For	Form 5500-SF Short Form Annual Return/Report of Small Emplo					OMB Nos. 1210-0110 1210-0089		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo				е	2013		
Employee Be	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).					This Form is Open to Public Inspection		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					0-SF.		spection	
Part I		lentification Information		<u> </u>				
For calenda	ar plan year 2013 or fisca		13	and ending 1	2/31/	2013		
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan	
B This ret	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 b	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
		special extension (enter description	on)					
Part II	Basic Plan Inform	nation—enter all requested inform	nation					
1a Name	•				1b	Three-digit		
COPPER RIV	VER CONSULTING RET	FIREMENT PLAN				plan number (PN) ▶	001	
					1c	( )		
					10		1/2012	
	oonsor's name and addre VER CONSULTING, LLC	ess; include room or suite number ( $\epsilon$	employer, if for a single-	employer plan)	2b	Employer Ident		
4111 F. MAI	DISON ST., SUITE 225				2c	Sponsor's telephone number 206-383-7030		
SEATTLE, W					2d	Business code 5416	(see instructions)	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
		olan sponsor has changed since the	last return/report filed fc	or this plan, enter the	4b	EIN		
name, <b>a</b> Sponso		per from the last return/report.			<b>4c</b> PN			
		t the beginning of the plan year					7	
_		t the end of the plan year			5a 5b		7	
		count balances as of the end of the			JD			
	· ·			•	5c		7	
6a Were	all of the plan's assets d	during the plan year invested in eligit	ble assets? (See instruct	tions.)			X Yes No	
<b>b</b> Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (\$	ne annual examination and report of See instructions on waiver eligibility	an independent qualifier and conditions.)	ed public accountant (IQI	PA)		X Yes No	
-		er line 6a or line 6b, the plan can			-		¬	
C If the p	an is a defined benefit p	plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?	····· [_	Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/re	port will be assessed u	unless reasonable cau	se is	established.		
SB or Sche		r penalties set forth in the instructior signed by an enrolled actuary, as wete.						
SIGN	Filed with authorized/va	lid electronic signature.	05/08/2014	DAVID ASHCRAFT				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual się	gning as plan ad	ministrator	
SIGN								
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	jal sie	aning as employe	er or plan sponsor	
Preparer's		me, if applicable) and address; includ					e number (optional)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of Ye	ar
a Total plan assets	7a	107504	4		27	76745
<b>b</b> Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	107504	4		27	76745
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a Contributions received or receivable from:		38333	o			
(1) Employers	8a(1)	9734				
(2) Participants	8a(2)	286				
(3) Others (including rollovers)	8a(3)	30693				
<b>b</b> Other income (loss)	8b	5009.	3		4.0	200.44
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c				10	69241
to provide benefits)	8d					
e 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				1(	69241
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charac	cteristic	Codes in t	he instructions:	
Part V Compliance Questions	eature codes	s from the List of Plan Charac				upt
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	tions within	the time period described in	Y	Codes in t	he instructions:	unt
Part V       Compliance Questions         10       During the plan year:	tions within iciary Correc ? (Do not inc	the time period described in ction Program) clude transactions reported		es No		unt
Part V       Compliance Questions         10       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 Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within uciary Correc ? (Do not ind	the time period described in ction Program) clude transactions reported	10a 10b	res No		unt
Part V       Compliance Questions         10       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.)	tions within iciary Correc ? (Do not in fidelity bonc	the time period described in ction Program) clude transactions reported  d, that was caused by fraud	10a	Yes No X X		unt
Part V       Compliance Questions         10       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 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	tions within uciary Correct ? (Do not in fidelity bond her persons of the benef	the time period described in ction Program) clude transactions reported  d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	ТОа 10а 10b 10с	ies No X X X X		unt
Part V       Compliance Questions         10       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 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 oth insurance service, or other organization that provides some or all	tions within uciary Correct ? (Do not ind fidelity bonc ner persons of the benef	the time period described in ction Program) clude transactions reported  d, that was caused by fraud by an insurance carrier, fits under the plan? (See	Y 10a 10b 10c 10d	es No X X X X X X		unt
Part V       Compliance Questions         10       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 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 oth insurance service, or other organization that provides some or all instructions.)	tions within uciary Correct ? (Do not in fidelity bonc ner persons of the benef	the time period described in ction Program) clude transactions reported  d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	Y 10a 10b 10c 10d 10e	Yes No X X X X X X X		unt
