## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I							
	Annual Report	Identification Information	1				
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01	1/2013	and ending	12/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	urn/report is:	x the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths	)	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	-	special extension (enter desc	cription)			_	
Part II	Basic Plan Info	rmation—enter all requested in	nformation				
1a Name					1b	Three-digit	
	ELL, PLLC 401(K) PLA	AN				plan number	
						(PN) <b>•</b>	001
					1c	Effective date of	•
		dress; include room or suite numb	per (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
JACOB DAE	DELL, PLLC				_	(EIN) 27-42	
720 N EVE	RGREEN RD, SUITE 1	01			2c	Sponsor's telep	
SPOKANE \	/ALLEY, WA 99216	O1			2d	Business code (	see instructions)
						62121	
3a Plan a	dministrator's name an	d address XSame as Plan Spon	nsor Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							•
4					L		
		<ul> <li>plan sponsor has changed since nber from the last return/report.</li> </ul>	the last return/report filed for	or this plan, enter the	4b	EIN	
	or's name	iber from the last return/report.			4c	PN	
		at the beginning of the plan year.			5a		10
<b>b</b> Total i	number of participants	at the end of the plan year			5b		10
		account balances as of the end of	f the plan vear (defined bene	fit plans do not			
			. , ,		F.		0
	,		· · · · · · · · · · · · · · · · · · ·		5c		9 Vas $\square$ No
6a Were	all of the plan's assets	during the plan year invested in	eligible assets? (See instruc	tions.)			yes No
6a Were b Are yo	all of the plan's assets ou claiming a waiver of		eligible assets? (See instruc	tions.)d public accountant (IC	 (PA)		
<b>6a</b> Were <b>b</b> Are you under	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in the annual examination and repo	eligible assets? (See instructort of an independent qualified bility and conditions.)	tions.)d public accountant (IC	PA)		X Yes No
6a Were b Are younder if you	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei	during the plan year invested in the annual examination and report (See instructions on waiver eligit	eligible assets? (See instructort of an independent qualified bility and conditions.)cannot use Form 5500-SF	tions.)d public accountant (IG	PA)	5500.	X Yes No
6a Were b Are younder If you C If the p	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefi	the annual examination and report (See instructions on waiver eligited there are 6a or line 6b, the plant plan, is it covered under the PBC	eligible assets? (See instructort of an independent qualifier bility and conditions.)cannot use Form 5500-SF	tions.)d public accountant (IG and must instead use ERISA section 4021)?	PA) Form	5500. Yes No	X Yes No X Yes No
6a Were b Are you under If you c If the p	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit penalty for the late of	during the plan year invested in the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plant plan, is it covered under the PBor incomplete filing of this return	eligible assets? (See instructor of an independent qualifie bility and conditions.)	tions.)d public accountant (IC and must instead use ERISA section 4021)? unless reasonable ca	Form	5500. Yes No established.	Yes No Yes No Not determined
6a Were b Are you under If you c If the p  Caution: A Under pena SB or Sche	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit olan is a defined benefit penalty for the late calties of perjury and other cases.	the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plan, is it covered under the PBO or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualifier billity and conditions.)	tions.)	Form use is	Yes No sestablished.	Yes No Yes No Not determined  able, a Schedule
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is to	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit a penalty for the late of alties of perjury and other dealth of the properties of perjury and compare true, correct, and correct true, correct, and compare true, correct, and correct true, correct, and correct true, correct, and correct true, cor	the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plan, is it covered under the PBO or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualifier billity and conditions.)	tions.)	Form use is	Yes No sestablished.	Yes No Yes No Not determined  able, a Schedule
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit a penalty for the late of alties of perjury and other dealth of the properties of perjury and compare true, correct, and correct true, correct, and compare true, correct, and correct true, correct, and correct true, correct, and correct true, cor	during the plan year invested in the annual examination and report (See instructions on waiver eligited ther line 6a or line 6b, the plant plant, is it covered under the PBO or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, plete.	eligible assets? (See instruction of an independent qualifier billity and conditions.)	and must instead use ERISA section 4021)? unless reasonable cal examined this return/repor	Form use is port, ir t, and	yes No established.  ncluding, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is to	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized/	during the plan year invested in the annual examination and report (See instructions on waiver eligited ther line 6a or line 6b, the plant plant, is it covered under the PBO or incomplete filing of this returner penalties set forth in the instructed signed by an enrolled actuary, plete.	eligible assets? (See instructor of an independent qualified bility and conditions.)	tions.)	Form use is port, ir t, and	yes No established.  ncluding, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche belief, it is to	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized.  Signature of plan and completed artrue, correct, and completed with authorized.	