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

		Complete all entries in accorda	ince with the mond	tions to the Form 550	0-31 .		
Part I	Annual Report	Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	x the first return/report	he final return/report				
		an amended return/report a	short plan year return	n/report (less than 12 m	onths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description)			_	
Part II	Basic Plan Info	rmation—enter all requested informat	ion				
1a Name		·			1b	Three-digit	
WAYPOINT	OUTDOOR RETIREM	ENT PLAN				plan number	
					4-	(PN) •	001
					1C	Effective date of 01/01/	
		dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi	
	SSOCIATES, INC. TOUTDOOR					(=111)	73522
					2c	Sponsor's telep	
SEATTLE, 1	OTT AVE. W., SUITE B WA 98119				2d	Business code (
						42391	
3a Plan a	administrator's name an	d address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
							•
A 15 Hz -			-tt		41.		
		e plan sponsor has changed since the las nber from the last return/report.	st return/report filed to	ir this plan, enter the	40	EIN	
	sor's name				4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		0
b Total	number of participants	at the end of the plan year			5b		14
		account balances as of the end of the pla	, ,	•	5c		13
	,	during the plan year invested in eligible					X Yes ☐ No
		the annual examination and report of ar					
		(See instructions on waiver eligibility ar					X Yes No
		ther line 6a or line 6b, the plan cannot					.
C If the	plan is a defined benefi	it plan, is it covered under the PBGC insi	urance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late of	or incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	use is	established.	
Under pen	nalties of perjury and oth	ner penalties set forth in the instructions,	I declare that I have	examined this return/re	port, ir	ncluding, if applic	
CD C-b		nd signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
	true, correct, and comp	olete.					
belief, it is			06/20/2014	POPERT R. HOLDING	^		
	Filed with authorized/v	valid electronic signature.	06/20/2014	ROBERT P. HOLDING		voing on plan adm	oiniotrotor
sign HERE		valid electronic signature.	06/20/2014 Date	ROBERT P. HOLDING		gning as plan adn	ninistrator
SIGN HERE	Filed with authorized/v	valid electronic signature. dministrator				gning as plan adn	ninistrator
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac	valid electronic signature. dministrator	Date Date	Enter name of individ	ual sig	gning as employe	
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor
SIGN HERE SIGN HERE	Filed with authorized/v Signature of plan ac	valid electronic signature. dministrator yer/plan sponsor	Date Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) En	d of V	'oar		
	Total plan assets	7a	(a) beginning or rea	0			(D) EII		797327	,	
	Total plan liabilities	7a 7b							101021		
	Net plan assets (subtract line 7b from line 7a)	76 7c		0					797327	,	
8	Income, Expenses, and Transfers for this Plan Year	70					(h)				
	Contributions received or receivable from:		(a) Amount				(a)	Tota			
	(1) Employers	8a(1)	15024	0							
	(2) Participants	8a(2)	13681	3							
	(3) Others (including rollovers)	8a(3)	42355	51							
b	Other income (loss)	8b	8672	23							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							797327		
	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									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
ī	Net income (loss) (subtract line 8h from line 8c)	8i							797327	7	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	oj .									
9a		feature co	des from the List of Plan Char	acteri	stic Co	des in	the instru	ıction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions	:		
Par	·						I				
10	During the plan year:			1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a	X					1368	313
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					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all				X						
	instructions.)			10e							1
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i							
		-									
Pari							2 (Earm				No
Part 11	Is this a defined benefit plan subject to minimum funding requirem							lг	Yes	1 1	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	·····			<u>.</u>			. [Yes		NO
11 11a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	om Sched	dule SB (Form 5500) line 39			11a		. [
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	om Sched	fule SB (Form 5500) line 39			11a			Yes		No
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	om Sched	dule SB (Form 5500) line 39 ents of section 412 of the Code able.)	e or se	ection	11a 302 of	ERISA?		Yes	X	
11 11a 12	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 from 1s 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 granting the waiver.	om Sched requireme as applic ng amortiz	dule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	11a 302 of	ERISA?	the I	Yes	X	
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requireme as applicing amortiz	dule SB (Form 5500) line 39 ents of section 412 of the Code able.) ed in this plan year, see instru	e or se	ection	11a 302 of	ERISA?		Yes	X	