Part V       Compliance Questions         10       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 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 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 plan	tions within uciary Correct ? (Do not ind fidelity bond ner persons of the benef n? s of year en (See instruc	the time period described in ction Program) clude transactions reported 	10a   10b   10c   10d   10e	Yes No X X X X X X X X		unt
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period?</li> </ul> </li> </ul>	tions within uciary Correct ? (Do not ind fidelity bond fidelity bond ner persons of the benef n? s of year en (See instruc me required i	the time period described in ction Program) clude transactions reported 	Y       10a       10b       10c       10d       10d       10d       10d       10d       10d       10d       10d	Yes No X X X X X X X X X X		unt
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>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.)</li> </ul> </li> </ul>	tions within uciary Correct ? (Do not ind fidelity bond fidelity bond ner persons of the benef n? s of year en (See instruc me required i	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10e 10g 10h	Yes No X X X X X X X X X X		unt
Part V       Compliance Questions         10       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 Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within uciary Correct ? (Do not ind fidelity bond fidelity bond ner persons of the benef n? 	the time period described in ction Program) clude transactions reported 	Y       10a       10b       10c       10d	res No X X X X X X X X X X X X	Amo	unt
Part V       Compliance Questions         10       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 Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within uciary Correct ? (Do not ind fidelity bond ner persons of the benef n? s of year en (See instruct ne required in 1-3 ents? (If "Ye	the time period described in ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR motice or one of the es," see instructions and com	10a       10b       10c       10c       10d	es No X X X X X X X X X X X x	Amo	
Part V       Compliance Questions         10       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 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.)         i       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         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within uciary Correct ? (Do not in fidelity bond fidelity bond ner persons of the benef n? 	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10c 10d 10f 10g 10h 10h 10i	es No X X X X X X X X X X X X X	Amo	
Part V       Compliance Questions         10       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.)	tions within uciary Correct ? (Do not ind fidelity bond fidelity bond ner persons of the benef n? s of year en (See instruc ne required n 1-3 ents? (If "Ye com Schedul requiremen	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10c 10d 10f 10g 10h 10h 10i	es No X X X X X X X X X X X X X	Amo	Yes    1
Part V       Compliance Questions         10       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 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.)         i       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         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the unpaid minimum required contribution for current year fr         12       Is this a defined contribution plan subject to the minimum funding	tions within uciary Correct ? (Do not ind fidelity bond fidelity bond ner persons of the benef n? s of year en (See instruc ne required in 1-3	the time period described in ction Program) clude transactions reported 	10a         10b         10c         10d         0d         10d         0d         0d	ies     No       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X	Amo	Yes I M Yes I M
Part V       Compliance Questions         10       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 Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within iciary Correct ? (Do not ind fidelity bond ner persons of the benef n? s of year en (See instruct ne required in 1-3 ents? (If "Ye om Schedul requiremen as application ng amortized	the time period described in ction Program) clude transactions reported 	10a         10b         10c         10d         0d         10d         0d         0d	Image: second system     No       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       Image: second system     Image: second system       Image: second system     Image: second sys	Amo	Yes I M Yes I M
Part V       Compliance Questions         10       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 Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within iciary Correct ? (Do not in fidelity bond ner persons of the benef n? s of year en (See instruct ne required n 1-3 ents? (If "Ye com Schedul requiremen as applicat ng amortized e MB (Form	the time period described in ction Program) clude transactions reported 	10a 10b 10c 10c 10d 10d 10f 10g 10h 10g 10h 10i 10i cor sect ctions, a th	ies     No       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X     X       X	Amo	Yes Yes Yes X

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)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tru	ust's EIN	

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Part I Annual Report Id	I KO	urn/Report of nefit Plan	f Small Employ	ee		OMB Nos, 1210-0110 1210-0089	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation				2013			
	Retirement Income Security Act of 19 the Internal R	74 (ERISA), and sec evenue Code (the Co	lions 6057(b) and 6058( ode)	58(a) of This Form is Open to Public			
Part I Annual Report Id	Complete all entries in accordant	-	8	QE	<ul> <li>Description statute - testeded discuting</li> </ul>	pection	
	lentification Information	ios war no more	aona to the rorm 5500	-or.			