during the plan year invested in the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plant, is it covered under the PBO or incomplete filing of this returner penalties set forth in the instruction signed by an enrolled actuary, plete.	eligible assets? (See instructor of an independent qualifier bility and conditions.)cannot use Form 5500-SF GC insurance program (see rn/report will be assessed actions, I declare that I have as well as the electronic ver	and must instead use ERISA section 4021)? unless reasonable cal examined this return/re sion of this return/repor	Form use is port, irt, and	yes No established.  ncluding, if applicate to the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to HERE SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized.  Signature of plan and Signature of employed.	during the plan year invested in the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plant, is it covered under the PBC or incomplete filing of this returner penalties set forth in the instruction of the plant of signed by an enrolled actuary, plete.  In a control of this returner penalties set forth in the instruction of the plant of the pl	eligible assets? (See instructor of an independent qualifies bility and conditions.)	and must instead use ERISA section 4021)?  unless reasonable car examined this return/repor	Form  Jse is port, irt, and ual signal	yes No sestablished.  ncluding, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and  ninistrator
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to HERE SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized.  Signature of plan and Signature of employed.	during the plan year invested in the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plant, is it covered under the PBO or incomplete filing of this returner penalties set forth in the instruction signed by an enrolled actuary, plete.	eligible assets? (See instructor of an independent qualifies bility and conditions.)	and must instead use ERISA section 4021)?  unless reasonable car examined this return/repor	Form  Jse is port, irt, and ual signal	yes No sestablished.  ncluding, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to HERE SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized.  Signature of plan and Signature of employed.	during the plan year invested in the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plant, is it covered under the PBC or incomplete filing of this returner penalties set forth in the instruction of the plant of signed by an enrolled actuary, plete.  In a control of this returner penalties set forth in the instruction of the plant of the pl	eligible assets? (See instructor of an independent qualifies bility and conditions.)	and must instead use ERISA section 4021)?  unless reasonable car examined this return/repor	Form  Jse is port, irt, and ual signal	yes No sestablished.  ncluding, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and  ninistrator
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to HERE SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized.  Signature of plan and Signature of employed.	during the plan year invested in the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plant, is it covered under the PBC or incomplete filing of this returner penalties set forth in the instruction of the plant of signed by an enrolled actuary, plete.  In a control of this returner penalties set forth in the instruction of the plant of the pl	eligible assets? (See instructor of an independent qualifies bility and conditions.)	and must instead use ERISA section 4021)?  unless reasonable car examined this return/repor	Form  Jse is port, irt, and ual signal	yes No sestablished.  ncluding, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and  ninistrator
6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is to HERE SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to ei plan is a defined benefit a penalty for the late of alties of perjury and other dule MB completed artrue, correct, and completed with authorized.  Signature of plan and Signature of employed.	during the plan year invested in the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plant plant, is it covered under the PBC or incomplete filing of this returner penalties set forth in the instruction of the plant of signed by an enrolled actuary, plete.  In a control of this returner penalties set forth in the instruction of the plant of the pl	eligible assets? (See instructor of an independent qualifies bility and conditions.)	and must instead use ERISA section 4021)?  unless reasonable car examined this return/repor	Form  Jse is port, irt, and ual signal	yes No sestablished.  ncluding, if applicate the best of my	X Yes No X Yes No Not determined  able, a Schedule knowledge and  ninistrator

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	
	Total plan assets	7a	(a) Deginning of Tee	41			(D) Ella	<u> </u>	6333	3
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		0					6333	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 7	Γotal		
	Contributions received or receivable from:						(=)			
	(1) Employers	8a(1)	4583	3						
	(2) Participants	8a(2)	1750	00						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							63333	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							6333	3
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 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	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		Am	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		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
						X				
	· · · · · · · · · · · · · · · · · · ·			10c						
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 year e	end )	10q		X				
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	Ŭ		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h						
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	· ·							_		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	× No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of	the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1			
b	Enter the minimum required contribution for this plan year					12b				

