Usered Revenue Service/         2013           This form is required to be filed under sectors 104 and 4055 of the Employee Retirement Income Society Media (1974) (ERKs), and sectors 6057(b) and 6056(a) of the Internal Revenue Code (the Code).         Complete all entries in accordance with the instructions 6057(b) and 6056(a) of the Internal Revenue Code (the Code).         This form is copen to Public Inspection           Part II         Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning otto/12/013         and ending 12/31/2013         2013           A This return/report is in return/report is in a single-employer plan is pecial extension (enter description)         C heck box if filing under: is pecial extension (enter description)         DFVC program           Part II         Basic Plan Information – enter all requested information         16 This return/report is special extension (enter description)           Part II         Basic Plan Information – enter all requested information         16 Effective date of plan (PN) V         003           2 Seponsor's name and address; include room or suite number (employer, if for a single-employer plan)         201/01/1081           20 PO, DOX 1238 EDMONDS, WA 98020         26 Seponsor's telephone number (EN) V = 003           3 A diministrator's name and address; include room or suite number (employer, if for a single-employer plan) <th colspa:<="" th=""><th>Fo</th><th>rm 5500-SF</th><th colspan="3">Short Form Annual Return/Report of Small Employee</th><th colspan="3">OMB Nos. 1210-0110 1210-0089</th></th>	<th>Fo</th> <th>rm 5500-SF</th> <th colspan="3">Short Form Annual Return/Report of Small Employee</th> <th colspan="3">OMB Nos. 1210-0110 1210-0089</th>	Fo	rm 5500-SF	Short Form Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089				
Describer         Part I         Amount of Labor         This Form is Open to Public Part I           Provide Math Stard & Cardy Corporation         ************************************			Benefit Plan				2013				
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 0.101/2013 and ending 1.231/2013 A This return/report is correlated return/report a an enerode return/report b This return/report is: an enerode return/report b This return/report (less than 12 months) C Check box if fling under: b For 5588 b automatic extension b For 2014 b and the plan year element of the plan year return/report b This return/report (less than 12 months) C Check box if fling under: b For 5588 b automatic extension b For 558 b automatic extension b For 550 c Find with authorized/valid electronic signature b For 550 c Find with authorized/valid electronic signature b For 550 c Find with authorized/valid electronic signature b For 550 c Find with authorized/valid electronic signature b For 550 c Find with authorized/valid electronic signature b For 550 c Find with authorized/valid electronic signature b For 550 c Find			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058			a) of	This Form is Open to Public				
For calerdar plan year 2013 or fiscal plan year beginning       0101/2013       and ending       12/31/2013         A This return/report is to:       a single employer plan       and indiple employer plan (not multiemployer)       a one-participant plan         B This return/report is:       an empended return/report       a short plan year return/report (less than 12 months)       DFVC program         G C Acek box if filing under:       be first return/report       a short plan year return/report (less than 12 months)       DFVC program         A Name of plan       geodal extension       (netre description)       DFVC program         Part II       Basic Plan Information—enter all requested information       10       Three-digit plan number (mN)         G Name of plan       Port BOSC       Port BOSC       003         TG E Effective date of plan       (EN)       003         C BONDOS: WA 80020       20       Employer identification Number (mN)       21         PO, BOX 1238       EDMONDS: WA 8020       23       24       Bit Administrator's telephone number 425:773:373         20       Box Administrator's name and address:       Same as Plan Sponsor Address       33       35       Administrator's telephone number 425:778:3773         20       Box Administrator's telephone number 425:778:3773       24       Bit hanadministrator's telephone number 425:778:3773	Pension B	enefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Ins	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:       psocial extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       DFVC program         12       Part II       Basic Plan Information—enter all requested information         13       Name of plan       DFVC program         EVING ELECTRIC, INC.       PCO FITS SHARING PLAN       DF Three-digit provide information         24       Plan sponsor's name and address; include room or suite number (employer; if for a single-employer plan)       2b Employer Identification Number (PN) - Cost 1238         EDMONDS, WA 88020       2a Address       3b Administrator's therefore number (employer, if for a single-employer plan)         24       If the name and/or EIN of the plan sponsor hase 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 therefore			lentification Information				•				
This return/report       □	For calend	ar plan year 2013 or fisca			and ending 1	2/31/2	2013				
