## 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 B	enefit Guaranty Corporation	▶ Complete all entries in accor	rdance with the instruc	tions to the Form 550	0-SF.		spection
Part I	Annual Report le	dentification Information					
For calend	lar plan year 2013 or fisc	cal plan year beginning 01/01/201	13	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan	a multiple-employer pl the final return/report	an (not multiemployer)		a one-partici	pant plan
<b>D</b> This re	turn/report is:	the first return/report	<u>'</u>	-/	41 \		
_		an amended return/report		n/report (less than 12 mo	ontns)		
C Check	box if filing under:	Form 5558  special extension (enter description)	automatic extension			DFVC progra	am
Part II	Racic Plan Infor	mation—enter all requested inform					
1a Name		mation—enter all requested inform	Idlion		1h	Three-digit	
	•	ENT STORE, INC. 401(K) PLAN & TF	RUST		10	plan number	
THE GOVE	KINIENT TROOOKEME	2141 0101CL, 1140. 401(11) 1 27114 C 11	(001			(PN) ▶	001
					1c	Effective date of	of plan
						01/01	/2010
	ponsor's name and add RNMENT PROCUREMI	ress; include room or suite number (eENT STORE, INC.	employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 56-25	ification Number 37718
800 NORTH	HEAST TENNEY ROAD				2c	Sponsor's telep	
<b>SUITE 110-</b>					2d	Business code	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's	
			ы	•	•		
					3C	Administrator's	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since the	last return/report filed fo	or this plan enter the	4h	EIN	
		ber from the last return/report.	idot rotali il roport illou re	in the plant, enter the	70	LIIV	
<b>a</b> Spons	or's name				4c	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan year			5a		2
<b>b</b> Total	number of participants a	at the end of the plan year			5b		2
	· ·	ccount balances as of the end of the		•	5c		2
<b>6a</b> Were	all of the plan's assets	during the plan year invested in eligit	ole assets? (See instruc	tions.)			X Yes No
	•	the annual examination and report of	,	•			
unde	29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditions.)				X Yes No
If you	ı answered "No" to eit	her line 6a or line 6b, the plan canı	not use Form 5500-SF	and must instead use	Form	5500.	_
<b>C</b> If the	plan is a defined benefit	plan, is it covered under the PBGC i	nsurance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution:	A penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	ıse is	established.	
		er penalties set forth in the instruction					cable, a Schedule
SB or Sch		d signed by an enrolled actuary, as w					
SIGN	Filed with authorized/v	alid electronic signature.					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	gning as plan adı	ministrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	er or plan sponsor
Preparer's		ime, if applicable) and address; include					number (optional)
	-					-	,

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a	1252				(3) =110	<u> </u>	2158	8
	Total plan liabilities	7b		0					(	0
	Net plan assets (subtract line 7b from line 7a)	7c	1252	28					21588	8
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 7	Total		
	Contributions received or receivable from:		(4) / 111104111				(3)			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	480	00						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	426	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9060	)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (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								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							906	0
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 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruct	ions:		
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 contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
						X				
	· · · · · · · · · · · · · · · · · · ·			10c						
d	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				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		X				
h		(See instru	uctions 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	d notice or one of the	10i						
Part		1 0		10.						
