-	rm 5500-SF	Bonofit Plan						
	rtment of the Treasury nal Revenue Service	This form is required to be fil	and 4065 of the Employed	е	2	2013		
	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Intern		This Form i	s Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.	IIIS	pection	
Part I		entification Information						
For calend	ar plan year 2013 or fisca		13	and ending 1	2/31/2	2013		
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	oant plan	
B This ret	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
	Ī	special extension (enter descript	_ ion)			_		
Part II	Basic Plan Inform	nation—enter all requested inforr	nation					
1a Name	of plan	· · · · · ·			1b	Three-digit		
UNIVERSAL	AEROSPACE EMPLOY	EE 401K PROFIT SHARING PLAN	٧			plan number	001	
					10	(PN) ►	001	
					IC	Effective date o	•	
	ponsor's name and addre	ess; include room or suite number (employer, if for a single	-employer plan)	2b		fication Number	
18640 59TH					2c	Sponsor's telep 360-43		
	N, WA 98223				2d	Business code (51910		
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN	
4 If the r	name and/or EIN of the n	lan sponsor has changed since the	last return/report filed fr	or this plan enter the	4h	EIN		
		er from the last return/report.		or this plan, enter the	ты			
<u> </u>	or's name				4c	PN		
5a Total I	number of participants at	the beginning of the plan year			5a		111	
b Total i	number of participants at	the end of the plan year			5b		105	
	· ·	count balances as of the end of the	, , ,	•	5c		51	
-							51 X Yes No	
	•	uring the plan year invested in eligi a annual examination and report o	•	,			X Yes 🗌 No	
		See instructions on waiver eligibility					X Yes No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.		
C If the p	plan is a defined benefit p	blan, 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/re	eport will be assessed	unless reasonable cau	se is	established.		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructio signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	oort, ir	ncluding, if applic		
SIGN Filed with authorized/valid electronic signature. 06/21/2014 FIACRE BRISSI								
HERE	Signature of plan adn	inistrator Date Enter name of indi		Enter name of individu	dividual signing as plan administrator			
SIGN	Signature of plan dun							
HERE	Cionatura et emplete	r/nlan ananaar	Data		· • • • • •			
Preparer's	Signature of employe name (including firm nam	r/pian sponsor ne, if applicable) and address; inclu	Date Ide room or suite numbe	Enter name of individuer (optional)	_		number (optional)	
				()				

7 Plan Assets and Liabilities	(a) Beginning of Year		ar			(b) End of Year		
a Total plan assets		7a	63871	1				754974
b Total plan liabilities		7b						
C Net plan assets (subtract line 7b from line	7a)	7c	63871	1	754974			
8 Income, Expenses, and Transfers for this	Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from:		a (1)						
(1) Employers		8a(1)	5775	7				
(2) Participants		8a(2)	712					
(3) Others (including rollovers)	8a(3)	10692						
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3)) 		8b 8c	10032	2				171800
d Benefits paid (including direct rollovers and	,	00						171000
to provide benefits)	-	8d	5272	2				
e Certain deemed and/or corrective distribut	ions (see instructions)	8e						
f Administrative service providers (salaries,	fees, commissions)	8f	281	5				
g Other expenses		8g						
h Total expenses (add lines 8d, 8e, 8f, and 8	3g)	8h						55537
i Net income (loss) (subtract line 8h from lin	,	8i						116263
j Transfers to (from) the plan (see instructio	ns)	8j						
b If the plan provides welfare benefits, enter Part V Compliance Questions	r the applicable welfare fe	eature codes	from the List of Plan Chara	cterist	ic Cod	es in tl	he instructio	ons:
10 During the plan year:					Yes	No		Amount
 a Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a 				10a		X		Anount
b Were there any nonexempt transactions on line 10a.)	with any party-in-interest?	? (Do not inc	lude transactions reported					
c Was the plan covered by a fidelity bond?				10b		Х		
	?				Х	X		1000
d Did the plan have a loss, whether or not	reimbursed by the plan's	fidelity bond,	that was caused by fraud	10b 10c 10d	Х	× ×		1000
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to al insurance service, or other organization 	reimbursed by the plan's t my brokers, agents, or oth that provides some or all o	fidelity bond, er persons b of the benefit	that was caused by fraud y an insurance carrier, ts under the plan? (See	10c 10d	×			1000
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) 	reimbursed by the plan's f ny brokers, agents, or oth that provides some or all o	fidelity bond, er persons b of the benefit	that was caused by fraud y an insurance carrier, is under the plan? (See	10c 10d 10e				
