## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part		Complete all entries in act					
	I Annual Report	<b>Identification Information</b>					
For cale	endar plan year 2013 or fis	scal plan year beginning 01/01/	/2013	and ending	12/31/2	2013	
<b>A</b> This	s return/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan
<b>B</b> This	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths	)	
<b>C</b> Che	eck box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ription)			_	
Part	II Basic Plan Info	rmation—enter all requested inf	formation				
<b>1a</b> Na	me of plan	·			1b	Three-digit	
TREFTZ	CORPORATION 401(K) S	SALARY REDUCTION PLAN & TR	RUST			plan number	004
					10	(PN)	001
					10	Effective date of	
		dress; include room or suite number	er (employer, if for a single	e-employer plan)	2b	Employer Identif	fication Number
IKEFIZ	CORPORATION					(=111)	25065
2655 15°	1ST PL NE				2c	Sponsor's telep	
	ND, WA 98052				2d	Business code (	see instructions)
						56171	
<b>3a</b> Pla	an administrator's name ar	nd address XSame as Plan Spons	sor Name Same as Pla	ın Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
<b>4</b> If t	the name and/or FIN of the	nlan anonger has shanged since	the last return/report filed	for this plan, optor the	46	FINI	
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4D	EIN	
	onsor's name				4c	PN	
<b>5a</b> To					_		
ou io	otal number of participants	at the beginning of the plan year			- 5a		23
_		at the beginning of the plan year at the end of the plan year			5a 5b		23 20
<b>b</b> To <b>c</b> Nu	otal number of participants umber of participants with a	at the end of the plan yearaccount balances as of the end of	the plan year (defined ber	efit plans do not	5b		20
<b>b</b> To <b>c</b> Nu	otal number of participants umber of participants with omplete this item)	at the end of the plan yearaccount balances as of the end of	the plan year (defined ber	efit plans do not	5b 5c		20
b To c Nu co 6a W	otal number of participants umber of participants with a umplete this item)	at the end of the plan yearaccount balances as of the end of	the plan year (defined ber	efit plans do not	5b 5c		20
b To CO	otal number of participants with a complete this item)/ /ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-467	at the end of the plan yearaccount balances as of the end of s during the plan year invested in e the annual examination and report? (See instructions on waiver eligib	the plan year (defined ber eligible assets? (See instru rt of an independent qualif bility and conditions.)	efit plans do not ctions.)	5b 5c		20
b To c Nu co 6a W b Ar un lf :	otal number of participants umber of participants with a perpetent this item)/ dere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eliminate the plants are the plants assets the plants are your claiming a waiver of the your cl	at the end of the plan year	the plan year (defined ber eligible assets? (See instru rt of an independent qualif oility and conditions.)	ctions.)ed public accountant (IC	5b 5c PA)	5500.	8   X Yes □ No  X Yes □ No
b To c Nu co 6a W b Ar un lf :	otal number of participants umber of participants with a perpetent this item)/ dere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eliminate the plants are the plants assets the plants are your claiming a waiver of the your cl	at the end of the plan yearaccount balances as of the end of s during the plan year invested in e the annual examination and report? (See instructions on waiver eligib	the plan year (defined ber eligible assets? (See instru rt of an independent qualif oility and conditions.)	ctions.)ed public accountant (IC	5b 5c PA)	5500.	8 X Yes No
b To C Nu co 6a W b Ar un lf : C If t	otal number of participants umber of participants with a perpetent this item)/ dere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eithe plan is a defined benefit	at the end of the plan year	the plan year (defined ber eligible assets? (See instruct of an independent qualifulity and conditions.) cannot use Form 5500-Si	ctions.)ed public accountant (IC	5b 5c PPA)	5500. Yes No	8   X Yes □ No  X Yes □ No
b To c Nu co 6a W b Ar un If c lift Caution	otal number of participants umber of participants with a simplete this item)/ere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and other summer of the plan is a defined benefin: A penalty for the late of penalties of perjury and other summer of the plan is a defined benefine of the late of the plan is a defined benefine of the late of the plan is a defined benefine of the late of the plan is a defined benefine of the late of	at the end of the plan year	the plan year (defined ber eligible assets? (See instruct of an independent qualificity and conditions.)	ctions.)	DPA)  Be Form  Use is eport, irr	Yes No sestablished.	8  X Yes No X Yes No Not determined
b To c Nu co 6a W b Ar un If C lift Caution	otal number of participants umber of participants with a simplete this item)/ere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and other summer of the plan is a defined benefin: A penalty for the late of penalties of perjury and other summer of the plan is a defined benefine of the late of the plan is a defined benefine of the late of the plan is a defined benefine of the late of the plan is a defined benefine of the late of	at the end of the plan year	the plan year (defined ber eligible assets? (See instruct of an independent qualificity and conditions.)	ctions.)	DPA)  Be Form  Use is eport, irr	Yes No sestablished.	8  X Yes No X Yes No Not determined