an amended return/report       a short plan year return/report (less than 12 months)         Port II       Basic Plan Information—enter all requested information         1a Name of plan       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN)         22a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       000         P.O. BOX 1238       2b Employer Identification Number (PN)         20 Box 1238       2c Sponsor's tappen and address; include room or suite number (employer, if for a single-employer plan)         P.O. BOX 1238       2c Sponsor's tappen and address; include room or suite number (employer, if for a single-employer plan)         P.O. BOX 1238       2c Sponsor's tappen and address; include room or suite number (employer, if for a single-employer plan)         P.O. BOX 1238       2c Sponsor's tappen and address; include room or suite number (employer, if for a single-employer plan)         WING ELECTRIC, INC.       P.O. BOX 1238         EDMONDS, WA 98020       2d Administrator's tappen number (address)         3a Plan administrator's name and address is an eas Plan Sponsor Name       3b Administrator's tappen number (address)         Son and       A fif the name andior EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the a sponsor in the last return/report.       3b Administrator stelppone number (address)         Son	A This re	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan			
C       C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part III       Basic Plan Information—enter all requested information       1       Three digit plan number         IA       Name of plan       Important information—enter all requested information       1       Three digit plan number       0.03         IC       Effective date of plan       0.03       1       C Effective date of plan       0.01/14.931         Za       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       22       Employer Identification Number (EIN)       0.03         Zd       Business code (see instructions)       22       Sponsor's telephone number 425-778-3773       22         Zd       Business code (see instructions)       23210       3       3       Administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address Plan Administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address Plan Administrator's name       3       Administrator's telephone number 425-778-3773         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.       4       4       FON         Sa       Total number of participants at the beginning of the plan year.       5a       5b       5c	B This re	turn/report is:	the first return/report	the final return/report							
Part III       Basic Plan Information_enter all requested information         1a Name of pain       1b Three-digit plan number (PN)         EWING ELECTRIC, INC. PROFIT SHARING PLAN       003         1C Effective date of plan       010/14831         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (PN)         2.0 BOX 1238       2b Employer identification Number (EN)       2c Sponsors leptone number (2E)         P.O. BOX 1238       2c Sponsors leptone number (employer, if for a single-employer plan)       2d Business code (see instructions 23210         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address ED/CNDS, WA 98020       3b Administrator's telephone number 425-778-3773         4 If the name and/or EIN of the plan sponsor has charged 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 end of the plan year       5a       5b         5a Total number of participants at the end of the plan year invested in eligible assets? (See instructions.)       Yee ]         6a Were al of the plans assets dumg the plan year invested in eligible assets? (See instructions.)       Yee ]         7b Are you claiming a waiver of the samuel examination and report of an independent qualified public accountant (ICPA)       Yee ]         1b Are you claiming a waiv			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 (PN) ▶         2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       2b       Employet identification Number (EN) ▶         2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       2b       Employet identification Number (EN) ▶         20 Business code (see instructions 22800       2c       Sponsor's telephone number (425-778-3773         2d Business code (see instructions 22820       3a Plan administrator's name and address EDMONDS, WA 98020       3b       Administrator's EIN 30c       Administrator's EIN 30c       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         5a       Total number of participants at the end of the plan year       5a       5b         5a       Total number of participants at the end of the plan year       5a       5b         6       Were all of the plans assets during the plan year invested in eligible assets? (See instructions.)       §       §         b       Total number of participants with account balances as of the end of the plan year (see ERISA section 4021)?       §       §         6       Mere all of the plan	C Check box if filing under:						DFVC program				
1a Name of plan       1b Three-digit plan number of participants at the beginning of the plan year.       003         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (ENNO, NA 98020         2b Composer's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (ENNO, WA 98020         2c Sponsor's telephone number       425/775-3773         2d Business code (see Instructions; 238210       3b Administrator's name and address; ESME as Plan Sponsor Name is Dame as Plan Sponsor Address         WING ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       3b Administrator's telephone number 425-776-3773         3a Plan administrator's name and address is Dame as Plan Sponsor Name is Dame as Plan Sponsor Address       3b Administrator's telephone number 425-778-3773         3c Administrator's telephone number for mithe last return/report.       3b Administrator's telephone number 425-778-3773         3c Administrator's number of participants at the beginning of the plan year.       5a         5a Total number of participants at the end of the plan year.       5a         5a Wree all of the plan's assets during the plan year invested in eligible assets? (See Instructions,).       Yes is         6a Wree all of the plan's assets during the plan year invested in eligible assets? (See Instructions,).       Yes is         6a Wree all of the plan's assets during the plan year invested in eligible			· · ·	,							