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit 	reimbursed by the plan's t ny brokers, agents, or oth that provides some or all o t when due under the plar	fidelity bond, er persons b of the benefit	that was caused by fraud y an insurance carrier, is under the plan? (See	10c 10d 10e 10f		x		
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was the plan failed to plan have and plan failed to plan have any participant loans? 	reimbursed by the plan's in ny brokers, agents, or oth that provides some or all of t when due under the plan (If "Yes," enter amount as there a blackout period? (fidelity bond, er persons b of the benefit n? s of year end See instructi	that was caused by fraud y an insurance carrier, ts under the plan? (See .)	10c 10d 10e 10f 10g		X		
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? 	reimbursed by the plan's in ny brokers, agents, or oth that provides some or all of t when due under the plan (If "Yes," enter amount as there a blackout period? (fidelity bond, er persons b of the benefit n? s of year end See instruction ne required n	that was caused by fraud y an insurance carrier, is under the plan? (See 	10c 10d 10e 10f		× × ×		
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied 	reimbursed by the plan's t ny brokers, agents, or oth that provides some or all o t when due under the plan (If "Yes," enter amount as there a blackout period? (ox if you either provided th d under 29 CFR 2520.101	fidelity bond, er persons b of the benefit n? s of year end See instruction ne required n	that was caused by fraud y an insurance carrier, is under the plan? (See 	10c 10d 10e 10f 10g 10h		× × ×		
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization finistructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the box 	reimbursed by the plan's in ny brokers, agents, or oth that provides some or all of t when due under the plan (If "Yes," enter amount as there a blackout period? (box if you either provided th d under 29 CFR 2520.101 CE	fidelity bond, er persons b of the benefit n? s of year end See instruction re required n 1-3 	that was caused by fraud y an insurance carrier, is under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com	10c 10d 10e 10f 10g 10h 10i	X	X X X X		
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization finistructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied Part VI Pension Funding Compliar 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 	reimbursed by the plan's in ny brokers, agents, or oth that provides some or all of t when due under the plan (If "Yes," enter amount as there a blackout period? (box if you either provided th d under 29 CFR 2520.101 ICE	fidelity bond, er persons b of the benefit n? s of year end See instruction he required no 1-3 ents? (If "Yes	that was caused by fraud y an insurance carrier, is under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	X	X X X X		10
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was 12520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied Part VI Pension Funding Complian 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 	reimbursed by the plan's in ny brokers, agents, or oth that provides some or all of t when due under the plan (If "Yes," enter amount as there a blackout period? (bx if you either provided th d under 29 CFR 2520.101 hCe inimum funding requirement ribution for current year from	fidelity bond, er persons b of the benefit n? s of year end See instructi ne required n 1-3 ents? (If "Yes om Schedule	that was caused by fraud y an insurance carrier, is under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schec	X X X Iule SE		10
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied Part VI Pension Funding Compliant 11 Is this a defined benefit plan subject to mage. 	reimbursed by the plan's i ny brokers, agents, or oth that provides some or all o t when due under the plan (If "Yes," enter amount as there a blackout period? (box if you either provided th d under 29 CFR 2520.101 hCe inimum funding requirement ribution for current year fro tt to the minimum funding	fidelity bond, er persons b of the benefit n? s of year end See instruction required no 1-3 ents? (If "Year om Schedule requirement	that was caused by fraud y an insurance carrier, is under the plan? (See 	10c 10d 10e 10f 10g 10h 10i	Schec	X X X Iule SE		10
