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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

_	rt I		t Identification Inform	ation					
For	calenda	ar plan year 2013 or	fiscal plan year beginning	01/01/2013		and ending	12/31/	2013	
A 1	Γhis ret	urn/report is for:	X a single-employer plan	ı a	multiple-employer pl	an (not multiemployer)		a one-participan	t plan
B 1	Γhis ret	urn/report is:	the first return/report	th	e final return/report				
			an amended return/rep	ort a	short plan year returr	n/report (less than 12 m	onths)	
C	Check b	oox if filing under:	Form 5558	a	utomatic extension			DFVC program	
			special extension (ente	er description)				_	
Pa	rt II	Basic Plan Inf	ormation—enter all reque	sted information	on				
	Name						1b	Three-digit	
DONA	ALD J. N	MAYER, D.D.S., P.S	6. 401(K) PROFIT SHARING I	PLAN				plan number (PN) ▶	001
							10	Effective date of pla	
							.0	01/01/198	
			address; include room or suite	number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identifica	tion Number
DONA	ALD J. I	MAYER, D.D.S., P.S	5.					(EIN) 91-11755	
							2c	Sponsor's telephor	
		AVE SE WA 98006					24		
	,						Zu	Business code (see	; mstructions)
3a	Plan ad	dministrator's name	and address XSame as Plar	Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN	
			Ц	•	Ш	·			
							3c	Administrator's tele	phone number
4			he plan sponsor has changed		t return/report filed fo	or this plan, enter the	4b	EIN	
а		, EIN, and the plan n or's name	number from the last return/rep	oort.			40	PN	
	•		ts at the beginning of the plan	vear			5a		5
_			ts at the end of the plan year	•			5b		5
			h account balances as of the				30		
				•	• •	•	5c		5
6a	Were	all of the plan's asse	ets during the plan year invest	ted in eligible	assets? (See instruc	tions.)			X Yes No
b	•	•	of the annual examination an	•			,		X Yes No
			6? (See instructions on waive either line 6a or line 6b, the						<u> </u>
С			efit plan, is it covered under the	-					ot determined
Cour	tion. A	nonalty for the lat	a ar incomplete filing of this		t will be seened	unlana ranamahla an	ا مون	established	
		· · · · · · · · · · · · · · · · · · ·	e or incomplete filing of this other penalties set forth in the	-					e a Schedule
SBc	or Šche	dule MB completed	and signed by an enrolled ac						
belie	ef, it is t	rue, correct, and cor	mplete.						
SIGI	N	Filed with authorize	d/valid electronic signature.		04/03/2014	DONALD J. MAYER			
HER		Signature of plan	administrator		Date	Enter name of individ	lual sid	gning as plan admini	strator
SIGI	N	- Granda e prima						53 p	
HER		Signature of emp	loyer/plan sponsor		Date	Enter name of individ	lual eid	aning as employer or	r nlan snonsor
Prep	parer's i		name, if applicable) and add	ress; include i				parer's telephone nur	
		-	•				<u> </u>	-	•

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear	
a	Total plan assets	7a		860154			1006477			
	Total plan liabilities	7b	73	80					970)
	Net plan assets (subtract line 7b from line 7a)	7c	85942	4				10	005507	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(6)	IOtai		
	(1) Employers	8a(1)	1000	0						
	(2) Participants	8a(2)	1048	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	13355	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	54034	ļ
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	795	1						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							795	1
	Net income (loss) (subtract line 8h from line 8c)	8i							146083	3
	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	_ <u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 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 Cod	les in t	he instruc	tions:		
D	(V. Osmalianas Omatiana									
Par	•			1			ı			
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all		. ,		X					447
	instructions.)			10e		V				117
	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X				
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 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П No
110	·							·	. 55	
	Enter the unpaid minimum required contribution for current year fr					11a	ED/G: -	TF	1 1/2-	V k1.
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.	<u>. L</u>	Yes	X No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			ctions	, and e	enter th	ne date of	the le	etter ru	ling
	granting the waiver.			th		Day		Yea	ar	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					I			
b	Enter the minimum required contribution for this plan year				[12b				

Page	3	- [1
гаус	J	- 1	

			1		
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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		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 which assets or liabilities were transferred. (See instructions.)	to			
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a Name of trust					

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

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▶ 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