EWING ELECTRIC, INC. PROFIT SHARING PLAN       plan number (PN)       003         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer leantification Number (EIN)       91.06 Employer leantification Number (EIN)       91.06 PLATA339         2c Sponsor's telephone number (EIN)       91.06 PLATA339       2c Sponsor's telephone number (A25-778-3773)       2d Business code (see instructions) 238210         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN 31-06/7339         SWING ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       3c Administrator's LIN 31-06/7339       3c Administrator's EIN 31-06/7339         3c Administrator's name and address is some as 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 4c PN         3a Total number of participants at the beginning of the plan year       5a         c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         ca       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions,	-	•	nation—enter all requested informa	tion				Γ			
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (EIN) 01-0647339         P.O. BOX 1238       2c       Sponsor's telephone number 425-778-3773       2c       Sponsor's telephone number 425-778-3773         ZM Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN 91-0647339         ZMING ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       3c       Administrator's EIN 91-0647339         ZMING ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       3c       Administrator's EIN 91-0647339         ZMING ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       3c       Administrator's telephone number 425-778-3773         ZM It 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         Zo       Number of participants at the end of the plan year       5a       5b       5c         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		•	HARING PLAN			1b	plan number	003			
EWING ELÉCTRIC, INC.       (EIN) 91-0647339         P.O. BOX 1238 EDMONDS, WA 98020       2C Sponsor's telephone number 425-778-3773         2d Business code (see instructions)       28210         3a Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address       3b Administrator's 1810 91-0647339         2wiNG ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       3b Administrator's telephone number 425-778-3773         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         5 b       5c         6       Wree all of the plan's assets during the plan year       5a         5b Ar you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Y Yes []         1f you answered 'No' to either line 6 or line 6b, the plan cannot use Form 5500-F and must instead use Form 5500.       C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       No [] Not determined Define paralles of the year and other penalles set forth in the instructions.         C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes [] No [] Not determined Define paralles of the plan administrator         Signature of plan admin						1c		•			
P.O. BOX 1238       425-778-3773         EDMONDS, WA 98020       2d Business code (see instructions)         3a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         SWING ELECTRIC, INC.       P.O. BOX 1238       Business code (see instructions)         SUB Administrator's Elephone number       91-0647339         3c Administrator's Elephone number       91-0647339         3c Administrator's Elephone number       425-778-3773         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         5a       5b       5c         complete this item)       5c       5c         5a       5b       5c         5a       5b       5c         5a       5c       5c			ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b					
EDMONDS, WA 98020       2d Business code (see instructions, 238210         3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address PLO, BOX 1238 EDMONDS, WA 98020       3b Administrator's EIN 91-0647339         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.       3b EIN         5a Total number of participants at the beginning of the plan year       5a         5b Total number of participants at the of of the plan year       5b         c Number of participants at the of the plan year       5b         c Number of participants at the of the plan year       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       Sr 'esc.         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Y es ]         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Y es ] No Not determineed         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of participants at other ince for this instructions on vaiver eligibility and conditions.       Y es ] No Not determineed         c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021?)?       Y es ] No Not determineed      <	P.O. BOX 1	238				2c					
WING ELECTRIC, INC.       P.O. BOX 1238 EDMONDS, WA 98020       91-0647339         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 form the last return/report.       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       5a         b       Total number of participants at the end of the plan year       5a       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.)       Yes           b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes           under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes         No         c       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes         No         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 Schedule Se of Schedule MB completed an signed by an enrolled actuary, as well as the electronic version of thi						2d					
EDMONDS, WA 98020     C Administrator's telephone number 425-778-3773     Administrator's telephone number 425-778-373     Administrator 54     Administrator 54     Administrator 54     Administrator				ame Same as Plan	Sponsor Address	3b					
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.)       Sc         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       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 Schedule 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 and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN <tr< th=""><th colspan="5">name, EIN, and the plan number from the last return/report.</th><th colspan="4"></th></tr<>	name, EIN, and the plan number from the last return/report.										