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com	nlete	Sched	lule SF	3 (Form	I		
	5500) and line 11a below)								Yes	X No
	Enter the unpaid minimum required contribution for current year fr					11a		Г	1 🗤	V
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?	LL	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	ond :	onto- !!	o data af	tha !	ttor -	ling
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and 6	Day	e uate of	Yea		iiig
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	10k	1			
b	Enter the minimum required contribution for this plan year				I	12b	I			

Page	3	- [	1
гаус	J	- 1	

Ente	r the amount contributed by the employer to the plan for this plan year	12c		
		12d		
Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
VII	Plan Terminations and Transfers of Assets			
Has	a resolution to terminate the plan been adopted in any plan year?	. 🔲 Y	′es X No	
If "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a		
		control		Yes X No
		to		
13c(1)	Name of plan(s):	<b>3c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)
VIII	Trust Information (optional)			
	+: ·· ++:	<b>14b</b> ⊺r	ust's EIN	
t 1	Subtinegal Will t VII Has a If "Ye Were of the Which If dur which I see I was a like I was a lik	will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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):  13c(2) EIN(s)  14b Trust'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 section 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 Annual Report calendar plan year 2013 or fi	t Identification Information	01/01/2013	and ending	10	/31/2013	
_		-		-		7	
_	This return/report is for:	x a single-employer plan		olan (not multiemployer)	L	a one-participant plan	
В.	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	ım/report (less than 12 m	onths)	_	
C	Check box if filing under:	Form 5558	automatic extension			DFVC program	
		special extension (enter descrip	otion)				
Pa	irt II Basic Plan Info	ormation enter all requested in	nformation			**************************************	
	Name of plan					hree-digit	
	THE GOVERNMENT PRO	CUREMENT STORE, INC. 401	(k) PLAN & TRUST			lan number PN) ► . 001	
		01	(,,, 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ffective date of plan	
					1	1/01/2010	
2a		ddress; include room or suite number	r (employer, if for a single	e-employer plan)	2b ⊟	mployer Identification Number	31
	THE GOVERNMENT PRO	CUREMENT STORE, INC.			(1	EIN) 56-2537718	
						ponsor's telephone number	
	800 NORTHEAST TENN	EY ROAD			<u> </u>	360) 553-4214	
	SUITE 110-353					lusiness code (see instruction 38210	1S)
	VANCOUVER	WA 98685		DI 0 111	<u> </u>	······································	
3a	Plan administrator's name a	and address X Same as Plan Spor	nsor Name [] Same as	Plan Sponsor Address	JD A	dministrator's EIN	
					3c A	dministrator's telephone num	ıber
4	If the name and/or FIN of th	e plan sponsor has changed since th	se last return/report filed t	or this plan enter the	4b E	in.	
-7		mber from the last return/report.	ie iast returnireport lieu i	or this plan, enter the	70 -	.114	
а	Sponsor's name	•	•		4c P	N	
5a	Total number of participants	at the beginning of the plan year			5a	2	
b	Total number of participants	at the end of the plan year	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	2	
С		account balances as of the end of th					
		•••••••••••••••••••••••••••••••••••••••			5c	2	
		s during the plan year invested in elig	·	***************************************		X Yes	No
b	•	f the annual examination and report on the control of the control			•	X Yes	Νο
		ither line 6a or line 6b, the plan car	******	and must instead use E			1140
	-	fit plan, is it covered under the PBGC					rmine
			,			<del></del>	
		or incomplete filing of this return					
		other penalties set forth in the instruct and signed by an enrolled actuary, as					
	ef, it is true, correct, and com		WOII 23 THE CICCHOTHE VE	raion or this returns epon	, and to	the best of my televicage and	u
		110/	31014	DEBORAH GROVER			***************************************
	RE Signature of Dian adm		,				
111	RE Signature of plan adm	inistrator	Date	Enter name of individua	ii signing	as pian administrator	
	GN LUN		3-10-14	DEBROAH GROVER			
	RE Signature of employe	· · · · · · · · · · · · · · · · · · ·	Date			as employer or plan sponsor	
Pre	parer's name (including firm	name, if applicable) and address; inc	lude room or suite numb	er (optional)	Prepare	er's telephone number (option	ıal)
					7/10/10/A		
					Facility (		
					300000000 <del>-</del> 30200		

7   Plan Assets and Liabilities   7   2   3   3   2   5   5   8   2   1   5   8   5   5   5   5   5   5   5   5	<ul><li>a Total</li><li>b Total</li><li>c Net pl</li><li>8 Incom</li></ul>	Access and Liabilities						
b Total plan liabilities	b Total c Net pl lincom	Assets and Liabilities		(a) Beginning of Yea	r	. [		(b) End of Year