For calendar plan year 2013 or fisca			and ending 1	2/31/2	2013		
A This return/report is for:	X a single-employer plan 🛛 a m	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan	
B This return/report is:	the first return/report the	e final relurn/report					
[	] an amended relurn/report 🛛 🗍 a s	hort plan year return	/report (less than 12 mc	inths)			
C Check box if filing under:	Form 5558	itomatic extension		3	DFVC progra	Im	
	special extension (enter description)				L		
Part II Basic Plan Inform	mation-enter all requested information	n					
<b>1a</b> Name of plan				1b	Three-digit		
COPPER RIVER CONSULTING RE	TIREMENT PLAN				plan number	001	
				4 -	(PN) ►		
				10	Effective date o 01/01/2		
2a Plan sponsor's name and addr	ess; include room or suile number (emp	loyer, if for a single-e	emplover plan)	2h	Employer Identi		
COPPER RIVER CONSULTING, LL	C	n tan in concentration			(EIN) 45-276		
				2c	Sponsor's telep	hone number	
1111 E. MADISON ST., SUITE 225					(206) 38	3-7030	
SEATTLE, WA 98112				2d		(see instructions)	
NEW YORK OF A REPORT SECOND IN THE	address XSame as Plan Sponsor Nam		Sponsor Address	26	541600		
			Sponsol Address	30	Administrator's	EIN	
4 If the name and/or EIN of the r	plan sponsor has changed since the last	return/report filed fo	r this plan, optor the	46			
name, EIN, and the plan num		roturn report mou to	r this plan, enter the	40	EIN		
a Sponsor's name				4c	PN		
	t the beginning of the plan year			5a		7	
	t the end of the plan year		2004 (FULL OF STATES STAT	5b		7	
c number of participants with ac complete this item)	ccounl balances as of the end of the pla	n year (defined bene	fit plans do not	5c		7	
	during the plan year invested in eligible a					X Yes No	
<b>b</b> Are you claiming a waiver of the	he annual examination and report of an	independent qualifie	d public accountant (IOI	PA			
under 29 CFR 2520.104-46?	(See instructions on waiver eligibility and	d conditions.)				🛛 Yes 🗌 No	
	her line 6a or line 6b, the plan cannot				10.30 F3550 C .72		
	plan, is it covered under the PBGC insu					Nol delermined	
	r incomplete filing of this return/repor						
Caution: A penalty for the late or	er nenallies set forth in the instructions	declare that I have a	avaminod this roturn/ron	second a second	cluding if applic		
Caution: A penalty for the late or Under penalties of periory and other	signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report.	, and	to the best of my	able, a Schedule knowledge and	
Caution: A penalty for the late or Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	, and	lo the best of my	able, a Schedule knowledge and	
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complete SIGN	d signed by an enrolled actuary, as well etc.	as the electronic vers $\frac{\sqrt{5}}{6}$	xJ DAVID	, and 45,	to the best of my	knowledge and	
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add	d signed by an enrolled actuary, as well etc.	as the electronic vers	sion of this return/report	, and 45,	to the best of my	knowledge and	
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed SIGN HERE Signature of plan add	a signed by an enrolled actuary, as well ele. ministrator	as the electronic vers	x J DAVID , Enter name of individu	, and $45$	to the best of my MUCAFT	knowledge and	
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE Signature of employed	a signed by an enrolled actuary, as well ele. ministrator er/plan sponsor	as the electronic vers ↓ 5/6/14 Date Date	x J DAVID Enter name of individu	, and 45 Jual sig	to the best of my MUCAFT Ining as plan adr	knowledge and ninistrator	
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE Signature of employed	a signed by an enrolled actuary, as well ele. ministrator	as the electronic vers ↓ 5/6/14 Date Date	x J DAVID Enter name of individu	, and 45 Jual sig	to the best of my MUCAFT Ining as plan adr	knowledge and	
Caution: A penalty for the late or Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and complet SIGN HERE Signature of plan add SIGN HERE Signature of employed	a signed by an enrolled actuary, as well ele. ministrator er/plan sponsor	as the electronic vers ↓ 5/6/14 Date Date	x J DAVID Enter name of individu	, and 45 Jual sig	to the best of my MUCAFT Ining as plan adr	ninistrator	

Page 2

Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of Year		
<u>a</u>	Total plan assets	7a	107504	4		276745		
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	107504	4		276745		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a	Contributions received or receivable from: (1) Employers			3				
	(2) Participants	8a(2)	9734	6				
	(3) Others (including rollovers)	8a(3)	286	9				
b	Olher income (loss)	8b	30693	3				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				169241		
d	Benefits paid (including direct rollovers and insurance premiums	and the second sec				103241		
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e				14.		
2-24754	Administrative service providers (salaries, fees, commissions)	8f						
 	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			1	169241		
<u> </u>	Transfers to (from) the plan (see instructions)	8j				1950		
	rt IV Plan Characteristics							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristic	c Codes in	the instructions:		
Par	t V Compliance Questions							
10	During the plan year:			T	Yes No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within Iciary Corr	n the time period described in ection Program)	10a	x			
b	Were there any nonexempt Iransactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10Ь	x			
C			ALL CONTRACTOR OF	10c	X			
Ċ		fidelity bo	nd, that was caused by fraud	100 10d	x			
e	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier	100	~			
	insurance service, or other organization that provides some or all instructions.)	••••••		100	x			
t	f Has the plan failed to provide any benefit when due under the plan?				х			
9				10g	X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h	x			
i		ne required	notice or one of the	10i				
Par								
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
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	orsec	tion 302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)					
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.			ctions, a	and enter ti Day	he date of the letter ruling Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.			T GUT		
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	
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	
		es No N/A
Has a resolution to terminate the plan been adopted in any plan year?	Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a	
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
13c(1) Name of plan(s): .	13c(2) EIN(s)	13c(3) PN(s)
VIII Trust Information (optional)		
Name of trust	14b Trust's	EIN
	negative amount)	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)