 d Did the plan have a loss, whether or not or dishonesty? e Were any fees or commissions paid to an insurance service, or other organization instructions.) f Has the plan failed to provide any benefit g Did the plan have any participant loans? h If this is an individual account plan, was 2520.101-3.) i If 10h was answered "Yes," check the box exceptions to providing the notice applied Part VI Pension Funding Compliar 11 Is this a defined benefit plan subject to m 5500) and line 11a below) 11a Enter the unpaid minimum required contribution plan subject 	reimbursed by the plan's i ny brokers, agents, or oth that provides some or all o t when due under the plan (If "Yes," enter amount as there a blackout period? (box if you either provided th d under 29 CFR 2520.101 ICE inimum funding requirement ribution for current year fro t to the minimum funding 12c, 12d, and 12e below, ard for a prior year is bein	fidelity bond, er persons b of the benefit n? s of year end See instruction required no 1-3 ents? (If "Yes om Schedule requirements as applicabl ng amortized	that was caused by fraud y an insurance carrier, is under the plan? (See 	10c 10d 10e 10f 10g 10h 10i e or se	X Schec	X X X X Iule SE	ERISA?	10

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	

For	Form 5500-5F Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo					2	2013			
	partment of Labor mefits Security Administration	Labor ty Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code) This Feature								
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		lentification Information	(01 (001 0			10/01/001				
-	ar plan year 2013 or fisca R		/01/2013	and ending		12/31/201				
	urn/report is for:		,	an (not multiemployer)		a one-particip	oant plan			
B This ret	urn/report is:		e final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Check t	box if filing under:		utomatic extension			DFVC progra	im			
				· ·						
Part II		nation—enter all requested information	on		16	Three-digit	[
1a Name	•					plan number				
	ERSAL AEROSPACE ING PLAN	E EMPLOYEE 401K PROFIT				(PN) 🕨	001			
					1c	Effective date o 10/01/199				
2a Plan st	onsor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi				
	ERSAL AEROSPACE			F		(EIN) 91-157				
					2c	Sponsor's telephone number (360) 435-9577				
18640) 59TH DR NE				2d	• •	(see instructions)			
ARLIN				98223		519100				
3a Plan ad	ministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne 🔲 Same as Plan	Sponsor Address	3b	Administrator's	EIN			
name,	EIN, and the plan numb	lan sponsor has changed since the las er from the last retum/report	t return/report filed fo	r this plan, enter the		EIN				
a Sponso				·	4c	PN				
	• •	the beginning of the plan year			<u>5a</u>		111			
					5b		105			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)										
6a Were	all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruct	ions.)			🗙 Yes 🗌 No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	,	er line 6a or line 6b, the plan cannot	•							
•		plan, is it covered under the PBGC insu			_	_ _	Not determined			
				•						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Chlothalon	Ans	6/16/14							
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)										

Page **2**

a Total plan isabilities 7a 6.38, 711 754, 97. b Total plan isabilities 7b 7c 6.38, 711 754, 97. B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 8e(1) (7, 757, 757) (a) Others (including cellovers) 8e(3) 7, 757 (b) Others (including cellovers) 8e(3) 7, 757 (c) Other (including cellovers) 8e(3) 7, 757 (c) Other (including cellovers) 8e(3) 7, 121 (c) Other (including cellovers) 8e(3) 7, 121 (c) Other (including cellovers) 8e(3) 72, 801 (c) Other (including cellovers) 8e(3) 72, 813 (c) Other (including cellovers) 8e(3) 116, 261 (c) Other (including cellovers) 8g 9 (c) Other (inclu	7 Dian Assats and Linkilling	Т					(h.) (T., a) a (1)	
b Total panel idealities Total panel sees (subtract line 7b form line 7a) Total panel sees (subtract line 7b form line 7a) Total panel sees (subtract line 7b form line 7a) Total panel sees (subtract line 7b form line 7a) Total panel sees and Transfers for this Fan Yar (a) Amount (b) Total a Contributions rocewad or receivable form: 6a(1) 7, 123 (b) Total (c) Participantis 6a(2) 57, 757 (d) Others (including rollovers) 6a(3) 7, 123 (c) Other income (cos) (c) Other income (cos) <th>7 Plan Assets and Liabilities</th> <th></th> <th>(a) Beginning of Yea</th> <th></th> <th>1</th> <th></th> <th>(b) End of</th> <th></th>	7 Plan Assets and Liabilities		(a) Beginning of Yea		1		(b) End of	
