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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Part I	Annual Report I	dentification Information									
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	014	and ending 05	5/23/201	4					
A This ret	urn/report is for:										
B This ret	urn/report is:										
		n/report (less than 12 mo	onths)								
C Check I	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC program						
Dort II	Basis Dlan Infor	<u> </u>									
Part II		mation—enter all requested info	rmation		1b T						
1a Name	of plan N PERFUSION, INC. 40	O4/IZ) DLAN				nree-digit an number					
EVERGREE	N PERFUSION, INC. 40	UT(K) PLAN			•	N) •	001				
						fective date of	f plan				
						01/01/					
	ponsor's name and add IN PERFUSION, INC.	ress; include room or suite number	(employer, if for a single-	employer plan)	2b En (El		fication Number 22369				
DO BOY 60	064			-	`	oonsor's telep					
P.O. BOX 69 TACOMA, W				_	2d Bu	ısiness code (see instructions)				
3a Plan a	dministrator's name and	d address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b Ad	62139 Iministrator's I					
					3c Ad	lministrator's t	telephone number				
4 If the r	name and/or EIN of the	nlan enonear has changed since th	o last return/report filed fo	or this plan, optor the	4b ==	N.I.					
		plan sponsor has changed since the last return/report.	le last return/report filed ic	ir triis piari, eriter trie	4b EI	N					
	or's name				4c PN	٧					
5a Total r	number of participants a	at the beginning of the plan year			5a		10				
b Total r	number of participants a	at the end of the plan year			5b		0				
		ccount balances as of the end of th	. , ,	•	5c		0				
	•	during the plan year invested in elig		•			X Yes No				
		the annual examination and report					₩ vaa □ Na				
		(See instructions on waiver eligibili	-				X Yes No				
-		her line 6a or line 6b, the plan ca			_		1				
C If the p	olan is a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?	Ye	es No	Not determined				
Caution: A	penalty for the late o	r incomplete filing of this return/i	report will be assessed	unless reasonable caus	se is est	ablished.					
		er penalties set forth in the instruction disigned by an enrolled actuary, as									
belief, it is t	true, correct, and compl	ete.		·		·	-				
SIGN	Filed with authorized/v	alid electronic signature.	05/29/2014	DEBORA BLEY							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signin	ig as plan adn	ninistrator				
SIGN											
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individu	ıal sianin	n as employe	r or plan sponsor				
Preparer's							number (optional)				
	, y	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
				-							

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Reginning of Ves			(b) End of Year			
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year		
<u>a</u>	Total plan liabilities	7a 7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	137475			0			
8	, ,	76							
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
и	(1) Employers	8a(1)		0					
	(2) Participants								
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	5316	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					53169		
d	Benefits paid (including direct rollovers and insurance premiums		4.40700	_					
	to provide benefits)	8d	142792						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	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					1427927		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-1374758		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2A 2R	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
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 instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a		tions withi	n the time period described in	I -	103	140	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	rection 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		125000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			~			
	or dishonesty?			10d		^			
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				10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	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	ne required	d notice or one of the						
D = =	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part					0.1		\ (F.		
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	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	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 letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
h	Enter the minimum required contribution for this plan year					12b			

Page	3 -	. 1	
raye	J		

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 country of the PBGC?	control		X 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

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Department of Labor Employee Benefils 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.

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identific	ation Information									
For calenda	ar plan year 2013 or fiscal plan ye	ear beginning 0	1/01/2014	and ending		05/23/2014					
A This retu	urn/report is for: 🔯 a sing	le-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan					
B This retu	urn/report is:	st return/report	the final return/report								
	an am	nended return/report	a short plan year return	/report (less than 12 mo	onths)	1					
C Check b	oox if filing under:		☐ DFVC program								
	specia			_							
Part II	Basic Plan Information	enter all requested inform	mation								
1a Name					1b	Three-digit					
	een Perfusion, Inc.	401(k) Plan				plan number					
					4.	(PN)					
						Effective date of plan 01/01/2000					
	oonsor's name and address; incl een Perfusion, Inc.	ude room or suite number ((employer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 91-1622369					
					2c	Sponsor's telephone number					
P.O. Bo	X 6964				24	253-332-1856					
Tacoma	WA	98417			Zū	Business code (see instructions) 621399					
3a Plan ad	dministrator's name and address	XSame as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b	Administrator's EIN					
					3с	Administrator's telephone number					
4 If the n	name and/or EIN of the plan spor	nsor has changed since the	e last return/report filed fo	r this plan, enter the	4b	EIN					
	EIN, and the plan number from	the last return/report.			4c PN						
a Sponso	number of participants at the beg	inning of the plan year		100	5a	10					
	number of participants at the end				5b	0					
	er of participants with account ba										
	ete this item)				5c	0 X Yes					
	all of the plan's assets during the ou claiming a waiver of the annua		·			Yes No					
	29 CFR 2520.104-46? (See inst					X Yes No					
lf you	answered "No" to either line 6	Sa or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	5500.					
C If the p	olan is a defined benefit plan, is it	covered under the PBGC	insurance program (see	ERISA section 4021)?.		Yes No Not determined					
Caution: A	penalty for the late or Incomp	lete filing of this return/re	eport will be assessed u	ınless reasonable cau	ıse is	established.					
Under pena	alties of perjury and other penalti-	es set forth in the instruction	ons, I declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule					
	dule MB completed and signed l rue, correct, and complete.	by an enrolled actuary, as	well as the electronic vers	sion of this return/report	, and	to the best of my knowledge and					
SIGN	x Ollowas Bl	2	X5/24/14	DEBORA BLEY							
HERE	Signature of plan administra	tor	Date	Enter name of individu	ual sig	gning as plan administrator					
SIGN											
HERE	Signature of employer/plan s	nature of employer/plan sponsor Date Enter name of individu				gning as employer or plan sponsor					
Preparer's	name (including firm name, if ap	plicable) and address; inclu	ude room or suite number	(optional)	Prep	parer's telephone number (optional)					

