For	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury mal Revenue Service	Dt This form is required to be filed u		nd 4065 of the Employee	2	2013		
	epartment of Labor enefits Security Administration	tions 6057(b) and 6058 ode).		This Form is Open to Public				
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.	Inspection		
Part I		entification Information						
For calend	ar plan year 2013 or fisca			and ending 12	2/31/2	2013		
A This ref	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan		
B This ref	turn/report is:	the first return/report the	e final return/report					
		an amended return/report	short plan year return	/report (less than 12 mc	onths)			
C Check	box if filing under:	Form 5558	utomatic extension			DFVC program		
	Γ	special extension (enter description)				_		
Part II	Basic Plan Inform	nation—enter all requested information	on					
1a Name	of plan				1b	Three-digit		
BELLEGRO	VE OB-GYN, INC. P.S. 4	01(K) PROFIT SHARING PLAN				plan number		
					10	(PN) ▶ 002 Effective date of plan		
					10	10/01/1980		
2a Plans	ponsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identification Number		
	VE OB-GYN, INC. P.S.		y y			(EIN) 91-1004602		
					2c	Sponsor's telephone number		
	AVE NE SUITE C115					425-455-0244		
BELLEVUE,	WA 98004-3745				2d	Business code (see instructions)		
20 Dian a	dualialistanten's personal and				2h	621111 Administrator's EIN		
	dministrator's name and			Sponsor Address	30	91-1004602		
BELLEGROV	E OB-GYN, INC. P.S.	BELLEVUE, WA	NE SUITE C115 98004-3745		3c	Administrator's telephone number		
name		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b 4c	EIN		
- <u>-</u> ·		the beginning of the plan year			5a	45		
		the end of the plan year						
		count balances as of the end of the pla			5b	49		
	· ·			•	5c	49		
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)		X Yes No		
		e annual examination and report of an						
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	,					
•		plan, is it covered under the PBGC insu			_			
		incomplete filing of this return/repor						
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.						
SIGN	Filed with authorized/va	lid electronic signature.	03/14/2014	SUZIE PARKER-DIXO	R-DIXON individual signing as plan administrator			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu				
SIGN			Duic		an oig			
HERE	Circulations of ormulation		Data	Fata a second of institute				
	Signature of employe	r/plan sponsor ne, if applicable) and address; include r	Date			ning as employer or plan sponsor parer's telephone number (optional)		
					ep			

Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b	958259 958259 958259	-			11613669
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			0			
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7c		0			
Contributions received or receivable from:						11613669
		(a) Amount				(b) Total
(1) Employers	0-(1)	27532	5			
		13107				
(2) Participants	. ,		0			
(3) Others (including rollovers) Other income (loss)		166650	-			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		100000	•			2072898
Benefits paid (including direct rollovers and insurance premiums	00					2012030
to provide benefits)	8d	4052	4			
Certain deemed and/or corrective distributions (see instructions).	8e		0			
Administrative service providers (salaries, fees, commissions)	8f		0			
Other expenses	8g	129	5			
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					41819
Net income (loss) (subtract line 8h from line 8c)				_		2031079
Transfers to (from) the plan (see instructions)	···· 8j					
If the plan provides welfare benefits, enter the applicable welfare rt V Compliance Questions	feature codes	from the List of Plan Charac	cteristi	ic Cod	les in t	he instructions:
During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi			10a		Х	
Were there any nonexempt transactions with any party-in-intere on line 10a.)	•	•	10b		Х	
C Was the plan covered by a fidelity bond?			10c	Х		50000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or c insurance service, or other organization that provides some or a instructions.)	other persons b all of the benefit	y an insurance carrier, s under the plan? (See	10e		х	
Has the plan failed to provide any benefit when due under the p					Х	
			10f	Х		
g Did the plan have any participant loans? (If "Yes," enter amounth If this is an individual account plan, was there a blackout period?	? (See instruction	ons and 29 CFR	10g	~	Х	6638
2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required no	otice or one of the	10h 10i			
t VI Pension Funding Compliance	101-0		101			
Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)					11a	
5500) and line 11a below)		SB (Form 5500) line 39				
5500) and line 11a below) a Enter the unpaid minimum required contribution for current year	from Schedule	· · ·				FRISA? Yes X N
5500) and line 11a below) a Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum fundir	from Schedule	s of section 412 of the Code				ERISA? Yes X N
5500) and line 11a below) a Enter the unpaid minimum required contribution for current year	from Schedule ng requirements w, as applicable eing amortized	s of section 412 of the Code e.) in this plan year, see instruc	e or se	ction (302 of	he date of the letter ruling