c Net plan assets (subtract line 7b from line 7a) 7c 6.38, 71.1 75.4, 97.4 8 Income, Expenses, and Transfers for the Flan Year (a) Amount (b) Total C Contributions received or receivable from: 8a(1) (b) Total C Deters (including rolevers) 8a(2) 7, 75.7 (d) Others (including rolevers) 8a(2) 7, 71.21 (b) Others (including rolevers) B D Other income (cas) 8b 10.6, 92.2 (c) Total income (cas) C Total income (cas) 8b 52, 72.2 (c) Total income (cas) B Administribute social distributions (see instructions). 8c 171, 90.1 G Administribute social distributions (see instructions). 8c 171, 90.1 G Other income (cas) (subtract line 8h, 6h, 8t, and 8p.) 8g 116, 26.1 Transites to (from) the fain (see instructions). aj 116, 26.1 Transites to (from) the fain (see instructions). aj 116, 26.1 Transites to (from) the fain (see instructions). aj 126, 27, 26, 23, 24, 23, 24.3 Total appression benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the in				0,1	- 4			104,914
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 9 Combulons received or receivable from: 84(1) (b) Total (c) Encloyers		1		0 71	-			754 07/
a Combulation received or receivable from: Set(1) (1) Employers		. <u>7c</u>		0,/1	. 1			
(1) Employers 8e(1) (2) Participants 8e(2) 57,757 (3) Other (including rolovers) 8e(2) 7,121 (3) Other (including rolovers) 8e(2) 7,121 (4) Berning (including rolovers) 8e(3) 7,121 (5) Other income (ites) 8e(3) 7,121 (6) Other expenses 8e(3) 7,121 (7) Transfer (including rolovers) 8e(3) 52,722 (7) Other expenses 8g 9 (7) Adaption (including rolovers) 8e 2,815 (7) Other expenses 8g 9 (8) Other expenses 8g 116,26. (9) Transfers to (from) the pian (see instructions) 8g 116,26. (9) Transfers to (from) the pian (see instructions) 8g 116,26. (9) If the pian provides points benefits, enter the applicable period fistor form the List of Plan Characteristic Codes in the instructions: 22 E Z G 2 Z Z 3 D (1) During the plan rovides welfare bonefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 22 E Z G 2 Z Z 3 D (1) During the plan ry variance 100 Ling the plan ry variance 100 Ling the plan rovides welfare the applicable welfare feature codes			(a) Amount				(b) Tota	l
(2) Participants. 8e(2) 57,757 (3) Onner, (including colovers). 8e(3) 7,121 (b) Other incent (ess). 8b 106,922 (c) Tail income (cad lines 8e(1)), 8(2), 8(2), 9(2), and 8b). 8e 106,922 (c) Tail income (cad lines 8e(1)), 8(2), 8(2), 8(2), and 8b). 8e 106,922 (c) Tail income (cad lines 8e(1)), 8(2), 8(2), 8(2), and 8b). 8e 106,922 (c) Tail income (cad lines 8e(1)), 8(2), 8(2), 8(3), and 8b). 8e 52,722 (c) Convide barefits). 8e 2,815 (c) Tail income (cas) (cubited ins 8h from line 6c). 8i 116,265 (c) Tail income (cas) (cubited ins 8h from line 6c). 8i 116,265 (c) Tail income (cas) (cubited ins 8h from line 6c). 8i 116,265 (c) Tail income (cas) (cubited ins 8h from line 6c). 8i 116,265 (c) Tail income (cas) (cubited ins 8h from line 6c). 8i 116,265 (c) Tail income (cas) (cubited ins 8h from line 6c). 8i 116,265 (c) Tail income (cas) (cubited ins 8h from line 3c). 9i None Amount (c) Tail income (cas) (cubited ins 8h from line 3c). 8i 116,265 (c) Tail income (cas) (cubited ins any) p		8a(1)						
(3) Others (including rollovers) Be(3) 7, 121 b Other income (loss) (a) Differ income (loss) (b) Differ income (loss) (c) Differ income (loss) <td></td> <td>1 1</td> <td>5</td> <td>7,75</td> <td>57</td> <td></td> <td></td> <td></td>		1 1	5	7,75	57			
b Other income (loss) Bb 106, 922 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 171, 801 d Benefits paid (including direct cilovers and insurance penuins) 8d 52, 722 c Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 52, 722 c Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 52, 722 c Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 52, 722 c Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 52, 722 c Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 52, 732 d Differ expenses 8g 116, 265 d Transfers to (from) the pian (see instructions) g g 126, 72, 22, 732 d If the pian provides penion benefits, enter the applicable pension feature codes from the List of Pian Characteristic Codes in the instructions: 22 d If the pian provides penion benefits, enter the applicable welfare feature codes from the List of Pian Characteristic Codes in the instructions: D Dung the pian year Yes No Amount a Was there a failure to transmit to the pian a				7,12	21			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc 171, 801 d Berefits paid (including direct rollovers and insurance premiums by provide benifsh) 8d 52, 722 e Certain deemed and/or corrective distributions (see instructions). 8e e Certain deemed and/or corrective distributions (see instructions). 8f 2, 815 g Other expenses. 8g h test income (solis) dubted in the 8h non line 60). 8i 116, 266 j Transfers to (from) the plan (see instructions). 8g 116, 266 g If the plan provides presion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 28 27 26 2.2 X 83 D 108 X D Dunng the pink year: Yes No Amount 4 X 100 a X 100 a X 100 a X 100 a X 100, 0.00 10a X </td <td></td> <td></td> <td>10</td> <td>6,92</td> <td>22</td> <td></td> <td></td> <td></td>			10	6,92	22			