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I		Identification Information			- In 1727	
For calenda	ar plan year 2013 or l		1/2013		2/31/2013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)	□ a	one-participant plan
B This ret	urn/report is:	X the first return/report	the final return/report			
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)	
C Check b	box if filing under:	Form 5558	automatic extension			OFVC program
		special extension (enter des	cription)		_	11
Part II	Basic Plan Info	ormation—enter all requested in	nformation			
1a Name	of plan				1b Thre	ee-digit
WAYPOINT	OUTDOOR RETIRE	MENT PLAN				number 001
					(PN) (
			·		1C Effe	ective date of plan 01/01/2013
2a Plan si PURDY ASS WAYPOINT	SOCIATES, INC.	ddress; include room or suite num	ber (employer, if for a single-	employer plan)	2b Emp (EIN	ployer Identification Number y) 91-2173522
				ľ	2c Spo	onsor's telephone number (206) 781-1984
SEATTLE, V	TT AVE. W., SUITE I VA 98119	1			2d Busi	iness code (see instructions) 423910
3a Plan a	dministrator's name a	and address Same as Plan Spor	nsor Name Same as Plan	Sponsor Address	3b Adm	ninistrator's EIN
					3c Adm	ninistrator's telephone numbe
4 If the r	name and/or FIN of the	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
		umber from the last return/report.	c the last retain report filed ic	i tilis pian, enter the	4D EIN	
	or's name		WARRING TO THE RESERVE TO THE RESERV		4c PN	
5a Total	number of participant	s at the beginning of the plan year			5a	
b Total	number of participant	s at the end of the plan year			5b	
		account balances as of the end c			5c	
6a Were	all of the plan's asse	ts during the plan year invested in	eligible assets? (See instruc	tions.)		X Yes
b Are yo	ou claiming a waiver	of the annual examination and rep	ort of an independent qualifie	d public accountant (IQI	PA)	
		6? (See instructions on waiver elig				
		either line 6a or line 6b, the plan				
C Ir me j	pian is a delined beni	efit plan, is it covered under the PE	(see	ERISA section 4021)? .	Yes	s No Not determined
		or incomplete filing of this retu				
SB or Sche	alties of perjury and o edule MB completed true, correct, and cor	other penalties set forth in the instr and signed by an enrolled actuary, nplete.	uctions, I declare that I have as well as the electronic vers	examined this return/rep sion of this return/report	ort, includ , and to the	ing, if applicable, a Schedule e best of my knowledge and
			16/8/14	Iv O	5	.0. 12 =
SIGN HERE	×/(n	N STATES	16/5/14	X/Robert	6. 46	200 LOC 160
	Signature of plan	administrator	Date	Enter name of individu	ual signing	as plan administrator
SIGN		Name and the same				
HERE		oyer/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponso
Preparer's	name (including firm	name, if applicable) and address;	include room or suite numbe	r (optional)		's telephone number (options
}						
1				•		
1						

	rt III Financial Information	-1-00					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	Т		(b) End of Year
а	Total plan assets	7a		0	\top	***	797327
b		7b			1		
С	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	0	\top		797327
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		T		(b) Total
а	Contributions received or receivable from:	-	4500.4				
ā.	(1) Employers	8a(1)	15024		+		
	(2) Participants	8a(2)	13681		+-		
	(3) Others (including rollovers) Other income (loss)	8a(3)	42355	-	+		
		8b 8c	8672	3	+		
d	Benefits paid (including direct rollovers and insurance premiums	00			+		797327
	to provide benefits)	8d					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				117	
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g				2	Y
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					797327
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	noture see	as from the List of DL Ob				
2	in the plan provides werrare benefits, enter the applicable werrare in	eature coc	es from the List of Plan Chara	ctenst	ic Coc	ies in t	ne instructions:
Par	t V Compliance Questions	50.50				-	
10	During the plan year:	50001			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 Fide	tions withi	n the time period described in	pile to			
		iciary Cor.	rection Program)	100	X		136813
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	rection Program)include transactions reported	10a	×	×	136813
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	rection Program)include transactions reported	10b	X	-500	136813
	Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	? (Do not	rection Program)include transactions reported		X	x	136813
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	rection Program)include transactions reported	10b	×	-500	136813
	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	fidelity bo	nction Program)	10b 10c	x	х	136813
	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 ott insurance service, or other organization that provides some or all instructions.)	? (Do not fidelity bo ner persor of the ber	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		х	
	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 ott 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 the	fidelity bo	nction Program)	10b 10c 10d 10e 10f		x	
	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 ott insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plated to be plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period?	fidelity both per person of the berons of year of year of See instru	nection Program)	10b 10c 10d 10e		x	
	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 a lif this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity both ner person of the berons of year of (See instruction).	nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e 10f 10g		x x x	
of displayed and the second of	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 ott insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate the plan have any participant loans? (If "Yes," enter amount a lift his 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 both ner person of the berons of year of (See instruction).	nd, that was caused by fraud s by an insurance carrier, refits under the plan? (See	10b 10c 10d 10e 10f 10g 10h		x x x	
e f g	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 plated 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 tVI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity both per person of the berons of year of (See instruction). The require 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	1 S (Form
of e	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 plated 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 to VI Pension Funding Compliance	fidelity bother person of the bertin?	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	1 S (Form
f g h	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 ott 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 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity both per person of the ber can?	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule SE	3 (Form Yes No
6 Fari	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 plat of the plan have any participant loans? (If "Yes," enter amount a lift 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 to 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 files this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity both per person of the ber (See instruction). It is of year of the required the require	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X itule SE	3 (Form Yes No
6 Fari	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 plat instructions. Did the plan have any participant loans? (If "Yes," enter amount at it fit 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 to 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 the stream of the minimum funding subject to the	fidelity both per person of the ber of the person of the pe	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Additional Section 11a 302 of	3 (Form Yes No
f g h 11 11a 12 a	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 plat of the plan have any participant loans? (If "Yes," enter amount a lifthis 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 to the plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for 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 standard for a prior year is being the plan in	fidelity bother person of the berson (See instruction 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	X Scheo	X X X X A A A A A A A A A A A A A A A A	3 (Form Yes No ERISA? Yes X No

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I UIIII		-01	2010

Page	3	-	1

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d		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?	Π	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?	control		П үе	s 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			
	(3c(1) Name of plan(s):	13c(2) E	IN(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)		0000000		
14a	Name of trust	14b ⊤	rusl's Ell	N	- Line
		470,172			