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

. 0.10101	zonom caaramy corporation	Complete all entries in a	accordance with the instruc	ctions to the Form 55	00-SF.		
Part I	Annual Report	Identification Information	n				
For cale	ndar plan year 2013 or fi	scal plan year beginning 01/0	1/2013	and ending	12/31/	2013	
A This	return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progra	am
	3	special extension (enter des	cription)			ш .	
Part II	Basic Plan Info	ermation—enter all requested in	nformation				
	ne of plan	Titalie II onto an requested ii	THO THE COLOR		1b	Three-digit	
	SPORTS LEAGUES, IN	C. 401(K) PLAN				plan number	
	,					(PN) ▶	001
					1c	Effective date of	f plan
						01/01	/2007
	n sponsor's name and ad SPORTS LEAGUES, IN	Idress; include room or suite num NC.	ber (employer, if for a single-	-employer plan)	2b	Employer Identification (EIN) 80-00	fication Number 10587
205 OTU	AVE N STE D				2c	Sponsor's telep	
	, WA 98109				2d	Business code ((see instructions)
3a Plar	administrator's name ar	nd address XSame as Plan Spor	nsor Name Same as Plar	n Sponsor Address	3b	71390 Administrator's I	
					3c	Administrator's t	telephone number
		e plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b	EIN	
nar	ne, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	e the last return/report filed fo	or this plan, enter the			
nar a Spo	ne, EIN, and the plan nui nsor's name	mber from the last return/report.	·	· 	4c		40
nar a Spo 5a Tota	ne, EIN, and the plan nui nsor's name al number of participants	mber from the last return/report. at the beginning of the plan year			4c 5a		10
nar a Spo 5a Tota b Tota	ne, EIN, and the plan nu nsor's name al number of participants al number of participants	mber from the last return/report. at the beginning of the plan year at the end of the plan year			4c 5a		10 12
nar a Spo 5a Tota b Tota c Nur	ne, EIN, and the plan nu nsor's name al number of participants al number of participants nber of participants with	mber from the last return/report. at the beginning of the plan year	f the plan year (defined bene	efit plans do not	4c 5a		
a Spo 5a Tota b Tota c Nur	ne, EIN, and the plan numersor's name al number of participants al number of participants mber of participants with mplete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of	f the plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	12
nar a Spo 5a Tota b Tota c Nur con 6a We b Are	ne, EIN, and the plan numersor's name all number of participants all number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end o	f the plan year (defined bene- eligible assets? (See instruc ort of an independent qualifie	efit plans do nottions.)ed public accountant (IC	4c 5a 5b 5c QPA)	PN	12 12 X Yes No
nar a Spo 5a Tota b Tota c Nur con 6a We b Are	ne, EIN, and the plan numeror's name all number of participants all number of participants with a plete this item)ere all of the plan's assets you claiming a waiver of ler 29 CFR 2520.104-46	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligitations).	f the plan year (defined bene- eligible assets? (See instruc ort of an independent qualifie ibility and conditions.)	efit plans do not ctions.)ed public accountant (IC	4c 5a 5b 5c CPA)	PN	12
nar a Spo 5a Tota b Tota c Nur con 6a We b Are unc if y	ne, EIN, and the plan numeror's name al number of participants al number of participants where of participants with plete this item) ere all of the plan's assets you claiming a waiver of ler 29 CFR 2520.104-46' ou answered "No" to el	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in f the annual examination and report (See instructions on waiver eliging the plan the pla	eligible assets? (See instruction of an independent qualification) and conditions.)	efit plans do not etions.)ed public accountant (IC	4c 5a 5b 5c Sc	PN	12 12 X Yes No Yes No
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nar a Spo 5a Tota b Tota c Nur con 6a We b Are unc if y c If the	ne, EIN, and the plan numersor's name all number of participants all number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligitation) is the plan, is it covered under the PB	eligible assets? (See instructor of an independent qualifications)	efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)?	4c 5a 5b 5c PPA)	PN	12 12 X Yes No Yes No
nar a Spo 5a Tota b Tota c Nur con 6a We b Are unc if y C If th	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in f the annual examination and report (See instructions on waiver eliging the plan the pla	eligible assets? (See instruction of an independent qualification of an independent qualification of an independent special cannot use Form 5500-SF against use program (see profreport will be assessed	efit plans do not ctions.)ed public accountant (IC and must instead use ERISA section 4021)?	4c 5a 5b 5c Form	PN S500. Yes No established.	12 12 X Yes No Yes No Not determined
