Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					/ee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					е		013		
	Department of Labor Imployee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).						This Form is Open to Public		
Pension B	enefit Guaranty Corporation	tions to the Form 5500)-SF.	Ins	pection				
Part I	•								
For calend	lar plan year 2013 or fisca	2/31/2	2013						
A This re	turn/report is for:	an (not multiemployer)		a one-partici	pant plan				
B This re	turn/report is:	the first return/report the final return/report							
		an amended return/report	short plan year return	h/report (less than 12 mo	onths	·			
C Check	box if filing under:	Form 5558 automatic extension DFVC program							
		special extension (enter description)						
Part II		nation—enter all requested informat	lion						
1a Name	•				1b	Three-digit plan number			
	OYEES' RETIREMENT (DELIONS				(PN) ►	002		
					1c	Effective date o	f plan		
						06/01	(1999		
	ponsor's name and addre EARCH, LLC	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 20-18	fication Number 95965		
2601 FOUR	TH AVE STE 200				2c	Sponsor's telep 206-54			
SEATTLE, V	WA 98121				2d	Business code (54199	see instructions)		
3a Plan a	administrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b				
4 If the	name and/or EIN of the p	lan sponsor has changed since the la	st return/report filed fo	or this plan, enter the		EIN	elephone number		
name	e, EIN, and the plan numb	per from the last return/report.		· · · · · p · · · · , · · · · · · · · ·					
<u> </u>	sor's name	the beginning of the plan year				PN			
		the beginning of the plan year			5a		86		
		the end of the plan year			5b		93		
		count balances as of the end of the pla			5c		87		
6a Were	e all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No		
		ne annual examination and report of ar							
		See instructions on waiver eligibility ar					X Yes No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan 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	incomplete filing of this return/repo	ort will be assessed u	unless reasonable cau	se is	established.	•		
Under pen SB or Sch	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	ort, ir	ncluding, if applic			
		lid electronic signature.	06/16/2014	ANITA RICHARD					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	al signing as plan administrator				
SIGN									
HERE	Signature of employe	r/plan sponsor	Date Enter name of individual		ual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h X e Pension Funding Compliance 10i Yes 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is	Part III Financial Information						
Image part of part is possible in the set of t	7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
C Net plan assets (subtract line 7b from line 7a) 7c 4690021 64800721 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 3 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 4 Contributions received or receivad or receivad in Forma 8a(1) 143480 (b) Total 4 Contributions received or receivad or receivad in Forma 8a(2) 347233 (c) (c) Participants 8a(2) 347233 (c) (c) (c) Others income (dod lines 5a(1), 8a(2), 8a(3), and 6b) 8c 1181433 (c) 1644582 d De other income (dod lines 5a(1), 8a(2), 8a(3), and 6b) 8c 2751 (c) <	a Total plan assets	7a	469002	1			6490179
B Income_Expenses, and Transfers for this Pion Year (a) Amount (b) Total B Income_Expenses, and Transfers for this Pion Year (a) Amount (b) Total Contributions received or receivable from: 8a(1) 143460 143460 (c) Participants. 8a(2) 347231 347231 347231 (d) Others (including rolevers) 8a(3) 172438 347231 347231 (d) Others (including rolevers) 8a(3) 172438 347231 347231 (d) Denter signal (including rolevers) 8a(3) 172438 347231 347231 (d) Denter signal (including rolevers) 8a(3) 1181433 1844582 347231 (d) Benefits paid (including role rolevers and insurance premiums di role rolevers and insurance premiums di rolevers and insurance reservers and insurance reservers and insurance reservers and insurance premiums di rolevers and insurance reservers and insuran	b Total plan liabilities	7b					
a Contributions received or receivable from: 8a(1) 143480 (1) Employers 8a(2) 347231 (2) Participants 8a(3) 172433 (3) Others (including rolexers) 8a(3) 172433 (4) Dothers (including rolexers) 8a(3) 172433 (5) Others (including rolexers) 8a(3) 172433 (5) Others (including rolexers) 8a(3) 1181433 (7) Crain deemed and/or corrective distributions (see instructions) 8e 1844582 (7) Earlier deemed and/or corrective distributions (see instructions) 8e 1844582 (7) Crain deemed and/or corrective distributions (see instructions) 8e 1844582 (8) Other senses (add lines 8d, 8e, 8f, and 8g) 8h 14273 (9) Transferse (itom) the plan (see instructions) 8g 1900158 (9) Transferse (itom) the plan (see instructions) 8j 1900158 (9) The plan provides persion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (7) During the plan year: Yes No Amount (2) Other sense of allow to thersmit to the plan any participant contributions within the time period desoriberi in 2a CFR 2610-31027 (See instructions and DOL's Volunt	C Net plan assets (subtract line 7b from line 7a)	7c	469002	1			6490179