b To c Nu co 6a W b Ar un If C lft Cautio Under p SB or S belief, i	otal number of participants with amplete this item)/ere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and other completed art is true, correct, and completed art is true, correct, and completed art.	at the end of the plan year	the plan year (defined ber eligible assets? (See instruct of an independent qualificity and conditions.)	ctions.)	DPA)  Be Form  Use is eport, irr	Yes No sestablished.	8  X Yes No X Yes No Not determined
b To c Nu co 6a W b Ar un If C lift Caution	otal number of participants umber of participants with a symplete this item)/ dere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-46*  you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and otte of penalties of perjury and completed and the penalties of perjury and completed are the penalties of perjury and completed with authorized/	at the end of the plan year	the plan year (defined ber eligible assets? (See instru- rt of an independent qualif- bility and conditions.) cannot use Form 5500-SI GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)	PA)  Perform  Seport, irrt, and	yes No established.  ncluding, if applicate to the best of my	8  Yes No  Yes No  Not determined  able, a Schedule knowledge and
b To c Nu co 6a W b Ar un If ; C If t  Cautio Under p SB or S belief, i	otal number of participants with amplete this item)/ere all of the plan's assets the you claiming a waiver of order 29 CFR 2520.104-467 you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and other completed art is true, correct, and completed art is true, correct, and completed art.	at the end of the plan year	the plan year (defined ber eligible assets? (See instruct of an independent qualificity and conditions.)	ctions.)	PA)  Perform  Seport, irrt, and	yes No established.  ncluding, if applicate to the best of my	8  Yes No  Yes No  Not determined  able, a Schedule knowledge and
b To c Nu co 6a W b Ar un If C If t  Caution Under p SB or S belief, i	otal number of participants with a symplete this item)/ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-46° you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and ot is chedule MB completed are it is true, correct, and completed with authorized/	at the end of the plan year	the plan year (defined ber- eligible assets? (See instruct of an independent qualifulity and conditions.) cannot use Form 5500-Si GC insurance program (see in/report will be assessed total I have as well as the electronic veri	ctions.)ed public accountant (ICF and must instead use a ERISA section 4021)?  I unless reasonable case examined this return/reports of this return of this return/reports of this return/reports of this return/reports of this return/reports of this	PA)  Form  use is eport, irrt, and dual signal	yes No established.  ncluding, if applicate to the best of my	8  Yes No Yes No Not determined  able, a Schedule knowledge and
b To C Nu co 6a W b Ar if ; C If t  Caution Under p SB or S belief, i  SIGN HERE	otal number of participants umber of participants with a complete this item)/ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-46° you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and ot Schedule MB completed are it is true, correct, and completed with authorized/  Signature of plan a	at the end of the plan year	the plan year (defined ber eligible assets? (See instru rt of an independent qualif bility and conditions.) cannot use Form 5500-Si GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)ed public accountant (ICF and must instead use a ERISA section 4021)?  I unless reasonable case examined this return/repoints from the property of	PA)  Form  use is port, irrt, and dual signal signa	yes No sestablished.  ncluding, if applicate the best of my	8  Yes No Yes No Not determined  able, a Schedule knowledge and
b To C Nu co 6a W b Ar if ; C If t  Caution Under p SB or S belief, i  SIGN HERE	otal number of participants umber of participants with a complete this item)/ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-46° you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and ot Schedule MB completed are it is true, correct, and completed with authorized/  Signature of plan a	at the end of the plan year	the plan year (defined ber eligible assets? (See instru rt of an independent qualif bility and conditions.) cannot use Form 5500-Si GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)ed public accountant (ICF and must instead use a ERISA section 4021)?  I unless reasonable case examined this return/repoints from the property of	PA)  Form  use is port, irrt, and dual signal signa	yes No sestablished.  ncluding, if applicate the best of my	8  Yes No Yes No Not determined  able, a Schedule knowledge and
