## 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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

. 0.10.011 2	one caaranty corporation	Complete all entries in ac	ccordance with the instruct	tions to the Form 55	00-SF.		
Part I	Annual Report lo	dentification Information	1				
For calend	lar plan year 2013 or fisc	al plan year beginning 01/01	/2013	and ending	12/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	)	a one-particip	pant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return/	report (less than 12 r	nonths	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter desc	ription)			_	
Part II	Basic Plan Infor	mation—enter all requested in	formation				
1a Name	of plan				1b	Three-digit	
	N KOVALCHICK ARCHI	TECTS 401(K) PLAN				plan number	
						(PN) <b>•</b>	001
					1c	Effective date o	•
2a Plan s	noncor's name and addr	ress; include room or suite numb	er (employer if for a single-e	mnlover nlan)	2h	01/01	
	N KOVALCHICK ARCHI		er (employer, il lor a single-e	inployer plan)	20	Employer Identi (EIN) 58-26	80214
310 FIRST	AVENUE S.				2c	Sponsor's telep	
SUITE 4S SEATTLE,					2d		(see instructions)
<b>3a</b> Plan a	administrator's name and	l address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	54131 Administrator's	
					3c	Administrator's	telephone number
<b>A</b> 16.45 -			411444	Aleks alem saksakles	41.		
		plan sponsor has changed since	the last return/report filed for	this plan, enter the	4b	EIN	
name		plan sponsor has changed since ber from the last return/report.	the last return/report filed for	this plan, enter the		EIN	
name <b>a</b> Spons	e, EIN, and the plan number's name						34
a Spons 5a Total	e, EIN, and the plan numbor's name number of participants a	ber from the last return/report.			4c 5a		34
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Do:	et III   Eineneiel Information							
_	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Ye	
	Total plan assets	. 7a	39966	0			68	0
	Total plan liabilities	. 7b	39966		-		66	56260
	Net plan assets (subtract line 7b from line 7a)	. 7c		1				00200
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)	(	0				
	(2) Participants	. 8a(2)	10036	8				
	(3) Others (including rollovers)	. 8a(3)	6658	6				
b	Other income (loss)	. 8b	10974	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					27	6695
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	20096	6				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	(	0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	(	0				
g	Other expenses	. 8g	(	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					2	20096
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					25	56599
j	Transfers to (from) the plan (see instructions)	- 8j		0				
Par	rt IV Plan Characteristics				•			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amo	unt
а	Was there a failure to transmit to the plan any participant contribu	itiono within						
	29 CFR 25 10.5-102? (See Instructions and DOL'S voluntary Flor			10a	Χ			2285
b	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.)	uciary Correct? (Do not inc	ction Program) clude transactions reported	10a 10b	X	X		2285
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c d	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	t? (Do not inc	ction Program)  clude transactions reported	10b		X		2285
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e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tr? (Do not income the persons of the beneficial services of year ending the required in the r	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X Adule SE	,	3133
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e f g h i	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year files this a defined contribution plan subject to the minimum funding	tree instruction of the persons of the benefit serious of year ending required in the requirement i	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Itule SE		25000 3133 Yes X No
c d d e f g h i 111111111111111111111111111111111	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 plate 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 (In this is 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 If a waiver of the minimum funding standard for a prior year is being the plan in the pl	deciary Correct t? (Do not incomplete incomp	cliude transactions reported  I, that was caused by fraud  by an insurance carrier,  its under the plan? (See  d.)  tions and 29 CFR  notice or one of the  es," see instructions and com  e SB (Form 5500) line 39  ts of section 412 of the Code  ole.)  I in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	X X Scheo	X X X A A A A A A A A A A A A A A A A A	ERISA?	25000  3133  Yes X No  Yes X No
c d d e f g h i 11a 11a 12	Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the plate Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 (If "Yes," 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	tree desired in the required in the required in the requirement in the	clion Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X Scheo	X X X X Idule SE 11a 302 of	ERISA?	25000  3133  Yes X No  Yes X No

