Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in accorda | nce with the instruc | tions to the Form 5500 |)-SF. | | | | |
|-----------------------|--|--|--------------------------|------------------------------------|--------------|-------------------------------------|--------------------------|--|--|
| Part I | | dentification Information | | | | | | | |
| For calend | ar plan year 2013 or fise | cal plan year beginning 01/01/2013 | | and ending 12 | 2/31/2 | .013 | | | |
| A This ref | turn/report is for: | a single-employer plan | multiple-employer pl | an (not multiemployer) | | a one-particip | oant plan | | |
| | turn/report is: | the first return/report the | e final return/report | | , | _ | | | |
| | | an amended return/report | short plan year returr | /report (less than 12 mo | onths) | | | | |
| C Check | box if filing under: | Form 5558 | utomatic extension | | DFVC program | | | | |
| | | special extension (enter description) | | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested information | on | | | | | | |
| 1a Name | | ION 401(K) PROFIT SHARING PLAN | | | 1b | Three-digit plan number | | | |
| NOW INVES | STWENTS CORPORAT | ION 401(K) FROFTI SHAKING FLAN | | | | (PN) ▶ | 001 | | |
| | | | | | 1c | Effective date of | f plan | | |
| | | | | | | 01/01/ | /2002 | | |
| | ponsor's name and add STMENTS CORPORAT | ress; include room or suite number (emp rion | oloyer, if for a single- | employer plan) | 2b | Employer Identification (EIN) 91-10 | fication Number 29689 | | |
| | | | | | 2c | Sponsor's telep | | | |
| 8500 GAGE KENNEWIC | BLVD, SUITE B K, WA 99336 | | | | 2d | | (see instructions) | | |
| 20 Dian a | | d address Moses as Dies Cosses No | По-та са Dian | Connect Address | 2h | 52390 Administrator's I | | | |
| Ja Plan a | idministrator's name and | d address XSame as Plan Sponsor Nar | neSame as Plan | Sponsor Address | SD | Administrators | EIIN | | |
| | | | | | 3с | Administrator's f | telephone number | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | plan sponsor has changed since the las | t return/report filed fo | r this plan, enter the | 4b | EIN | | | |
| | e, EIN, and the plan num or's name | ber from the last return/report. | | | 4c | PN | | | |
| 5a Total | number of participants a | at the beginning of the plan year | | | 5a | | 6 | | |
| b Total | number of participants a | at the end of the plan year | | | 5b | | 7 | | |
| | | ccount balances as of the end of the pla | • | · | 5c | | 5 | | |
| | • | during the plan year invested in eligible | | • | | | X Yes No | | |
| | | the annual examination and report of an | | | | | X Yes No | | |
| | | (See instructions on waiver eligibility and her line 6a or line 6b, the plan cannot | | | | | N les No | | |
| | | plan, is it covered under the PBGC insu | | | _ | | Not determined | | |
| • II tile i | piair is a defined benefit | plan, is it covered under the 1 BGC inst | ilance program (see | LINOA 3600011 4021): | Ц | ies Livo L | Not determined | | |
| Caution: A | A penalty for the late o | r incomplete filing of this return/repor | t will be assessed | unless reasonable cau | se is (| established. | | | |
| SB or Sche | edule MB completed an | er penalties set forth in the instructions, d signed by an enrolled actuary, as well | | | | | | | |
| | true, correct, and comp | lete. | | | | | | | |
| SIGN | · · · · · | alid electronic signature. | 03/01/2014 | PAUL PRESBY | | | | | |
| SIGN HERE | · · · · · | alid electronic signature. | 03/01/2014 Date | PAUL PRESBY Enter name of individu | ıal sig | ning as plan adn | ninistrator | | |
| HERE | Filed with authorized/v | alid electronic signature. | | | ual sig | ning as plan adn | ninistrator | | |
| | Filed with authorized/v Signature of plan ad | alid electronic signature. | Date | Enter name of individu | | | | | |
| SIGN HERE | Filed with authorized/v Signature of plan ad Signature of employ | alid electronic signature. | Date Date | Enter name of individu | ıal sig | ning as employe | | | |
| SIGN HERE | Filed with authorized/v Signature of plan ad Signature of employ | alid electronic signature. Iministrator ver/plan sponsor | Date Date | Enter name of individu | ıal sig | ning as employe | er or plan sponsor | | |
| SIGN HERE | Filed with authorized/v Signature of plan ad Signature of employ | alid electronic signature. Iministrator ver/plan sponsor | Date Date | Enter name of individu | ıal sig | ning as employe | er or plan sponsor | | |
| SIGN HERE | Filed with authorized/v Signature of plan ad Signature of employ | alid electronic signature. Iministrator ver/plan sponsor | Date Date | Enter name of individu | ıal sig | ning as employe | er or plan sponsor | | |
| SIGN HERE | Filed with authorized/v Signature of plan ad Signature of employ | alid electronic signature. Iministrator ver/plan sponsor | Date Date | Enter name of individu | ıal sig | ning as employe | er or plan sponsor | | |