(1) Employers 8a(1) 143480 (2) Participants 8a(2) 347231 (3) Other income (dots) 8b 1181433 C Total income (dots) 8b 1181433 C Energine (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1181433 C Energine (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1844582 C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 41673 G Certain demed and/or corrective distributions (see instructions) 8e 2751 G Other supenses 8g 1 Total supenses (add lines 8d, 8e, 8f, and 8g) 8h 1800156 Torat supenses (add lines 8d, 9e, 8f, and 8g) 8i 1800156 Torat supenses (add lines 8d, 9e, 8f, and 8g) 8i 1800156 Torat supenses (rolon) the plan (see instructions) 8j 1800156 Tarresters (2G 2J 2K 2f 3 2D) 2 100 100 During the plan year: 8g 10 100 Z C 2 Z 2 Z Z 2 Z 3 2D 2 Z C 2 Z 3 2D 2 Z C 2 Z 3D 2 C C 2 Z 3D 2 C C 2 Z 3D	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
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(a) Others (including rollovers) (b) Other income (loss) (c) Other income other intervities (c) Other income other intervities (c) Other income other intervities		, í					
Or Juria (conce) (dots) User (1)					_		
a Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			110143	3	_		4044500
by provide benefits)		80					1844582
e Certain deemed and/or corrective distributions (see instructions)		8d	4167	3			
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h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 44424 i Net income (loss) (subtract line 8h from line 8c) 8i 1800158 j Transfers to (from) the plan (see instructions) 8j 1800158 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 21 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part IV Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X c Was the plan covered by a fidelity bond? 10c X 2 c Was the plan covered by a fidelity bond? 10c X 2 d Did the plan have a loss, whether or not reimbursed by the plan? fidelity bond, that was caused by fraud or dishonesty? 10d X 2 c Was the plan covered by a fidelity bond? 10d X		8g					
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Part IV Plan Characteristics 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 2G 2J 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	i Net income (loss) (subtract line 8h from line 8c)	8i					1800158
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 26 20 24 27 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Ware there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10a X 2 c Was the plan overed by a fidelity bond? 10c X 2 2 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonesty? 10d X 2 f Has the plan failed to provide any brokers, agents, or other persons by an insurance carrier, insurance, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10g X 2 g Did the pl	j Transfers to (from) the plan (see instructions)	8i					
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 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part IV Plan Characteristics						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Part V Compliance Questions						
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a ^ b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,) 10b X c Was the plan covered by a fidelity bond? 10c X 2 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 2 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 2 f Has the plan failed to provide any benefit when due under the plan? 10g X 2 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 2 i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10h X 2 i If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete SB (Form \$500) and line 11a below) 11a 11a 112 Is this a defined contribution for current year from Schedule SB (Form 5500) line 39. 11a 11a	10 During the plan year:				Yes	No	Amount
on line 10a.)	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Correc	tion Program)	10a		Х	
c Was the plan covered by a methy bolk? 10c 2 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?. 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X Image: Common		•		10b		х	
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i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance 10i 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) Image: see instructions, and enter the date of the letter ruli a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli	h If this is an individual account plan, was there a blackout period? (See instruct	ions and 29 CFR			Х	63553
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin	i If 10h was answered "Yes," check the box if you either provided th	ne required n	otice or one of the				
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli			· · · · · ·				ERISA? Yes X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin							
granting the waiver	a If a waiver of the minimum funding standard for a prior year is bein	ng amortized	in this plan year, see instrue		, and e		-
If 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	b Enter the minimum required contribution for this plan year			<u>.</u> .		12b	

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

Form 5500-SF	yee	С	0MB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service						013		
Department of Labor Employee Benefits Security Administration	Retirement Income Security A the In		Open to Public					
Pension Benefit Guaranty Corporation	Complete all entries in a		tions to the Form 5500	0 - SF.				