nar a Spo 5a Tota b Tota c Nur con 6a We b Are unc If y c If the	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligitation) in the plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualification of an independent qualification of an independent specification of an independent specification of an independent qualification of an independent of an independen	efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic	12 12 X Yes No X Yes No Not determined able, a Schedule
nar a Spo 5a Tota b Tota c Nur con 6a We b Are unc If y c If th Caution Under po SB or Sc belief, it	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligitation) in the plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualification of an independent qualification of an independent specification of an independent specification of an independent qualification of an independent of an independen	efit plans do not etions.)ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic	12 12 X Yes No X Yes No Not determined able, a Schedule
nar a Spo 5a Tota b Tota c Nur con 6a We b Are unc if y c If th Caution Under po SB or So belief, it	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligitistic plan, is it covered under the PB or incomplete filing of this return the penalties set forth in the instruction of the plan fit plan, is it covered under the plan fit	eligible assets? (See instructor of an independent qualification in the conditions.)	efit plans do not ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca examined this return/report	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applic to the best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and
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nar a Spo 5a Tota b Tota c Nur con 6a We b Are und If y C If th Caution Under poss or So belief, it SIGN HERE	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eliginative plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary, plete.	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ections.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	12 Yes No No Not determined Sable, a Schedule knowledge and No No No No No No No N
nar a Spo 5a Tota b Tota c Nur con 6a We b Are und If y C If th Caution Under poss or So belief, it SIGN HERE	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligitation and it plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary, plete. [Valid electronic signature.]	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ections.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	12 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor
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nar a Spo 5a Tota b Tota c Nur con 6a We b Are und If y C If th Caution Under poss or So belief, it SIGN HERE	ne, EIN, and the plan number of participants all number of participants all number of participants with applete this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligitation and it plan, is it covered under the PB or incomplete filing of this returned signed by an enrolled actuary, plete. [Valid electronic signature.]	eligible assets? (See instruction of an independent qualification of an independent of	efit plans do not ections.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	12 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear		
a	Total plan assets	7a	19746				(5) 2		252506	6	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	19746	7					252506	6	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) ranount				(2)	Total			
	(1) Employers	8a(1)	1015	3							
	(2) Participants	8a(2)	942	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	5518	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							74764	1	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1965	0							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	7	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1972	5	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							55039	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D 2F 2G 2R	feature coo	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7.111	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		X					
					X					4050	000
				10c						1250	J00
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)			10e	X					2	232
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10q		Χ					
h		(See instru	ctions and 29 CFR	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	ne required	notice or one of the	10i							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								7		
	5500) and line 11a below)							<u> </u>	Yes	Ш	No
	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>	1 -		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	_	ne date of			ıling	
				uı		Day		Ye			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	e MB (Forr	n 5500), and skip to line 13.			12b		16	<u>а</u>		