Form 5500-SF 2013 Page **2**

| Do | t III Financial Information | | | | | | | | | |
|----------|---|-------------|----------------------------------|---------|---------------------------|-----------------|-----------------------|------------------|----------|-------|
| 7 | rt III Financial Information | | () 5 | | | | <i>a</i> > - . | | | |
| | Plan Assets and Liabilities | _ | (a) Beginning of Yea | | (b) End of Year 229804 | | | | | |
| | Total plan assets | 74 | | | | | | 22 | 9604 | |
| | Total plan liabilities | 7b | 20730 | 2 | | | | 22 | 9804 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | 2 | - | | | | 9604 | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) To | otal | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 249 | 6 | | | | | | |
| | (2) Participants | 8a(2) | 717 | 6 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 0 | | | | | | | |
| b | Other income (loss) | 8b 37191 | | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 40 | 6863 | |
| | Benefits paid (including direct rollovers and insurance premiums | | | | | | | | | |
| | to provide benefits) | 8d | 2239 | 3 | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 196 | 8 | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 2 | 4361 | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | 2 | 2502 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pai | t IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruct | ions: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | tic Cod | les in t | he instruction | ons: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amou | ınt | |
| а | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | • | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ` | • | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | Χ | | | | | 20800 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | - | | 10d | | X | | | | |
| е | | | | | | | | | | |
| | insurance service, or other organization that provides some or all | | | 40- | X | | | | | 1107 |
| | instructions.) | | | 10e | | X | | | | 1107 |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | X | | | | |
| h | 2520.101-3.) | • | | 10h | X | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | • | | 10i | X | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | X No |
| _11a | Enter the unpaid minimum required contribution for current year fr | om Sched | lule SB (Form 5500) line 39 | | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection 3 | 302 of | ERISA? | | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | ng amortiz | ed in this plan year, see instru | | , and e | enter th Day | ne date of th | ne lette Year | er rulir | ng |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | e MB (For | m 5500), and skip to line 13. | | | | 1 | | | |
| h | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |

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

| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | |
|------|---|----------------|-----------|---------------------|
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | Y | es X No | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC? | ontrol | | Yes X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust's EIN | |
| | | | | |
| | | | | |
| | | | | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| | art I | | Identification Informati | on | | 1 100 100 100 100 100 100 100 100 100 1 | | | |
|-----------|--------------------|---|---|----------------|-------------------------|---|---------|---------------------------------|-------------------|
| For | calend | ar plan year 2013 or f | iscal plan year beginning 0° | 1/01/2013 | | and ending | 12/31/ | 2013 | |
| Α | This ret | turn/report is for: | X a single-employer plan | am | nultiple-employer p | lan (not multiemployer) | | a one-partici | oant plan |
| В | This ret | turn/report is: | the first return/report | the | final return/report | | | | |
| | | 9-187 - CS (187 1808 - 18 80) (18 1800) | an amended return/report | ash | nort plan year retur | n/report (less than 12 m | onths |) | |
| С | Check I | box if filing under: | ☐ Form 5558 | | omatic extension | 300 | | DFVC progra | am |
| | OHOOK | ox ii iiiiig andor. | special extension (enter d | | | | | _ Di vo piogio | |
| D: | art II | Rasic Plan Info | ormation—enter all requester | | | | | | |
| | Name | | ormation—enter all requester | u imonnatioi | 1 | | 1h | Three-digit | |
| | | | 1(k) Profit Sharing Plan | | | | | plan number | |
| | | ** | , | | | | | (PN) ▶ | 001 |
| | | | | | | | 1c | Effective date o 01/01/2 | |
| 2a Now | Plan sı Investn | ponsor's name and a | ddress; include room or suite nu | ımber (emplo | oyer, if for a single- | employer plan) | 2b | Employer Identi | |
| | | obiologica della comita di servizioni di Martino Advida Arriba della comi | | | | | 2c | (EIN) 91-102 Sponsor's telep | |
| 8500 | Gage I | Blvd, Suite B | | | | | | (509) 78 | 3-2112 |
| Kenr | newick, | WA 99336 | | | | | 2d | Business code (523900 | |
| 3a | Plan a | dministrator's name a | nd address XSame as Plan Sp | onsor Name | e Same as Plar | Sponsor Address | 3b | Administrator's I | EIN |
| | | | | | | | 3с | Administrator's t | elephone number |
| | | | | | | | | | • |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | If the r | name and/or FIN of th | e plan sponsor has changed sir | ace the last r | return/report filed for | or this plan, optor the | 4h | FINI | |
| - | | | imber from the last return/report | | etan//report illed it | or this plan, enter the | 40 | EIN | |
| a | Spons | or's name | | | | | 4c | PN | |
| 5a | Total r | number of participants | s at the beginning of the plan ye | ar | | | 5a | | 6 |
| b | Total r | number of participants | s at the end of the plan year | | | | 5b | | 7 |
| С | | | account balances as of the end | | | | 5c | | 5 |
| 6a | | | s during the plan year invested | | | | | | X Yes ☐ No |
| b | Are yo | ou claiming a waiver o | of the annual examination and re | eport of an in | dependent qualifie | d public accountant (IQ | PA) | | |
| | | | ? (See instructions on waiver el | | | | | | X Yes No |
| | | | ither line 6a or line 6b, the pla | | | | | | |
| С | If the p | olan is a defined bene | fit plan, is it covered under the I | PBGC insura | ance program (see | ERISA section 4021)? . | | Yes No | Not determined |
| Cau | ıtion: A | penalty for the late | or incomplete filing of this re | turn/report | will be assessed | unless reasonable cau | se is | established. | |
| Und | ler pena | alties of perjury and of | ther penalties set forth in the ins | tructions, I o | leclare that I have | examined this return/rep | ort, ir | ncluding, if applica | able, a Schedule |
| | | edule MB completed a true, correct, and com | nd signed by an enrolled actual plete. | y, as well as | s the electronic ver | sion of this return/report | , and | to the best of my | knowledge and |
| SIG | NECT N | Donla | 31 | | 225-14 | Paul Presby | | | |
| HEI | RE | Signature of plan | administrator | | Date | Enter name of individu | ual sig | ning as plan adm | ninistrator |
| SIG | N | | | | | | | | |
| HE | | Signature of emplo | over/nlan snonsor | | Date | Enter name of individu | ıal cic | ning as amplaya | r or plan enoncer |
| Pre | parer's i | | name, if applicable) and address | | | r (optional) | | | number (optional) |
| | 7.00 | | 2 6.1 | 2 | | | | | (|
| | | | | | | | | | |
| | | | | | | ļ | | | |
| | | | | | | | | | |