Part I	Annual Report	Identification Information	on			
		cal plan year beginning	01/01/2013	and ending	12/	31/2013
	urn/report is for:	X a single-employer plan		an (not multiemployer)		one-participant plan
	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check h	oox if filing under:	☐ Form 5558	automatic extension		_	FVC program
O CHECK D	oox if filling drider.	special extension (enter de			П	, vo program
Part II	Basic Plan Info	rmation—enter all requested				
1a Name		imation—enter all requested	Illomation		1b Thre	ee-digit
	•	D.S., P.S. 401(K)	PROFIT SHARING PLAI	N	plan	number
					(PN	
						ctive date of plan 01/1987
2a Plan sp	ponsor's name and add	dress; include room or suite nu	mber (employer, if for a single-	employer plan)		oloyer Identification Number
	J. MAYER, D.I				10.5430.90) 91-1175524
						nsor's telephone number
4357 15	53RD AVE SE					5-747-5382
BELLEVU	· T 🗗	WA 9800	6		1	ness code (see instructions) L210
		nd address XSame as Plan Sp		Sponsor Address		ninistrator's EIN
ou manue	arminotrator o marrie ar	d dddress Abaine as i lair of	Johnson Hame Boarne de Flan	r oponicor r adroso		
					3c Adm	ninistrator's telephone number
		e plan sponsor has changed sir		or this plan, enter the	4b EIN	
name,	, EIN, and the plan nur	e plan sponsor has changed sir mber from the last return/report		or this plan, enter the		
name, a Sponse	, EIN, and the plan nur or's name	mber from the last return/report	t.		4c PN	
a Sponso	, EIN, and the plan nur or's name number of participants	at the beginning of the plan ye	ar		4c PN 5a	5
a Sponso 5a Total r b Total r	, EIN, and the plan nur or's name number of participants number of participants	at the beginning of the plan ye at the end of the plan year	t.		4c PN	
a Sponso 5a Total r b Total r c Number	EIN, and the plan nur or's name number of participants number of participants er of participants with	at the beginning of the plan ye	t. eard d of the plan year (defined bene	efit plans do not	4c PN 5a	5 5 5
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the plan year invested	eard of the plan year (defined bene in eligible assets? (See instruc	efit plans do not	4c PN 5a 5b 5c	5
name, a Sponso 5a Total r b Total r c Numbe compl 6a Were b Are yo	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the plan year invested if the annual examination and re-	t. ar d of the plan year (defined benefits of the plan year) in eligible assets? (See instructions of an independent qualific	efit plans do not stions.)	4c PN 5a 5b 5c	5 5
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the plan year invested	t. d of the plan year (defined benefits of the plan year) in eligible assets? (See instructions of an independent qualifications.)	efit plans do not ctions.) ed public accountant (IQ	4c PN 5a 5b 5c	5 5 2 Yes No X Yes No
name, a Sponso 5a Total r b Total r c Numb- compl 6a Were b Are younder If you	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the plan year invested f the annual examination and re? (See instructions on waiver e	t. d of the plan year (defined benefined benefined benefined benefined benefined benefined benefined benefined by the benefined benefined by the benefit by the benefined by the benefined by the benefined by the benefit by the bending by the benefit by the benefit by the benefit by the benefit	efit plans do not stions.) ed public accountant (IQ and must instead use	4c PN 5a 5b 5c PA)	5 5
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder if you C If the p	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the plan year invested f the annual examination and re? (See instructions on waiver elther line 6a or line 6b, the plant plant, is it covered under the	t. ear of the plan year (defined beneficially beneficia	efit plans do not etions.) ed public accountant (IQ and must instead use	4c PN 5a 5b 5c PA) Form 550 Yes	5 5
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the annual examination and re? (See instructions on waiver elther line 6a or line 6b, the plant plant, is it covered under the line or Incomplete filling of this rether penalties set forth in the instructions on the line of the plant is it covered under the line or line of this rether penalties set forth in the instructions.	the description of the plan year (defined beneficially be assets? (See instructions) and cannot use Form 5500-SF PBGC insurance program (see peturn/report will be assessed structions, I declare that I have	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/re	4c PN 5a 5b 5c PA) Form 550 Yes	5 5 Yes No Yes No No No Not determined blished. ing, if applicable, a Schedule
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the annual examination and re? (See instructions on waiver elther line 6a or line 6b, the plant plant, is it covered under the line for incomplete filing of this rether penalties set forth in the instant signed by an enrolled actual	the description of the plan year (defined beneficially be assets? (See instructions of an independent qualification of an independent of an independent qualification of an independent qualification of the plant qualif	efit plans do not etions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/re	4c PN 5a 5b 5c PA) Form 550 Yes	5 5 Yes No Yes No No No Not determined blished. ing, if applicable, a Schedule
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name, a Sponsor 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to sign HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item)	at the beginning of the plan ye at the end of the plan year account balances as of the end of the annual examination and reference in the annual examination and reference in the instructions on waiver eletter line 6a or line 6b, the plant plant, is it covered under the line for incomplete filling of this reference in the penalties set forth in the instructions of the penalties of the penalties of the penalties at forth in the instructions of the penalties are forth in the instructions.	in eligible assets? (See instruction of the plan year (defined beneficial points) and conditions.)	efit plans do not estions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/reports of this return/reports DONALD J. MAY:	4c PN 5a 5b 5c Form 550 Yes use is esta cort, includ t, and to the	5 5 Yes No Yes No No Not determined blished. ing, if applicable, a Schedule e best of my knowledge and as plan administrator
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46° answered "No" to el plan is a defined benef a penalty for the late latties of perjury and ot edule MB completed al true, correct, and com Signature of plan a	at the beginning of the plan ye at the end of the plan year account balances as of the end of the annual examination and recount line 6a or line 6b, the plant plant, is it covered under the line for incomplete filling of this recount balances at forth in the instance of the end signed by an enrolled actual plete.	in eligible assets? (See instruction of an independent qualification of the plan year (defined benefit of the plan year).	efit plans do not estions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DONALD J. MAY Enter name of individ	4c PN 5a 5b 5c PA) Form 550 Ise is esta cort, include, and to the	5 5 X Yes No X Yes No No No Not determined blished. ing, if applicable, a Schedule e best of my knowledge and as plan administrator as employer or plan sponsor
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name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46° answered "No" to el plan is a defined benef a penalty for the late latties of perjury and ot edule MB completed al true, correct, and com Signature of plan a	at the beginning of the plan ye at the end of the plan year account balances as of the end of the annual examination and recount line 6a or line 6b, the plant plant, is it covered under the line for incomplete filling of this recount balances at forth in the instance of the end signed by an enrolled actual plete.	in eligible assets? (See instruction of an independent qualification of the plan year (defined benefit of the plan year).	efit plans do not estions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DONALD J. MAY Enter name of individ	4c PN 5a 5b 5c PA) Form 550 Ise is esta cort, include, and to the	5 5 X Yes No X Yes No No No Not determined blished. ing, if applicable, a Schedule e best of my knowledge and as plan administrator as employer or plan sponsor
name, a Sponso 5a Total r b Total r C Numbe compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Schebelief, it is to SIGN HERE	EIN, and the plan nur or's name number of participants number of participants er of participants with lete this item) all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46° answered "No" to el plan is a defined benef a penalty for the late latties of perjury and ot edule MB completed al true, correct, and com Signature of plan a	at the beginning of the plan ye at the end of the plan year account balances as of the end of the annual examination and recount line 6a or line 6b, the plant plant, is it covered under the line for incomplete filling of this recount balances at forth in the instance of the end signed by an enrolled actual plete.	in eligible assets? (See instruction of an independent qualification of the plan year (defined benefit of the plan year).	efit plans do not estions.) ed public accountant (IQ and must instead use ERISA section 4021)? unless reasonable cau examined this return/report DONALD J. MAY Enter name of individ	4c PN 5a 5b 5c PA) Form 550 Ise is esta cort, include, and to the	5 5 X Yes No X Yes No No No Not determined blished. ing, if applicable, a Schedule e best of my knowledge and as plan administrator as employer or plan sponsor