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
<b>d</b> 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)				
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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

nployee 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 section 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   Annual Report Identification Information	1	ractions to the Form 550	00-3F.				
For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/201	3			
A This return/report is for: x a single-employer plan		plan (not multiemployer)					
B This return/report is:	the final return/repo	,	a one-participant plan				
an amended return/report		turn/report (less than 12 n					
C Check box if filing under: Form 5558	<del></del>		_				
	automatic extension	1	☐ DFVC p	rogram			
special extension (enter desc							
Part II Basic Plan Information enter all requested	information						
1a Name of plan			1b Three-digit				
Nicholson Kovalchick Architects 401(k) Pl	lan		plan numbe (PN) ►	001			
			1c Effective di	ate of plan			
22 Plan approach name and address in but will			01/01/2				
2a Plan sponsor's name and address; include room or suite numl Nicholson Kovalchick Architects PS	ber (employer, if for a sing	gle-employer plan)	<b>  </b>	dentification Number			
				-2680214			
010 = 1				elephone number			
310 First Avenue S. Suite 4S			(206) 9:				
US Seattle WA 98104			2 <b>u</b> Business c 541310	ode (see instructions)			
3a Plan administrator's name and address X Same as Plan Sp	onsor Name Same as	s Plan Sponsor Address	3b Administrat	or's FIN			
<del>_</del> .		Transported Addition	OD / Administrati	O13 L11V			
			3c Administrat	or's telephone number			
			JC Administrat	oi's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
name, EIN, and the plan number from the last return/report.							
a Sponsor's name	W		4c PN				
Total number of participants at the beginning of the plan year	***************************************		5a	34			
b Total number of participants at the end of the plan year  C Number of participants with account balances as of the end of	71 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	***************************************	5b	33			
C Number of participants with account balances as of the end of complete this item)	the plan year (defined be	nefit plans do not	5c	17			
6a Were all of the plan's assets during the plan year invested in e	ligible assets? (See instru	ictions.)	JC	X Yes No			
<b>b</b> Are you claiming a waiver of the annual examination and repor			PA)	. Elles Liko			
under 29 CFR 2520.104-46? (See instructions on waiver eligib	****		-	X Yes No			
If you answered "No" to either line 6a or line 6b, the plan o	annot use Form 5500-S	F and must instead use	Form 5500.	, <u>—</u>			
c If the plan is a defined benefit plan, is it covered under the PBC	GC insurance program (se	ee ERISA section 4021)?	Yes	No Not determined			
Caution: A penalty for the late or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car	usa is astablisho	4			
Under penalties of perjury and other penalties set forth in the instru							
SB or Schedule IVIB completed and signed by an enrolled actuary,	as well as the electronic	ersion of this return/repor	t, and to the best of	of my knowledge and			
belief, it is true, correct, and complete	****						
SIGN FALL W	3127/14	Brandon Nicholso	on				
HERE Signature of plan administrator	Date	Enter name of individua	ıl signing as plan a	dministrator			
SIGN			J 2 E.W.I U				
HERE Signature of employer/plan sponsor	Date	Enter name of individua	l signing so smal-	vor or plan or see			
Preparer's name (including firm name, if applicable) and address; in		Enter name of individua		yer or plan sponsor one number (optional)			
. , , , , , , , , , , , , , , , , , , ,		20. (Optional)	r reparers telephi	ле пиньег (орнопаг)			
		  -  -					