d Benefits paid (including direct rollovers and insurance premiums by provide benefits). 8d 52,722 e Certain deemed and/or corrective distributions (see instructions)								171,800
f Administrative service providers (salaries, fees, commissions)	d Benefits paid (including direct rollovers and insurance premiums	. 8d	5.	2,72	22			
g Other expenses Bg h Total expenses (add lines 8d, 8e, 8f, and 8g) sh 55, 53'' 1 Net income (loss) (aubtract line 8h from line 8c) 8i 116, 26'' 1 Transfers (from) the plan (see instructions) 8j 116, 26'' 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 22 23 23 23 0 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Pert V 9a If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Pert V 9b If the plan provides welfare benefits, enter the applicable welfare feature cores from the List of Plan Characteristic Codes in the instructions: Pert V 10 Dung 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 tow of abone transmit on the plan any participant contributions within the time period described in tow of abone transmit to a specific the plan specific tow of a tow of abone transmit to the plan any participant contributions of the plan specific tow on the 10a, X 10a X c	e Certain deemed and/or corrective distributions (see instructions)	. 8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 55, 53' INEt income (loss) (subtract line 8h from line 8c) 8i 116, 26' j Transfers to (from) the plan (see instructions) g g Part IV Plan Characteristics g 116, 26' 3a 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 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 100 10 Dung the plan year: Yes 4 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102''. Role instructions and DOL's Voluntary Fiduciary Correction Program 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on ine 10a.) 10a X 100, 00 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonsely? 10d X 100, 00 d Did the plan have any participant toarty volkes signals, or other persons by an insurance carrier, insurance service or oth	f Administrative service providers (salaries, fees, commissions)	. 8f	·	2,81	.5			
I Net income (loss) (subtract line 8h from line 8c)	g Other expenses	. 8g						
j Transfers to (from) the plan (see instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	· · · · ·					55,537
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 2K 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 10 Dung 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 25103-1027 (See instructions and DOL's Voluntary Fluciary Correction Program)	i Net income (loss) (subtract line 8h from line 8c)	. 8i						116,263
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 2X 3D 9a 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 10 During the plan year: Yes No Amount 2 2FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	j Transfers to (from) the plan (see instructions)	- 8j						
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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)					Yes	No	An	ount
on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 100,000 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 100,000 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 100,000 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 10e X 1,057 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,057 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 1,057 f Has the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 1,057 f 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 10d X 10d X 10d X 11 l If 10h was answered "Yes," check the box if you either provided the required notice or one of the exception			a time period described in					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	(uciary Correc				x		
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insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not inc	tion Program)	10a 10b	x			100,000
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 Part VI Pension Funding Compliance 10i Perion 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) 11a 12 Is this a defined 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 X No (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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	 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 	t? (Do not inc	tion Program) lude transactions reported that was caused by fraud	10a 10b 10c	x	x		100,000
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	 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 other organization that provides some or all other other organization that provides some or all other othe	t? (Do not inc i fidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d		x		100,000