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	X HIMMIN	(a) Beginning of Yea	r			(b) End	of Year	
a	Total plan assets	7a		015	4				6477
	Total plan liabilities	7b		73	0				970
7	Net plan assets (subtract line 7b from line 7a)	7c	85	942	4			100	5507
8	Income, Expenses, and Transfers for this Plan Year	1785A.v.	(a) Amount				(b) T	otal	
а	Contributions received or receivable from:			000		NOT!		1. St. 1. St.	IIX ,
	(1) Employers	8a(1)		.000			PH COLUMN		
	(2) Participants	8a(2)		1048	0				
	(3) Others (including rollovers)	8a(3)							_
-	Other income (loss)	8b	1;	3355	4			_ NNV	1001
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			15	4034
d	to provide benefits)	. 8d							- 1-0
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e						Marie III	
f	Administrative service providers (salaries, fees, commissions)	. 8f		795	1	800			₩.
g	Other expenses	. 8g					B I I D	XXX IIVA	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	+				7951
<u>, i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i		W				14	6083
	Transfers to (from) the plan (see instructions)	- 8j						willing.	
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 2T 3D	feature code	es from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan Chara	cteristi	ic Cod	es in tl	ne instructi	ons:	
-									
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corre	ction Program)	10a		Х			
k	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х			
	Was the plan covered by a fidelity bond?			10c	X			25	0000
-	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
•	Were any fees or commissions paid to any brokers, agents, or ot	her persons	by an insurance carrier,						
	insurance service, or other organization that provides some or all instructions.)			10e	X				117
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х	I WIT		
ı		the required	notice or one of the	10i					N.
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)							Yes	∏ No
11	a Enter the unpaid minimum required contribution for current year		000 00000 000			11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
2	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								111
-	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortize	d in this plan year, see instru	ctions	, and	enter tl Dav	ne date of	the letter rulir Year	ng
		**********	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	ILI I					
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu								
		ile MB (Forn	n 5500), and skip to line 13.]	12b			

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C	Enter the amount contributed by the employer to the plan for this plan year	000000	120				
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)		120	1			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Ye	s N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the	contro	ol		Yes	s 🗓 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)						1.77
1	3c(1) Name of plan(s):	1	3c(2)	EIN	(s)	13c(3) PN(s)
-						+	
Part	VIII Trust Information (optional)						
14a I	Name of trust		14b	Tru	st's EIN		