b To C Nu co 6a W b Ar if ; C If t  Caution Under p SB or S belief, i  SIGN HERE	otal number of participants umber of participants with a complete this item)/ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-46° you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and ot Schedule MB completed are it is true, correct, and completed with authorized/  Signature of plan a	at the end of the plan year	the plan year (defined ber eligible assets? (See instru rt of an independent qualif bility and conditions.) cannot use Form 5500-Si GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)ed public accountant (ICF and must instead use a ERISA section 4021)?  I unless reasonable case examined this return/repoints from the property of	PA)  Form  use is port, irrt, and dual signal signa	yes No sestablished.  ncluding, if applicate the best of my	8  Yes No Yes No Not determined  able, a Schedule knowledge and
b To C Nu co 6a W b Ar if ; C If t  Caution Under p SB or S belief, i  SIGN HERE	otal number of participants umber of participants with a complete this item)/ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-46° you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and ot Schedule MB completed are it is true, correct, and completed with authorized/  Signature of plan a	at the end of the plan year	the plan year (defined ber eligible assets? (See instru rt of an independent qualif bility and conditions.) cannot use Form 5500-Si GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)ed public accountant (ICF and must instead use a ERISA section 4021)?  I unless reasonable case examined this return/repoints from the property of	PA)  Form  use is port, irrt, and dual signal signa	yes No sestablished.  ncluding, if applicate the best of my	8  Yes No Yes No Not determined  able, a Schedule knowledge and
b To C Nu co 6a W b Ar if ; C If t  Caution Under p SB or S belief, i  SIGN HERE	otal number of participants umber of participants with a complete this item)/ere all of the plan's assets re you claiming a waiver of order 29 CFR 2520.104-46° you answered "No" to eithe plan is a defined benefin: A penalty for the late of penalties of perjury and ot Schedule MB completed are it is true, correct, and completed with authorized/  Signature of plan a	at the end of the plan year	the plan year (defined ber eligible assets? (See instru rt of an independent qualif bility and conditions.) cannot use Form 5500-Si GC insurance program (see n/report will be assessed ctions, I declare that I have as well as the electronic ve	ctions.)ed public accountant (ICF and must instead use a ERISA section 4021)?  I unless reasonable case examined this return/repoints from the property of	PA)  Form  use is port, irrt, and dual signal signa	yes No sestablished.  ncluding, if applicate the best of my	8  Yes No Yes No Not determined  able, a Schedule knowledge and

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	16373				(2) 2.114		20798	5	_
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	16373	163739			207985				_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total			_	
	Contributions received or receivable from:		(u) Amount				(6) 1	<u>ota.</u>			
	(1) Employers	8a(1)	145	1							
	(2) Participants	8a(2)	1580	)1							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2699	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44246	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							4424	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										_
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	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										
	•				Yes	No		A			
10	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tions within	n the time period described in	1	162	NO		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidult Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		X					
V	on line 10a.)	•	•	10b		X					
	Was the plan covered by a fidelity bond?			100	X					4000	10
				10c						4000	
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 year e	and )		X						0
h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g		X					0
	2520.101-3.)			10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X N	lo
11a	Enter the unpaid minimum required contribution for current year fr					11a					_
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X N	lo
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										_
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of t	he le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zay		. 00			_
	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	14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

mployee 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

P	art I Annual Report Identification Information							
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013				
Α	This return/report is for: 🛛 🕱 a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
В	This return/report is:	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
С	Check box if filing under: Form 5558	automatic extension		☐ DFVC pro	gram			
	special extension (enter descriptio	n)						
P	art II Basic Plan Information enter all requested infor	mation						
_	Name of plan	maton		1b Three-digit				
	Treftz Corporation 401(K) Salary Reduction P		plan number (PN) ▶	001				