Page	3	-	1	
гаус	J	_		

			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?	X	es 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		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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust'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.

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2013 or f	iscal plan year beginning 0	1/01/2013	and ending	1	2/31/2013
A This ref	turn/report is for:	🗓 a single-employer plan	a multiple-employer i	olan (not multiemployer)		a one-participant plan
B This ref	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descript	on)			
Part II	Basic Plan Info	ormation—enter all requested inform	nation			
1a Name	•				1b T	hree-digit
		GUES, INC. 401(K) PLAN			р	lan number
						PN) • 001
<u></u>						iffective date of plan 1/01/2007
		ddress; include room or suite number (employer, if for a single	-employer plan)	1	mployer Identification Number
SEATTL.	E SPORTS LEAG	UES, INC.			-	EIN) 80-0010587
305 9TH AVE N STE D						ponsor's telephone number
305 FIR AVE N SIE D						06-251-8326
SEATTL	F	WA 98109				usiness code (see instructions) 13900
		nd address Same as Plan Sponsor	Name XSame as Pla	n Sponsor Address		dministrator's EIN
					30 1	dministrator's telephone number
					30 7	diffiliation a telephone number
		e plan sponsor has changed since the	last return/report filed	or this plan, enter the	4b E	in
	, EIN, and the plan hu or's name	mber from the last return/report.			4c P	N
		at the beginning of the plan year			5a	10
		at the end of the plan year			5b	12
		account balances as of the end of the			0.5	1.2
compl	lete this item)				5c	12
		s during the plan year invested in eligi				X Yes No
		of the annual examination and report of ? (See instructions on waiver eligibility				X Yes No
		either line 6a or line 6b, the plan can	·			
		fit plan, is it covered under the PBGC			_	
		or incomplete filing of this return/re				
SB or Sche	alties of perjury and of edule MB completed a	ther penalties set forth in the instructio and signed by an enrolled actuary, as v	ns, I declare that I have vell as the electronic ve	examined this return/report	port, incli	uding, if applicable, a Schedule the best of my knowledge and
	true, correct, and com				.,	and book of my knowledge and
SIGN	In 0.1		2/26/14	SHAWN MADDEN		
SIGN	1000		<u> </u>	SIMINI PERDERI		
HERE						
	Signature of plan a	administrator	Date	Enter name of individ	ual signi	ng as plan administrator
SIGN	Signature of plan	administrator	Date	Enter name of individ	ual signi	ng as plan administrator
SIGN HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signi	ng as employer or plan sponsor
SIGN HERE	Signature of emplo		Date	Enter name of individ	ual signi	
SIGN HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signi	ng as employer or plan sponsor
SIGN HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signi	ng as employer or plan sponsor
SIGN HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signi	ng as employer or plan sponsor

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	- Partition	(a) Beginning of Yea	ar			(b) End of	Year	
а	Total plan assets	7a		9746	7		-1-6		252506
	15 Oktobra 2 Character March 1997	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1:	9746	7				252506
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
а	Contributions received or receivable from:			1015	_				
	(1) Employers	8a(1)		1015	-			_	
	(2) Participants	8a(2)		942	9				
	(3) Others (including rollovers)	8a(3)			_				
b	Other income (loss)	8b		5518	2	° 57			
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							74764
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1965	0				All S
е_	Certain deemed and/or corrective distributions (see instructions)	8e			150				
f	Administrative service providers (salaries, fees, commissions)	8f		7	5				18
g	Other expenses	. 8g			4	100			
<u>_h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19725
	Net income (loss) (subtract line 8h from line 8c)	. 8i		10					55039
j	Transfers to (from) the plan (see instructions)	8j						, 100	14.
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 3D 2F 2G 2R	feature code	es from the List of Plan Char	acteris	tic Co	des in	the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ıs:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		mount	
a				10a	100	Х	^	mount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in	clude transactions reported	10b		х			
C					х				125000
_				10c					
d	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e	х				232
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear en	d.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10g		х			01 234
ī	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required i	notice or one of the	10ii			F partin		
Par				101					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							∏ Ye	s Π No
11:	Enter the unpaid minimum required contribution for current year f					11a		Щ.,	
12	<u>*</u>						EDISAS	П уд	s X No
	Is this a defined contribution plan subject to the minimum funding	70.00	20 AV	5 UI SE	CHON .	302 Of	ERIOA(П	2 M 140
a	(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 bei granting the waiver.	ng amortized	d in this plan year, see instru		, and e	_			uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul		10 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a 5 a			Day	<u> </u>	ear	
	Enter the minimum required contribution for this plan year					12b			
14	the minimum required contribution for this plan year		***************************************			constitu			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	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?	X,	Yes 🗌	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			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				
•	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3)	PN(s)
-				\neg		
-				-+		
				-		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b T	rust's El	N		