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	(F) (6 d)	(a) Beginning of Yea	ar	Т		(b) End	of Ye	ar
a	Total plan assets	7a		7475	8		(6)		
	Total plan liabilities	7b			0				
	Net plan assets (subtract line 7b from line 7a)	7c	13'	7475	8				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b)	Total	
_	Contributions received or receivable from:		(4)			W. Sall		1 1/2	100
	(1) Employers	8a(1)			0	1			
	(2) Participants	8a(2)			0	900		4	
	(3) Others (including rollovers)	8a(3)			0	100	31 - 5	80.0	
b	Other income (loss)	8b		5316	9	47	e II	213	1077
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		50					5316
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14:	2792	7			i celle	
е_	Certain deemed and/or corrective distributions (see instructions)	8e			0				New June
f	Administrative service providers (salaries, fees, commissions)	8f	1		0	0,16			
g	Other expenses	8g			0	III.		d V	li "mis.
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							142792
i	Net income (loss) (subtract line 8h from line 8c)	8i		100					-137475
j	Transfers to (from) the plan (see instructions)	8j			0				
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2A 2R	feature codes	s from the List of Plan Chara	acteris	tic Co	des in	the instru	ctions	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amo	unt
a									
				10a		х			-
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	ciary Correct (Continue)	tion Program)	10a					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Do not inc	lion Program)lude transactions reported	10b		х			
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Correct ? (Do not inc	tion Program)ude transactions reported		х	х			12500
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Correct (Do not incl	that was caused by fraud	10b		Х			
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all	? (Do not inc	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x			
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	fidelity bond, ner persons b	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d		x x x			
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of t	fidelity bond, ner persons b of the benefit	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x			
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bond, ner persons b of the benefit s of year end (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g		x x x			
e f	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plandid the plan have any participant loans? (If "Yes," enter amount a	fidelity bond, ner persons b of the benefit n? s of year end (See instructi	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x			
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond, ner persons b of the benefit s of year end (See instruction	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g		x x x			
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance	fidelity bond, ner persons b of the benefit n? s of year end (See instructione required no	that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	x x x x x			
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond, ner persons b of the benefit n? s of year end (See instructi	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10h	X	X X X X X X Adule SE			
e f g h i Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 IVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity bond, ner persons b of the benefit n? s of year end (See instructione required notes)	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE			12500 Yes \[\] N
e f g h i Part	Were there any nonexempt transactions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond, ner persons b of the benefit n? s of year end (See instructi ne required no	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See ons and 29 CFR otice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Audule SE			12500
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bond, fideli	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Audule SE			12500 Yes \[\] N
e f g h	Were there any nonexempt transactions and DOL's Voluntary Fidal Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for list his a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bond, fideli	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	Schection	X X X X X X A X A A A A A A A A A A A A	ERISA?.	the let Year	Yes N Yes N Neter ruling
e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (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 the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of the minimum funding standard for a prior year is being the participant of	fidelity bond, fideli	that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	Schection	X X X X X X A X A A A A A A A A A A A A	ERISA?.		Yes N Yes N Neter ruling

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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 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	Yes	N	o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Т	-		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br of the PBGC?					X Ye	s 🛮 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)						
1	13c(1) Name of plan(s):	1	13c(2) EIN(s)			13c(3) PN(s)
						+	
Part	VIII Trust Information (optional)						
	Name of trust		14b Trust's EIN				

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