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	of Year	
а	Total plan assets	1201 120110-01-01-01-01	399,6				(2) 2.14	656,260	_
b	Total plan liabilities		33370	0		-		030,200	
С	Net plan assets (subtract line 7b from line 7a)	7c	399,6					656,260	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T		
а	Contributions received or receivable from:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		45000		(~)		49623
	(1) Employers	8a(1)		0	e de la companya de l				
	(2) Participants	<del></del>	100,3		1000				
	(3) Others (including rollovers)		66,5						
<u>b</u>	Other income (loss)		109,7	41					A.V.
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-0.00		276,695	
u	to provide benefits)	8d	20,0	96					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	142				rational Cariti
f	Administrative service providers (salaries, fees, commissions)	8f		0	445				
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			SERVICE SER	A. T. J. Trans. or S.		20,096	76344
i	Net income (loss) (subtract line 8h from line 8c)	8i					******	256,599	
j	Transfers to (from) the plan (see instructions)	8j		0				230,333	
Pa	irt IV Plan Characteristics	, -,			nierens):	e les alba ira	12/MUN-2012/201	ing panggang panggan	209.5
	If the plan provides pension benefits, enter the applicable pension for	nature code	os from the List of Dian Charac	-4! - 1	. 01		<u> </u>		
	2E 2F 2G 2J 2K 3D	sature cour	es nom the List of Plan Charac	cierist	ic Coa	es in i	ne instruct	ions:	
b									
	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	s from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:	
13.50 S	ANT Compliance Out to								
	rt V Compliance Questions								
10									
2	During the plan year:			1	Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		No		Amount 2,28	85
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre ? (Do not in	ction Program)	10a 10b		No x			85
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not in	ction Program)		х			2,28	
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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	ciary Corre ? (Do not in	nclude transactions reported  d, that was caused by fraud	10b 10c	х	х			
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corre ? (Do not in	d, that was caused by fraud	10b	х			2,28	
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 or the plan and participant to the plan any participant contribute.	ciary Corre (Do not in fidelity bon firer persons of the bene	d, that was caused by fraud by by an insurance carrier, efits under the plan? (See	10b 10c	х	х		2,28	
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c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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	ciary Corre (Do not in	d, that was caused by fraud by an insurance carrier, fifts under the plan? (See	10b 10c 10d 10e 10f	х	x		2,28 25,00	00
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b   c   d   e   f   g   h   i   Pa   11   11   11   11   11   11     11	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduction 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 as 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 2520.101  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	ciary Corre (Do not in fidelity bon for persons of the bene for sof year en See instruct ents? (If ") for Schedu requirement	ction Program)  nclude transactions reported  d, that was caused by fraud  by an insurance carrier,  fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  fes," see instructions and com  ale SB (Form 5500) line 39  ats of section 412 of the Code of the.)	10b 10c 10d 10e 10f 10g 10h 10i	x x Sched	x x x x x 111a   D2 of I	3 (Form	2,28 25,00 3,13	33 No
b   c   d   e   f   g   h   i   Pa   11   11   11   11   11   11     11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 as 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 2520.101  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	ciary Corre (Do not in fidelity bon firer persons of the bene firer services sof year en ser required -3 -3 com Schedu requiremen as applica ag amortize	ction Program)  nclude transactions reported  d, that was caused by fraud  by an insurance carrier,  fits under the plan? (See  and.)  ctions and 29 CFR  notice or one of the  des," see instructions and com  alle SB (Form 5500) line 39  ats of section 412 of the Code of the cod	10b 10c 10d 10e 10f 10g 10h 10i plete	x x x Sched	x x x x x x nule Si	3 (Form ERISA?	2,28 25,00 3,13  Yes X N  Yes X N  ne letter ruling	33 No
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b   c   d   e   e   f   g   h   i   111   112   a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 as 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 2520.101  TVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the unpaid minimum required contribution for current year for Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	ciary Corre (Do not in fidelity bon for persons of the bene for sof year en See instruction erequired -3 ents? (If ") form Schedu requiremer as applica g amortize  MB (Form	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i plete tions,	x x x Sched	x x x x x x nule Si	3 (Form ERISA?	2,28 25,00 3,13  Yes X N  Yes X N  ne letter ruling	33 No

	Form 5500-SF 2013 Page <b>3</b> -			
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			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es 🗷 N	0
	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?	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) twhich assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s):         13	(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> T	rust's EIN	
		l		