| Pa | rt III Financial Information | | | | | | |
|-------------------------|--|---|--|---------------------------------|---------------------|------------------------|---|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | /oar | | | (b) End of Year |
| <u>.</u> | Total plan assets | . 7a | 20730 | 150 | + | | 229804 |
| | Total plan liabilities | 7b | | | + | | 22000 |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 20730 | 2 | + | | 229804 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | 十 | | (b) Total |
| | Contributions received or receivable from: | | | | | | |
| | (1) Employers | 8a(1) | 249 | 6 | | | |
| | (2) Participants | 8a(2) | 717 | 6 | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | |
| <u>b</u> | Other income (loss) | . 8b | 3719 | 1 | 8 | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 46863 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 2239 | 3 | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 196 | 8 | | | |
| g | Other expenses | 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 24361 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 22502 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | |
| Par | t IV Plan Characteristics | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D | feature cod | es from the List of Plan Char | acteris | tic Co | des in | the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature code | s from the List of Plan Chara | cterist | ic Cod | les in t | he instructions: |
| | | | 2732 | | | | |
| Pari | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount |
| | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | ıciary Corre | ction Program) | 10a | | Х | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | 20800 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | Х | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all | | , | | | | |
| | instructions.) | | [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | 10e | X | | 1107 |
| | | | | 100 | - 43 | | 1101 |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10e | | X | 1101 |
| f | | | | 10f | | X | 110 |
| | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? | s of year en | d.)tions and 29 CFR | 10f 10g | X | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the state of the plan have any participant loans? (If "Yes," enter amount a left this is an individual account plan, was there a blackout period? | s of year en | d.)tions and 29 CFR | 10f 10g 10h | X | | |
| h | Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 | s of year en | d.)tions and 29 CFR | 10f 10g | | | |
| h | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem | s of year en (See instruc- ne required 1-3ents? (If "Ye | d.) tions and 29 CFR notice or one of the es," see instructions and com | 10f 10g 10h 10i | X X | X X | 3 (Form |
| h i Part | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | s of year en (See instruc- ne required 1-3 | d.)tions and 29 CFR notice or one of the es," see instructions and com | 10f 10g 10h 10i | X X Scheo | X dule SE | 3 (Form |
| h i Part | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the second seco | s of year en (See instruction of the required 1-3ents? (If "You om Schedu | d.)tions and 29 CFR notice or one of the es," see instructions and com | 10f 10g 10h 10i | X X Scheo | X Iule SE | 3 (Form Yes X No |
| h i Part 11 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to the minimum funding to the subject to | s of year en (See instruc- ne required 1-3 ents? (If "Yo om Schedu requiremer | d.) | 10f 10g 10h 10i | X X Scheo | X Iule SE | 3 (Form Yes X No |
| Part 11 11a 12 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein | s of year en (See instruc- ne required 1-3 ents? (If "You om Schedu requiremer as applical ng amortized | d.) | 10f 10g 10h 10i 10i | X X Sched | X Hule SE 11a 302 of | B (Form Yes X No ERISA? Yes X No ne date of the letter ruling |
| h i Part 11 11a 12 | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from the subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | s of year en (See instruc- ne required 1-3 ents? (If "Yo om Schedu requiremer as applical ng amortized | d.) | 10f 10g 10h 10i 10i | X X Sched | X Hule SE | 3 (Form Yes X No ERISA? Yes X No |
| h i Part 11 11a 12 a If | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver. | s of year en (See instruc- ne required 1-3 ents? (If "Younged states applicating amortized the MB (Form | d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 ats of section 412 of the Code ble.) d in this plan year, see instructions and com mon 5500), and skip to line 13. | 10f 10g 10h 10i plete | X X Schection | X Hule SE 11a 302 of | B (Form Yes X No ERISA? Yes X No ne date of the letter ruling |

| C Enter the amount contributed by the employer to the plan for this plan year | Form 5500-SF 2013 Page 3 - 1 | | |
|--|--|-----|---|
| 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 | C. Enter the amount contributed by the employer to the plan for this plan year | 12c | Τ |
| negative amount/ | | | |

| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
|-------|---|---|------------|--------|-------|
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No | N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | - |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes 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 PBGC? | control | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.) |) to | | | |
| 1 | 3c(1) Name of plan(s): | 13c(2) E | IN(s) | 13c(3) | PN(s) |
| | | | 0.000 | | |
| Part | VIII Trust Information (optional) | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | |
| 14a N | Name of trust | 14b T | rust's EIN | | |