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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and 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											
For	calendar plan year 2013 or fisca	al plan year	beginning		01/01/20	13	and ending	1	2/31/2013			
Α	This return/report is for:	x a single	e-employer plan	a m	ultiple-emplo	yer pla	in (not multiemployer)	a one-participant plan				
В	This return/report is:	x the first	return/report	the	final return/re	port						
		an ame	nded return/report	asl	ort plan year	returr	report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5	558	aut	matic extens	ion		74	DFVC progra	m		
	v	Special	extension (enter desc	cription)								
P	art II Basic Plan Info	ш	enter all requeste									
	Name of plan	illiation	enter all requeste	d informatio	n			1h	Three-digit			
	- Constitution of the Cons								plan number			
	Jacob DaBell, PLLC	401 (k)	Plan					10	(PN) ▶	001		
								10	Effective date of 01/01/2013			
2a	Plan sponsor's name and add	ress; includ	e room or suite numb	er (employe	er, if for a sing	le-em	ployer plan)	2b	Employer Identit	and the second s		
	Jacob DaBell, PLLC								(EIN) 27-42			
								2c	Sponsor's teleph			
	720 N. Evergreen Ro	d, Suite	101						(509) 921-			
								2d	Business code ( 621210	(see instructions)		
	Spokane Valley Plan administrator's name and		99216	nonsor Nar	na	0 2c P	lan Sponsor Address	3h	Administrator's	EIN		
-	That daminou dior o hame and	a address	ounic as rian o	porisor radi	ic oani	C as i	ian oponison Address	00	Administrator 3	LIIV		
								30	Administrator's t	elephone number		
								"	Administrators	elephone number		
							·					
4	If the name and/or EIN of the			the last reti	ırn/report file	d for th	nis plan, enter the	4b	EIN			
2	name, EIN, and the plan num	ber from the	e last return/report.					10	DN			
	Sponsor's name  Total number of participants a	t the beginn	ing of the plan year					5a	PN	10		
b	Total number of participants a							5b		10		
С	Number of participants with a											
	complete this item)							5c		9		
	Were all of the plan's assets of				ent Minteres Consection					X Yes No		
b	Are you claiming a waiver of the under 29 CFR 2520.104-46?					199				X Yes No		
	If you answered "No" to eit			tivioes materials manage	PARTICIPATION DATE:		ud must instead use Fr			L Tes LINO		
С	If the plan is a defined benefit									Not determined		
_	ution: A penalty for the late								tablished			
	nder penalties of perjury and oth									a Schadula		
	B or Schedule MB completed an											
be	lief, it is true, correct, and comp	lete.										
S	IGN Smolecus CI	Bu			3/21/1	4	Jacob DaBell					
The second	ERE Signature of plan adm	inistrator		Г	ate		Enter name of individua	al signir	ng as plan admini	strator		
S	IGN James Carl	Curci	l.		3/21/	14	Jacob DaBell					
100000	ERE Signature of employer	/plan spon	sor	r	ate	,	Enter name of individua	al signir	ng as employer or	r plan sponsor		
Pr	eparer's name (including firm na	ame, if appli	cable) and address; in	nclude roon	or suite nun	nber (c	ptional)	Prep	arer's telephone i	number (optional)		

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of	f Year
а	Total plan assets	7a						63,333
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0				63,333
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	
	Contributions received or receivable from:	0-14)	45.00	2.2				
	(1) Employers	8a(1)	45,83					
	(2) Participants	8a(2)	17,50	00				
-	Other income (loss)	8a(3) 8b		_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			No. of the last of			
	Benefits paid (including direct rollovers and insurance premiums	80			8			63,333
	o provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f /	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0		A A		
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i						63,333
j ·	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a 1	f the plan provides pension benefits, enter the applicable pension feat	ure codes	from the List of Plan Characterist	ic Co	des in	the inst	ructions:	
	2E 2F 2G 2J 2K 2T 3D							
b	f the plan provides welfare benefits, enter the applicable welfare featur	re codes fr	om the List of Plan Characteristic	Code	os in th	o inetr	uctions:	
٦,	i the plan provides we have benefits, effer the applicable we have leater	e codes ii	official clist of Flatt Characteristic	Cour	es III (I	ie ilisut	ictions.	
Pa	rt V Compliance Questions							
10			**************************************		V	N-		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribution	s within th	e time period described in	Т	Yes	No		Amount
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		x		
b	, , , , , , , , , , , , , , , , , , ,		전하실 경기 10명 전 이 경기 및 기업 전 경기 기업 전 기업					
	on line 10a.)			10b	_	Х		
				10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other							
	insurance service, or other organization that provides some or all of the instructions.)			10e		x		
	Has the plan failed to provide any benefit when due under the plan?	10-year (1904) - 10-00 (1906) 10-00 (1906) 10-000 (1906)		10f	-	x		
						^		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.	)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3		otice or one of the	10i				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)							Yes X No
112	Enter the unpaid minimum required contribution for current year from					11a		
12	Is this a defined contribution plan subject to the minimum funding rec			ection	302 of	FERISA	٠٠.	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	(0.00 0.000)	0.01					
a		amortized	in this plan year, see instructions				of the lette	er ruling Year
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form	5500), and skip to line 13.					
b	Cro V VI VI 11 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					12b		
_~	The state of the s							

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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	s X N	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 und of the PBGC?		ol 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.)	lan(s) to			
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 Trust's EIN			