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.)       Xes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         c       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       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 Schedule 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 and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN         HERE       Signature of plan administrator       Date       Enter name of individual signi	<u> </u>		the beginning of the plan year					2			
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         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       Xes         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xes       No       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 Schedule 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 and belief, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor								0			
complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xes         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xes         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Xes       Yes         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Xes       No         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       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 Schedule 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 and belief, it is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor								0			
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       Yes         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       No       Not determined         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       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 Schedule 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 and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor		· ·	•	<b>,</b> ,	•	5c		0			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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.         C       If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?       Yes       No       Not determined         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Index penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN         SIGN       Filed with authorized/valid electronic signature.       03/07/2014       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor								🗙 Yes 🗌 No			
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 Schedule 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 and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor											
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 Schedule 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 and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor			•					Not determined			
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 Schedule 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 and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       03/07/2014       ERIK SORENSEN         SIGN HERE       Filed with authorized/valid electronic signature.       03/07/2014       Enter name of individual signing as plan administrator         SIGN HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor								<u> </u>			
HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Under pen SB or Sch	alties of perjury and othe edule MB completed and	r penalties set forth in the instructions signed by an enrolled actuary, as we	, I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic				
Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	SIGN	Filed with authorized/va	lid electronic signature.	03/07/2014	ERIK SORENSEN	DRENSEN					
SIGN HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN										
						ual sid	ning as employe	er or plan sponsor			
	Preparer's										

Par	t III Financial Information	-									
7	Plan Assets and Liabilities (a) Beginning of Ye			ır	(b) End of Year						
а	Total plan assets	7a	8427	6					0		
b	Total plan liabilities	7b			0						
С	Net plan assets (subtract line 7b from line 7a)	7c	8427	6	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	80(1)									
	(1) Employers	8a(1) 8a(2)									
	(2) Participants     (including rollovers)	8a(3)									
· · ·	Other income (loss)	8b	1073	1							
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10731		
	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d	9464	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	36	5							
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							95007		
	Net income (loss) (subtract line 8h from line 8c)	8i			_				-84276		
<u> </u>	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{3D}$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	C		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions.			
	······································										
Part	V Compliance Questions										
10	<b>10</b> During the plan year:				Yes	No		Am	ount		
а	<ul> <li>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)</li></ul>					Х					
b	Were there any nonexempt transactions with any party-in-interest			Tou		×					
				10b		Х					
С	Was the plan covered by a fidelity bond?			10c	X				:	30000	00
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					х					
	or dishonesty?			10d		~					
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		Х					
f	f Has the plan failed to provide any benefit when due under the plan? 10f					Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
h	If this is an individual account plan, was there a blackout period?	•				Х					
<u> </u>	2520.101-3.)			10h		~					
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							
Part		10		101					_		
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)											
	Enter the unpaid minimum required contribution for current year fr		, ,			11a		1 -			
12								٩N			
	<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling</li> </ul>										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ie date of	the le Yea		ing	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b	Enter the minimum required contribution for this plan year					12b					

C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X Y	′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		X Yes	No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13			EIN(s) 13c(3) PN(s)				
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Tr	ust's EIN				