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3	 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.) 	t? (Do not inc ifidelity bond, her persons b of the benefit	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e		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 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 ⊠ No 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 ⊠ No (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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Image: State of the state of the line state of the letter ruling the waiver. Month Day Year	 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 	t? (Do not inc fidelity bond, her persons b of the benefits	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f		x x x		
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)	 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 have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 	t? (Do not inc fidelity bond, her persons b of the benefits as of year end (See instructi	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g		x x x x x		
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)	 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 have any participant loans? (If "Yes," enter amount a Did 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.). i If 10h was answered "Yes," check the box if you either provided to the plan the plan the plan the plan the plan the plan. 	t? (Do not inc fidelity bond, her persons b of the benefit as of year enc (See instructi he required n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g 10h		x x x x x		
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 No (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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If a waive to line 13. If you complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 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 pla g 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.) 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 	t? (Do not inc fidelity bond, her persons b of the benefit as of year enc (See instructi he required n	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g 10h		x x x x x		
(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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 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 have any participant loans? (If "Yes," enter amount a 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.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	t? (Do not inc fidelity bond, her persons b of the benefit as of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Ule SB (
(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 ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 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 have any participant loans? (If "Yes," enter amount a 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.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	t? (Do not inc is fidelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Ule SB (1,05
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 ruling granting the waiver.	 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not inc if fidelity bond, her persons b of the benefit: as of year enc (See instructi he required n 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Ule SB (1,05 Yes X No
	 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 have any participant loans? (If "Yes," enter amount a 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.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	t? (Do not inc is fidelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 1.)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Ule SB (1,05 Yes X No
	 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 pla g 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.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	t? (Do not inc is fidelity bond, her persons b of the benefits as of year end (See instruction he required not 1-3 ments? (If "Yes rom Schedule prequirements r, as applicabl ng amortized	tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i cor se	X Scheoc	X X X X X X Uule SB (11a 302 of Ef	RISA? [1,05] Yes X No] Yes X No

Form 5500-SF 2013 130118

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			
e	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?		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		ΠY	'es 🏹 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) E	IN(s)	13	c (3) PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b T	rust's Ell	N	