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

Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	e		2013				
Employee Benefits Security Administration	Department of Labor Employee Benefits Security Administration Response Report Operation Security Administration Response Report Operation							
Pension Benefit Guaranty Corporation	Complete all entries in accord	dance with the instr	uctions to the Form 550	0-SF.		spection		
Part I Annual Repor	t Identification Information			_				
For calendar plan year 2013 or	fiscal plan year beginning 01	L/01/2013	and ending		12/31/201	3		
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici			
						pant plan		
B This return/report is:	the first return/report	the final return/repor						
	an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths))			
C Check box if filing under:		DFVC progra	am					
-								
Part II Basic Plan Infe	special extension (enter description	,						
	ormation—enter all requested inform	ation		1.41				
1a Name of plan		GUNDING DIN	-	10	Three-digit			
BELLEGROVE OB-GIN,	INC. P.S. 401(K) PROFIT	SHARING PLAT	N		plan number (PN)	002		
				10				
				10	Effective date of 10/01/1980	or plan		
2a Plan sponsor's name and a	ddress; include room or suite number (e	malayor if for a single						
BELLEGROVE OB-GYN,	INC. P.S.	mpioyer, il for a single	e-employer plan)	20	Employer Ident (EIN) 91~100	ification Number		
				20	Sponsor's telep			
1200 112TH AVE NE S	UITE C115			1	425-455-0			
				24		(see instructions)		
BELLEVUE	WA 98004-3745			L T	621111	(see instructions)		
3a Plan administrator's name a	and address Same as Plan Sponsor N	Iamo Deamo as Pl	an Sponsor Address	26	Administrator's			
BELLEGROVE OB-GYN,			an Sponsor Address	00	91-100460			
BELLEGROVE OB-GIN,	INC. P.S.			30		telephone number		
					425-455-02			
1200 112TH AVE NE S	UITE C115				420-400-02	2 7 7		
BELLEVUE	WA 98004-3745							
4 If the name and/or EIN of th	e plan sponsor has changed since the l	ast return/report filed	for this plan, enter the	Ab. En				
name, EIN, and the plan nu	imber from the last return/report.	ast returnineport med	ior this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants	s at the beginning of the plan year			5a	1	4 5		
	s at the end of the plan year					45		
				5b		49		
C Number of participants with complete this item)	account balances as of the end of the p	blan year (defined ber	iefit plans do not	5c	50			
						49 		
b Are your claiming a waives	ts during the plan year invested in eligibl	le assets? (See instru	ctions.)			X Yes 🗌 No		
Under 29 CER 2520 104-46	of the annual examination and report of a ? (See instructions on waiver eligibility a	an independent qualif	ied public accountant (IQ	PA)		X Yes 🗌 No		
If you answered "No" to a	either line 6a or line 6b, the plan cann	and conditions.)	and must instead use		EE00	X Yes 🗌 No		
						1		
• In the plan is a delined bene	fit plan, is it covered under the PBGC in	surance program (se	e ERISA section 4021)?		Yes No	Not determined		
Caution: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed	l unless reasonable cau	ise is	established.			
	ther penalties set forth in the instructions					able a Schedule		
SB or Schedule MB completed a	and signed by an enrolled actuary, as we	ell as the electronic ve	ersion of this return/report	, and t	to the best of my	knowledge and		
belief, it is true, correct, and corre	plete.					Ū		
			GUILTE DADUTE					
SIGN			SUZIE PARKER-					
Signature of plan a	wal sig	ning asplan adr	ninistrator					
SIGN UMANN F					10, ULL			
HERE					w VIL			
	pyer/pian sponsor name, if applicable) and address; include	Date	Enter Mame of individ					
including limit	and, a applicable, and address, Include		er (optional)	rep	arer s telephone	number (optional)		
					ASSERT	Silver Still Service		
				128.60		Married W. Part Married		

