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions b Were there any nonexempt transactions on line 10a.) c Was the plan covered by a fidelity bond d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to a insurance service, or other organization instructions.) f Has the plan failed to provide any benef g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the be exceptions to providing the notice applie Pension Funding Compliant Is this a defined benefit plan subject to m 5500) and line 11a below)	and DOL's Voluntary Fidu with any party-in-interest reimbursed by the plan's any brokers, agents, or oth that provides some or all it when due under the plan ? (If "Yes," enter amount a there a blackout period? ox if you either provided the d under 29 CFR 2520.10 nce ninimum funding requirem tribution for current year fr ct to the minimum funding 12c, 12d, and 12e below, lard for a prior year is beir	tions within uciary Corre- ? (Do not in fidelity bond ner persons of the benef n? s of year en (See instruc he required 1-3 ments? (If "Year rom Schedul requiremen , as application ng amortized	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 tts of section 412 of the Code ole.) d in this plan year, see instru- Mon	10b 10c 10d 10e 10f 10g 10h 10i e or see	X X Schec	X X X X X Iule SE	3 (Form ERISA?	Yes	2108 N

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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 c(2) El	N(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	ust's EIN		

F	orm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	ee		2013						
	Department of Labor yee Benefits Security Administration on Benefit Guaranty Corporation	anefits Security Administration the Internal Revenue Code (the Code).								
Part	Annual Report Id	entification Information	ince with the Instru	ctions to the Form 550	00-SF.					
	endar plan year 2013 or fisca		01/2013	and ending		12/31/201	3			
_	s return/report is for:			lan (not multiemployer)						
	s return/report is:	the first return/report	he final return/report							
	Ļ			n/report (less than 12 m	nonths)					
C Che	ck box if filing under:	Form 5558 and a special extension (enter description)	utomatic extension			DFVC progra	am			
Part	II Basic Plan Inform	nation—enter all requested informati	on							
	me of plan GREEN PERFUSION,				1b	Three-digit plan number (PN)	001			
						Effective date o 01/01/2000				
2a Pla EVER	n sponsor's name and addre GREEN PERFUSION,	ess; include room or suite number (em INC .	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-162				
P.O.	BOX 6964				2c	Sponsor's telep				
TACO		WA 98407 984			2d	Business code (621399	(see instructions)			
3a Pla	n administrator's name and a	address XSame as Plan Sponsor Nar	me XSame as Plar	Sponsor Address	3b	Administrator's	EIN			
4 If th	he name and/or EIN of the pl	an sponsor has changed since the las	t return/report filed fr	or this plan enter the	3c 4b		telephone number			
na	me, EIN, and the plan numbe	er from the last return/report.								
	SCHOLDONIDO	the beginning of the plan year			-	PN				
		the end of the plan year			5a		11			
		ount balances as of the end of the pla			5b		10			
CO	nplete this item)	ount balances as of the end of the pla	n year (denned bene		5c		10			
		uring the plan year invested in eligible					X Yes No			
b Are	e you claiming a waiver of the der 29 CFR 2520.104-46? (S	e annual examination and report of an See instructions on waiver eligibility and or line 6a or line 6b, the plan cannot	independent qualifie d conditions.)	d public accountant (IQ	PA)		X Yes No			
C If th	e plan is a defined benefit pl	an, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	[]	Yes No	Not determined			
Caution	: A penalty for the late or i	ncomplete filing of this return/repor	t will be assessed (unless reasonable cau	use is (established.				
Under p SB or Se	enalties of perjury and other	penalties set forth in the instructions, I signed by an enrolled actuary, as well	declare that I have	examined this return/ret	ort in	cluding if applic:	able, a Schedule knowledge and			
SIGN	Dehen St	34	2/24/14	DEBORA BLEY						
HERE	Signature of plan adm	inistrator	Date	Enter name of individ	ual sio	ning as plan adm	ninistrator			
SIGN	Ochou ST		2/24/14	DEBORA BLEY						
HERE	Signature of employer		Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor			
Prepare	's name (including firm name	e, if applicable) and address; include r	oom or suite number	(optional)			number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013)