C Net plan assets (subtract line 7b from line 7a) 7c 12,528 21,588    Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total   Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 4,800 (3) Others (including rollovers) 8a(3) 0 (3) Others (including rollovers) 8a(3) 0 (4) (5) Other income (loss) 8a(2) 8a(3) 0 (5) Other income (loss) 8b 4,260 (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (8) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (8) Other expenses 8c (8) Other expen	c Net pl	plan assets	7a	12,5	28			21,588
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	8 Incom	plan liabilities	. 7b		0			0
a Contributions received or receivable from: (1) Employers		olan assets (subtract line 7b from line 7a)	7c	12,5	28			21,588
(1) Employers	a Contri			(a) Amount				(b) Total
(2) Participants			0-(4)		^			
3) Others (including rollovers) 8a(3) 0 b Other Income (loss)	·		<del>  ''</del>	4 0			smunes and	
b Other income (loss)				4,0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1 2				<u>BORSO, SANGORA</u> MANAZARIA BESANGA MANAZARIA
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				4,2	<b>3</b> 0			2.060
to provide benefits)			00					9,060
f Administrative service providers (salaries, fees, commissions) 8f 0  g Other expenses	to pro	ovide benefits)	8d		0			
Beg   Dither expenses   Dither expenses   Beg   Dither expenses   Dither exp	e Certai	in deemed and/or corrective distributions (see instructions)	8e		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>f</b> Admin	nistrative service providers (salaries, fees, commissions)	8f		0			
i Net income (loss) (subtract line 8h from line 8c)	<b>g</b> Other	expenses	8g		0			<u>To vs</u> a waa a caraa ah ah ah ah a
Transfers to (from) the plan (see instructions)	h Total	expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  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)	i Net in	ncome (loss) (subtract line 8h from line 8c)	8í					9,060
Part V   Compliance Questions	<b>j</b> Transf	sfers to (from) the plan (see instructions)	8j					
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	Part IV	Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  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)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	9a If the p	plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	eristic	Code	s in th	ne instructions:
Part V Compliance Questions  10 During the plan year:  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)	I							
Part V Compliance Questions  10 During the plan year:  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)	b If the r	plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	ristic (	Codes	in the	instructions:
During the plan year:  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)		plan promises trendre seriente, enter une applicable wentere tea	1010 00000	Thom the Elector Filan Characte	13110	00003	111 1110	, mandenona.
During the plan year:  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)	Part V	Compliance Questions						
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)						Voc	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ions within	the time period described in	T	163	110	Amount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	29 C	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	ction Program)	10a		х	
	<b>b</b> Were	re there any nonexempt transactions with any party-in-interest? ine 10a.)	(Do not in	clude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?					10c		х	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							,,	10000
or dishonesty?		T 178-1 1 189-1 1 189-1 1 189-1 1 189-1 1 189-1 1 189-1 1 189-1 1 189-1 1 189-1 1 189-1			100		^	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,     insurance service, or other organization that provides some or all of the benefits under the plan? (See								
instructions.)					10e	F	Х	
f Has the plan failed to provide any benefit when due under the plan?	_	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 amount as of year end.)	f Has	the plan have any participant loans? (If "Yes," enter amount as	of year er	id.)	10g		x	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		is is an individual account plan, was there a blackout period? (5	See instruc	1' 1 00 OFD				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3	g Did t				10h		x	
	g Did t h If this 2520 i If 101	0.101-3.)	e required	notice or one of the			X	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	g Did t h If this 2520 i If 101 exce	0.101-3.)	e required	notice or one of the	10h 10i		X	
	g Did t h If this 2520 i If 100 exce	0.101-3.)  The was answered "Yes," check the box if you either provided the aptions to providing the notice applied under 29 CFR 2520,101  Pension Funding Compliance	e required	notice or one of the	10i	chedu		(Form