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

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and the second

7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Yea	r	
a Total plan assets	7a	958	3259	0				11613	669
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	958	3259	0				11613	669
8 Income, Expenses, and Transfers for this Plan Year	CODE	(a) Amount				(b) T	otal		
a Contributions received or receivable from:			1 - 2 2	-	200		1.0		15
(1) Employers	8a(1)		7532	1000	3.110	100		_	A
(2) Participants	8a(2)	13	3107	3		-		<u> 150 8</u>	
(3) Others (including rollovers)	8a(3)			0		111			
b Other income (loss)	8b	166	5650	0			118		100
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			-				2072	289
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4	1052	4	State				
e Certain deemed and/or corrective distributions (see instructions)	8e			0		1.32.5	21-2	10	
f Administrative service providers (salaries, fees, commissions)	8f			0		1.0			
g Other expenses	8g		129	5	294	95.24		7 65	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		10						181
Net income (loss) (subtract line 8h from line 8c)	81							2031	107
j Transfers to (from) the plan (see instructions)	8j				1		al Qi		14.7
b If the plan provides welfare benefits, enter the applicable welfare fe		from the List of Plan Charac	stenst	C C00	co in ti				
Part V Compliance Questions		from the List of Plan Charac				· · · · · · · · · · · · · · · · · · ·			
Part V Compliance Questions 10 During the plan year:				Yes	No		Amou	int	
Part V Compliance Questions	tions within t	he time period described in	10a				Amou	int	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu	tions within t uciary Correct ? (Do not inc	he time period described in tion Program)			No		Amou	int	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest	tions within t uciary Correc ? (Do not inc	he time period described in ction Program) clude transactions reported	10a		No X		Amou		>00
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t Jciary Correc ? (Do not ind fidelity bond	he time period described in stion Program) clude transactions reported , that was caused by fraud	10a 10b	Yes	No X		Amou		000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulies) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	tions within t Jciary Correc ? (Do not ind fidelity bond her persons l of the benef	he time period described in ction Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X		Amou)00
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	tions within t Joiary Correct ? (Do not ind fidelity bond her persons l of the benef	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X X X		Amou)00
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Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a plan tailed to provide any benefit when due under the plan	tions within t Joiary Correct ? (Do not ind fidelity bond ner persons I of the benef n? s of year end	he time period described in ction Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See	10a 10b 10c 10d	Yes	No X X X X		Amou	500	
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	tions within t Joiary Correct ? (Do not ind fidelity bond ner persons I of the benef n? s of year end (See instruct	he time period described in ction Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f	Yes	No X X X X		Amou	500	
 Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	tions within t Joiary Correct ? (Do not ind fidelity bond ner persons I of the benef n? s of year end (See instruct he required r	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X X		Amou	500	
 Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribule 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	tions within t Joiary Correct ? (Do not ind fidelity bond ner persons I of the benef n? s of year end (See instruct he required r	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, its under the plan? (See d.)	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X X		Amou	500	
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 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	tions within t Joiary Correct ? (Do not ind fidelity bond fidelity bond ner persons I of the benef n? s of year end (See instruct he required r 1-3	he time period described in ction Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X	No X X X X X X X	(Form		500	538
 Part V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	tions within t Joiary Correct ? (Do not ind fidelity bond ner persons l of the benef n? s of year end (See instruct ne required r 1-3 nents? (If "Ye	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes X X X Sched	No X X X X X X Iule SE	3 (Form		500	538 N
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Form 5500-SF 2013

Page **3 -**

C	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).		12d		
9	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?			/es XN	0
	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 undo of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)				
1	I3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
10.000					
Part	VIII Trust Information (optional)				
14a	Name of trust		14b Ti	rust's EIN	
		- 1			