	dentification Information	01/01/2013	and ending		12/31/201	3		
For calendar plan year 2013 or fise	X a single-employer plan	·	_					
A This return/report is for:		a multiple-employer pla	in (not multiemployer)	/er) a one-participant plan				
B This return/report is:	the first return/report	the final return/report		(مطلعت				
	an amended return/report	a short plan year return	report (less than 12 m	ontris)				
C Check box if filing under:	Form 5558	automatic extension			DFVC program	11		
	special extension (enter desc							
	mation—enter all requested in	formation		1h	Three-digit			
1a Name of plan	Livenezt Ontions				plan number			
Axio Employees' Re	tirement options				(PN) 🕨	002		
				1c	Effective date of 06/01/1999			
2a Plan sponsor's name and add Axio Research, LLC		er (employer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 20-189			
				2c	Sponsor's teleph (206) 547-			
2601 Fourth Ave St Seattle	e 200	ŴA	98121	2d	Business code (541990	see instructions)		
3a Plan administrator's name and	d address XSame as Plan Spor	sor Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN		
	plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b	EIN			
name, EIN, and the plan num a Sponsor's name	hber from the last return/report.			4c	PN			
5a Total number of participants a	at the beginning of the plan year			5a	5a			
• •	at the end of the plan year			5b		86 93		
C Number of participants with a	iccount balances as of the end o	the plan year (defined bene	fit plans do not	_		87		
under 29 CFR 2520 104-46? If you answered "No" to eit	during the plan year invested in the annual examination and repo (See instructions on waiver eligi th er line 6a or line 6b, the plan t plan, is it covered under the PB	ort of an independent qualifie bility and conditions.) cannot use Form 5500-SF	d public accountant (IQ and must instead use	PA) Form	5500.	X Yes No		
Caution: A penalty for the late of	r incomplete filing of this retu	n/report will be assessed	unless reasonable cau	use is	established.			
Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	her penalties set forth in the instru d signed by an enrolled actuary,	ctions. I declare that I have	examined this return/re	port, ir	ncluding, if applic	able, a Schedule knowledge and		
SIGN Unite	fichard	June 12,2014	ANITA RICHARD					
HERE Signature of plan ac	dministrator	Date	Enter name of individ	lual siç	gning as plan adr	ninistrator		
SIGN Colai	Hooks	JAne 12, 2014	Colin Hr	<u>54</u>				
HERE Signature of employer/plan sponsor Date Enter name of including Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Enter name of including		Enter name of individ						
Preparer's name (including firm na	ame, if applicable) and address;	nclude room or suite numbe	r (optional)	Pre	barer's telephone	number (optional)		
For Paperwork Reduction Act Notice	e and OMB Control Numbers, see t	he instructions for Form 5500-	SF.			Form 5500-SF (2013) v. 130118		

	Plan Assets and Liabilities		(a) Beginning of Year	-			(b) End o	of Year	
	otal plan assets	7a	4,690		1			6,4	90,179
	otal plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	4,690	,02	1			6,4	90,179
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	Contributions received or receivable from:		140	4.0					
	1) Employers	8a(1)		,48	_				
(2) Participants	8a(2)		,23					
	3) Others (including rollovers)	8a(3)		,43					
	Other income (loss)	8b	1,181	,43	3			1 0	44,582
_	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1,0	44, 302
	Benefits paid (including direct rollovers and insurance premiums	8d	41	,67	3				
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	2	,75	1				
		8g							
	Other expenses Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u></u>					<u> </u>	44,424
	Net income (loss) (subtract line 8h from line 8c)	8i						1,8	00,158
_	Fransfers to (from) the plan (see instructions)			<u> </u>					
	V Plan Characteristics	8j							
- 1			from the List of Plan Charac						
art	V Compliance Questions					T			
	During the plan year:				Yes	No		Amount	t
	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	utions within t	he time period described in tion Program)	10a					t
0	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	utions within t uciary Correc t? (Do not inc	he time period described in tion Program)			No		Amount	
0 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	utions within t uciary Correc t? (Do not inc	he time period described in tion Program) clude transactions reported	10a		No X		Amount	t 250,00
	During the plan year: Was there a failure to transmit to the plan any participant contribu 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.)	itions within t uciary Correc t? (Do not inc fidelity bond	he time period described in tion Program) slude transactions reported 	10a 10b	Yes	No X		Amount	
0 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 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?	utions within t uciary Correc t? (Do not inc fidelity bond her persons t	he time period described in tion Program) clude transactions reported , that was caused by fraud 	10a 10b 10c	Yes	No Х Х		Amount	
0 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 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 ot insurance service or other organization that provides some or all	tions within t uciary Correc t? (Do not inc fidelity bond her persons t of the benefil	he time period described in tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No Х Х		Amount	250,00
0 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribu 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 ot insurance service or other organization that provides some or all instructions.)	tions within t uciary Correc t? (Do not inc s fidelity bond her persons t of the benefit	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	Yes	No X X X X		Amount	
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0 a b c d e f g h i 2 art 11 11a 12	During the plan year: Was there a failure to transmit to the plan any participant contribu 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 ot 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 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 te 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 requiren 5500) and line 11a below) Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	tions within t uciary Correct t? (Do not inc s fidelity bond her persons t of the benefit an? as of year en (See instruct the required r D1-3 ments? (If "Ye from Schedu g requiremen y, as applicat	he time period described in tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, is under the plan? (See d.) d.) d.) ions and 29 CFR notice or one of the ss," see instructions and corr le SB (Form 5500) line 39 ts of section 412 of the Code ole.)	10a 10b 10c 10d 10d 10f 10g 10h 10i = or se	Yes X X X Schew	No X X X X X X X X X Jule SE Jule SE 302 of	ERISA?		250,00 63,55 es X N es X N
0 a b c d e f g h i i 2 art 11 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 ot insurance service or other organization that provides some or all instructions.) Has 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 t 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 requiren 5500) and line 11a below) Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding	tions within t uciary Correct t? (Do not inc s fidelity bond her persons t of the benefit an? as of year en (See instruct the required r D1-3 from Schedu g requiremen v, as applicat ing amortized	he time period described in tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, ts under the plan? (See d.) d.) d.) d.) d.) tors and 29 CFR motice or one of the ss," see instructions and com le SB (Form 5500) line 39 ts of section 412 of the Code ole.) d in this plan year, see instru- 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i e or se ctionsath	Yes X X X Schew	No X X X X X X X X X Jule SE Jule SE 302 of	ERISA?		250,00 63,55 es X No es X No

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Page 3 -

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	1
Part	VII Plan Terminations and Transfers of Assets				
13a	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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes X N	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(2) E	IN(s)	13c(3) PN(s	.)
Part	VIII Trust Information (optional)				
L	Name of trust	14b -	rusťs EIN		
14d	Name of unst				