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar		(b) End of Year			
a Total plan assets			6308	31				.374758
b Total plan liabilities				0				0
C Net plan assets (subtract line 7b from line 7a)		12	6308	31			1	.374758
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
a Contributions received or receivable from:		L.I.	0.0.0.5	7.0	8.15	d naid	1.007	i fisifi s
(1) Employers			2887	1 1			3.5	
(2) Participants			6310	00		1873 A.		
(3) Others (including rollovers)				0	it in			
b Other income (loss)			6950	00				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premium) 				-				161470
to provide benefits)			4979	_	11	17	100	1.11
e Certain deemed and/or corrective distributions (see instructions	dana dana dana dana dana dana dana dana			0	1		-	-
f Administrative service providers (salaries, fees, commissions).				0			<u> </u>	
g Other expenses				0			10.54	
h Total expenses (add lines 8d, 8e, 8f, and 8g)		COLUMN STREET, UNITED						49793
Net income (loss) (subtract line 8h from line 8c)			-		11			111677
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j				224	- 1	1.0	
 9a If the plan provides pension benefits, enter the applicable pension benefits, enter the applicable pension benefits, enter the applicable welfare benefits, enter the applicable welfare b If the plan provides welfare benefits, enter the applicable welfare 								
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOL's Voluntary	tributions within th Fiduciary Correct	e time period described in ion Program)	10a		х			
b Were there any nonexempt transactions with any party-in-inte on line 10a.)	erest? (Do not incl	ude transactions reported	10b		х			
c Was the plan covered by a fidelity bond?			10c	х				125000
d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?	an's fidelity bond,	that was caused by fraud	10d		х			
e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	r other persons by r all of the benefits	y an insurance carrier, s under the plan? (See	10e		x			
${f f}$ Has the plan failed to provide any benefit when due under the	plan?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amou	int as of year end.	.)	10g	х				21082
h If this is an individual account plan, was there a blackout perio 2520.101-3.)	od? (See instruction	ons and 29 CFR	10g		x		Ê S.S	37.3
If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required no	otice or one of the	10i					
FAIL VI TEHSION FUNDING COMPHANCE		" see instructions and com	plete	Sched	lule SB	(Form	☐ Yes	а 🗌 No
11 Is this a defined benefit plan subject to minimum funding requi	irements? (If "Yes							
11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below)								
 11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 	ar from Schedule	SB (Form 5500) line 39			11a			- Luid
 11 is this a defined benefit plan subject to minimum funding requisition 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum fund 	ar from Schedule ding requirements	SB (Form 5500) line 39 of section 412 of the Code			11a		Yes	(bisk
 11 is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum fund (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be a If a waiver of the minimum funding standard for a prior year is 	ar from Schedule ding requirements low, as applicable being amortized i	SB (Form 5500) line 39 of section 412 of the Code e.) n this plan year, see instruc	e or se	ction 3	11a 302 of I	ERISA?	he letter ru	s 🛛 No
 11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year 12 Is this a defined contribution plan subject to the minimum funct (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be 	ar from Schedule ding requirements low, as applicable being amortized i	SB (Form 5500) line 39 of section 412 of the Code e.) n this plan year, see instruct Mon	e or se	ction 3	11a 302 of	ERISA?	Yes	s 🛛 No

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c Enter the amount contributed by the employer to the plan for this plan year	manimum	12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	to the left of a	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			period.	
13a Has a resolution to terminate the plan been adopted in any plan year?		X	Yes 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, of of the PBGC?	brought under the o	control	Г	Yes 🕅 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)		to	3	eet boont.
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
				<u> </u>
Part VIII Trust Information (optional)				
14a Name of trust		14b Tr	rust's EIN	