	120101 00170101010101010101010101010101010			1c Effective dat	<u> </u>			
			·	01/01/20	•			
2a	Plan sponsor's name and address; include room or suite number (e Treftz Corporation	mployer, if for a single	-employer plan)		entification Number			
	THEITZ COLPOLACION			(EIN) 91-				
				2C Sponsor's te (425) 64				
	2655 151st PL NE			<u> </u>	de (see instructions)			
TTS	REDMOND WA 98052			561710	de (dee matructions)			
_	Plan administrator's name and address X Same as Plan Sponso	r Name Same as	Plan Sponsor Address	3b Administrato	r's EIN			
	<del>-</del>	<u> </u>	·					
				3c Administrato	r's telephone number			
					•			
			de the contraction of the contra					
4	If the name and/or EIN of the plan sponsor has changed since the language and the plan sponsor has changed since the language.	ast return/report filed f	or this plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c PN				
	Total number of participants at the beginning of the plan year			5a	23			
b	Total number of participants at the end of the plan year			5b	20			
C	Number of participants with account balances as of the end of the p			_				
	complete this item)	•		5c	8			
	Were all of the plan's assets during the plan year invested in eligible		***************************************	·	X Yes No			
þ	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-46? (See instructions on waiver eligibility a		a public accountant (IQF		X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot				61 . 42 II.44			
С	If the plan is a defined benefit plan, is it covered under the PBGC in				No Not determined			
	ution: A penalty for the late or incomplete filing of this return/rep							
	der penalties of perjury and other penalties set forth in the instruction				olicable a Schedule			
	or Schedule MB completed and signed by an enrolled actuary, as we							
be	ief, it is true, correct, and complete.				1			
s	on Dlana horedon	21 1	Diana Sheridan					
Н	RE Signature of plan administrator	Date 120/14	Enter name of individua	al signing as plan ad	ministrator			
	GN Nana heredan prasider	x , , ,	Diana	Sherida	<u> </u>			
- 3 : 45	Signature of employer/plan sponsor	Date 3/20/14	Enter name of individua	al signing as employ	er or plan sponsor			
Pre	parer's name (including firm name, if applicable) and address; includ	e room or suite nymbe	er (optional)	Preparer's telepho	ne number (optional)			
					- 1917 - 1917 - 1918 -			

P:	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End o	f Year	
а	Total plan assets	7a	163,7	39				207,985	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	163,7	39				207,985	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
а	Contributions received or receivable from:	0.74	1,4						
	(1) Employers	8a(1)	15,8			Hall Et (		and the state of t	
	(2) Participants	8a(2)	15,8	) T	1000			a de la composition della comp	
<u>_</u>	(3) Others (including rollovers)	8a(3)	26.00	0.4	ACC	orani (Episa) Periodi Priod			
<u>b</u>	Other income (loss)	8b	26,9	94 Nevetiki	25 Per 86	Profession (1995)			
d c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c			28.65	åsti.		44,246	
u	to provide benefits)	8d			Side.				
е	Certain deemed and/or corrective distributions (see instructions)	8e				17.15			
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g				6.2			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	on Market Control		% 				
i	Net income (loss) (subtract line 8h from line 8c)	8i		14,544	Y.			44,246	
j	Transfers to (from) the plan (see instructions)	8j			8.67				
Pa	rt IV Plan Characteristics								
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 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:								
10	rt V Compliance Questions  During the plan year:	•			Yes	No		Amount	
a		ions within	the time period described in	<u> </u>	163	140		Anogni	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ction Program)	10a		х			
	on line 10a.)	•	·	10b		Х			
				10c	X			40,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f 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 cinstructions.)	of the bene	fits under the plan? (See	10e		x		<del></del>	
f	Has 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 er	nd.)	10g	x			0	
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			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 2520.101			10i					
Pai	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)					le SB	(Form	Yes X No	
118	a Enter the unpaid minimum required contribution for current year fro	m Schedu	ile SB (Form 5500) line 39		*****	11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremer	its of section 412 of the Code of	r sect	ion 30	2 of E	RISA?	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 beingranting the waiver								
lf	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			

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	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 negative amount)	_		12d					
ее	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?			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 ye	ar		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?					Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) P	N(s)		
Part	VIII Trust Information (optional)								
14a Name of trust						14b Trust's EIN			