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	g Did t h If this 2520 i If 100 exce Part VI 11 Is thi 5500	0.101-3.)  The was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  is a defined benefit plan subject to minimum funding requirement of and line 11a below)	e required -3	notice or one of the	10i		le SB	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No.	g Did t h If this 2520 i If 100 exce Part VI 11 Is thi 5500	0.101-3.)  The was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  is a defined benefit plan subject to minimum funding requirement of and line 11a below)	e required -3	notice or one of the	10i ete S		le SB	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	g Did t h If this 2520 i If 10i exce  Part VI  11 Is thi 5500  11a Enter	0.101-3.)  The was answered "Yes," check the box if you either provided the epitions to providing the notice applied under 29 CFR 2520.101.  Pension Funding Compliance  Dis a defined benefit plan subject to minimum funding requirement of and line 11a below)  Extra the unpaid minimum required contribution for current year from	e required -3	notice or one of the es," see instructions and comp	10i ete S		le SB	Yes X No
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	g Did t h If this 2520 i If 10i exce Part VI 11 Is thi 5500 11a Entei 12 Is thi (If "Y	0.101-3.)  The was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101  Pension Funding Compliance  Disa a defined benefit plan subject to minimum funding requirement of and line 11a below)  The the unpaid minimum required contribution for current year from is a defined contribution plan subject to the minimum funding refers, "complete line 12a or lines 12b, 12c, 12d, and 12e below, and the provided the provided the subject to the minimum funding refers," complete line 12a or lines 12b, 12c, 12d, and 12e below, and the provided th	e required -3 ents? (If "Y. om Schedu equiremen as applical	notice or one of the  es," see instructions and comp  le SB (Form 5500) line 39 ts of section 412 of the Code o	ete S	ion 30	le SB 11a 2 of E	RISA? Yes X No
granting the waiver	g Did t h If this 2520 i If 10i exce Part VI 11 Is thi 5500 11a Enter 12 Is thi (If "Y a If a w	0.101-3.)  The was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101.  Pension Funding Compliance  Disa a defined benefit plan subject to minimum funding requirement of and line 11a below)  The unpaid minimum required contribution for current year from its a defined contribution plan subject to the minimum funding refers," complete line 12a or lines 12b, 12c, 12d, and 12e below, walver of the minimum funding standard for a prior year is being	e required -3 ents? (If "Y. om Schedu equiremen as applical g amortize	notice or one of the  es," see instructions and comp  le SB (Form 5500) line 39 ts of section 412 of the Code o  ole.) d in this plan year, see instructi	ete S	ion 30	le SB 11a 2 of E	RISA? Yes X No
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	g Did t h If this 2520 i If 10i exce Part VI 11 Is thi 5500 11a Entei 12 Is thi (If "Y a If a w grant	O.101-3.)  The was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520,101.  Pension Funding Compliance  This is a defined benefit plan subject to minimum funding requirement of and line 11a below)  The unpaid minimum required contribution for current year from is a defined contribution plan subject to the minimum funding refer," complete line 12a or lines 12b, 12c, 12d, and 12e below, waiver of the minimum funding standard for a prior year is being thing the waiver	e required -3 ents? (If "Your Schedu equiremen as applical g amortize	notice or one of the  es," see instructions and comp  le SB (Form 5500) line 39 ts of section 412 of the Code o  ble.) d in this plan year, see instructi	ete S	ion 30	le SB 11a 2 of E	RISA? Yes X No
b Enter the minimum required contribution for this plan year	g Did t h If this 2520 i If 10i exce Part VI 11 Is thi 5500 11a Enter 12 Is thi (If "Y a If a w grant If you co	O.101-3.)  The was answered "Yes," check the box if you either provided the epitions to providing the notice applied under 29 CFR 2520.101.  Pension Funding Compliance  Dis a defined benefit plan subject to minimum funding requirement of and line 11a below)  The the unpaid minimum required contribution for current year from is a defined contribution plan subject to the minimum funding refers," complete line 12a or lines 12b, 12c, 12d, and 12e below, awaiver of the minimum funding standard for a prior year is being the waiver  Tompleted line 12a, complete lines 3, 9, and 10 of Schedule completed line 12a, complete lines 3, 9, and 10 of Schedule completed line 12a, complete lines 3, 9, and 10 of Schedule completed line 12a, complete lines 3, 9, and 10 of Schedule completed lines 12a.	e required -3 ents? (If "Y em Schedu equiremen as applical g amortized	notice or one of the  es," see instructions and comp le SB (Form 5500) line 39 ts of section 412 of the Code o ole.) d in this plan year, see instructi	ete S	ion 30	le SB 11a 2 of E	RISA? Yes X No

	Form 5500-SF 2013 Page <b>3-</b>					
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 negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	☐ No	□ N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	*************	☐ Ye	s 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 of the PBGC?	under the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	13c	(2) EIN(	s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)					
14a I	Name of trust		14b Ti	ust's El	N	
		ŀ				